



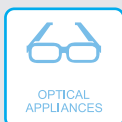
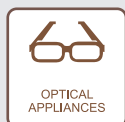
COMPETENCIES COVERED

DISPENSING OPTICIANS

Standards of Practice
Optical Appliances
Low Vision

OPTOMETRISTS

Standards of Practice
Optical Appliances



This CET has been approved for one point by the GOC. It is open to all FBDO members, and associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available **online only** from 1 October 2021, to comply with the GOC's Good Practice Guidance for this type of CET. Insert your answers to the six MCQs online at www.abdo.org.uk. After member login, scroll down and you will find CET Online within your Personalised Dashboard. **Questions will be presented in random order.** Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent. The answers will appear in the February 2022 issue of *Dispensing Optics*. The closing date is 30 December 2021.



C-78714 Approved for one CET Point

Are people with low vision effectively identified for support by dispensing opticians?

By Jayshree Vasani FBDO

In the UK, we have close to two million people with significant sight loss¹. Looking at the leading causes of sight loss in the UK, the first one may be surprising: **uncorrected refractive error. This is followed by age-related macular degeneration (AMD), cataract, glaucoma and diabetic retinopathy. Some of these pathologies, for example glaucoma, have been shown to be eight times more frequently observed in Black African and Caribbean groups² (Figure 1).**

Sight loss affects people of all ages, but the older population is the most affected. One fifth of people aged 75 and over are living with sight loss and, in those aged 90 and above, this increases to 50 per cent³. It has also been noted that women are disproportionately affected, making up two thirds of the

group living with sight loss. Adults with learning disabilities are 10 times more likely than the general population to be sight impaired (SI) or severely sight impaired (SSI)³.

Low vision is one of the nine core competencies for dispensing opticians (DOs) as set by the General Optical Council (GOC)⁴. Anecdotally, it is widely acknowledged that not all DOs practise low vision in High Street optical practice. It could be viewed that some DOs are not aligned with the GOC when considering the inclusion of low vision as a core skill in their professional role. Perhaps it is believed that difficult cases can always be referred to the hospital instead of being seen in primary eyecare, or it may be there is a lack of awareness of the services and technology now available for people with a visual impairment, or a lack of confidence in how to advise patients.

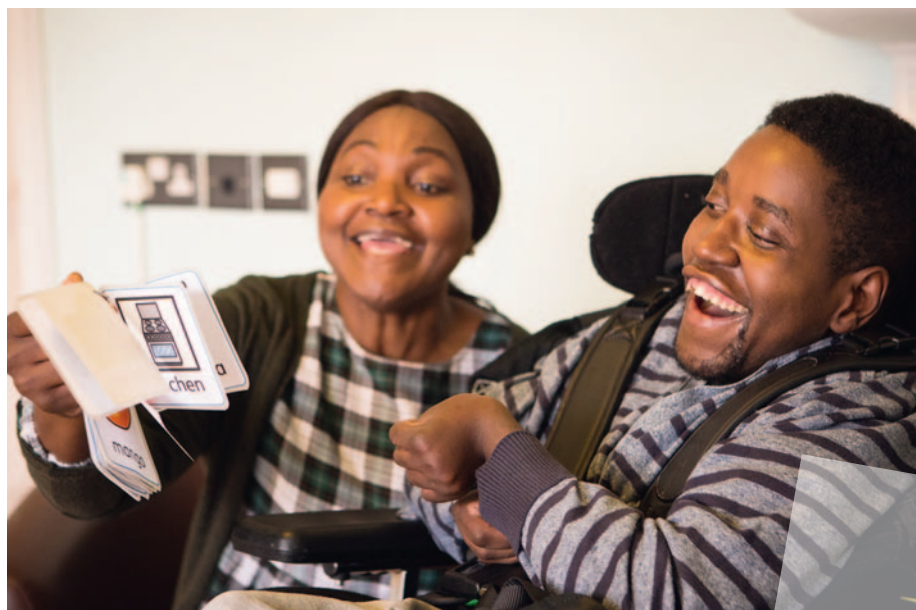


FIGURE 1. GLAUCOMA IS MORE FREQUENTLY OBSERVED IN BLACK AFRICAN AND CARIBBEAN GROUPS

Image courtesy of SeeAbility



FIGURE 2: 2015 REPORT HIGHLIGHTS THE IMPORTANCE OF CHOICE & ACCESSIBILITY

The aim of this article is look at assistive technology for patients with low vision, and how the eyecare practitioner can support and improve awareness of some key options available for patients within the practice setting.

IDENTIFYING LOW VISION PATIENTS

When discussing low vision cases, ABDO practice visitors report often hearing students and supervisors remark: "We don't see many low vision patients in our practice". While this may be true in the current pandemic, where many of this patient group may have been shielding, it is highly unlikely to have been the pre-pandemic. It is more likely that patients with low vision are not so easily identified by staff members.

One way to identify patients with low vision is to look at patient pathologies more carefully, leading to a better understanding of the impact each condition might have on the patient. It may be prudent to revisit these patients

through a telephone conversation, initially to see how they are coping. Additionally, inherited eye conditions and dystrophies, such as Stargardt's disease, retinitis pigmentosa and Usher syndrome, can affect much younger people. Some of these rare conditions can appear in childhood though some are not diagnosed until later in life.

Another consideration is for the DO to work closely with the prescribing optometrist, to ensure patients with reduced visual acuities or visual field defects are highlighted – as they may become visually impaired later on. This may be a route to helping these patients as early as possible.

IMPROVING SERVICES AND SUPPORT

In 2015, the RNIB and Age UK published their report, 'Improving later life for people with sight loss'⁵ (Figure 2). It concluded that people in their later years wanted to remain independent regardless of their health, wellbeing or financial situations – to name but a few indicators. They wanted to make their own decisions – with choice and accessibility at the heart of this. By engaging and assisting people with sight loss, we can empower them to achieve a good quality of life.

Some of the key points that emerged from the report apply to primary care optical practices and workforce:

- Ensuring easy access and support for people with sight loss
- Making services accessible
- Delivering integrated services
- Improving professionals' awareness

If we consider how this change may be implemented into everyday practice, improving accessibility and signposting to healthcare services are vital pieces of the jigsaw. By looking at the practice and its facilities, it is incumbent upon the practitioner to highlight what is offered

to all patients and service users, regardless of disability. It is crucial to ensure the practice is accessible and provides reasonable adjustments to enable people with a disability to make use of its primary care services.

WHAT IS A REASONABLE ADJUSTMENT?

People with disabilities are protected under the law regarding the use of, and access to services, without being subjected to disability discrimination. Service providers have a duty to make reasonable adjustments to improve accessibility for people with disabilities, as directed by the Equality Act 2010⁶.

The Equality Act 2010 gives a specific legal meaning to disability, protecting against discrimination those that are able to show they meet the definition. The Equality and Human Rights Commission states: "A disability means a physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities"⁷.

Remember that a disability can be visible, like some needing to use a wheelchair, or invisible such as diabetes or a hearing impairment⁷.

For practitioners who may be unclear what constitutes a reasonable adjustment, the Equality and Human Rights Commission has produced a number of helpful resources, including short videos available on YouTube⁸.

One important question to ask every patient is: "Do you have any accessibility requirements we need to accommodate, such as large print, audio or extra time?" Some examples of low, or no cost, reasonable adjustments are:

- Providing a longer appointment so the patient is not rushed
- Schedule appointment times at the quietest times of the day
- Provide a quiet or less brightly lit space
- Send emails about appointment times in large print or Easy Read
- Highlight steps with colour contrast edging
- Manifestation (stickers) on glass doors
- Inform carers and service users about any disabled parking available before their visit
- Train staff in guiding people with visual impairment

PLAN YOUR CET TODAY

For all the latest CET available from ABDO visit the Events section of the ABDO website. Here you will be able to see the latest online interactive CET sessions available for booking. Online sessions include discussion-based workshops, a great way to learn in a small group of your peers. Online discussion sessions are available for all professional roles and are approved for three CET points. New sessions will be added regularly. Additionally, we continue to host our monthly CET webinar series featuring a range of topics and speakers. Each CET webinar will be approved for one interactive CET point.

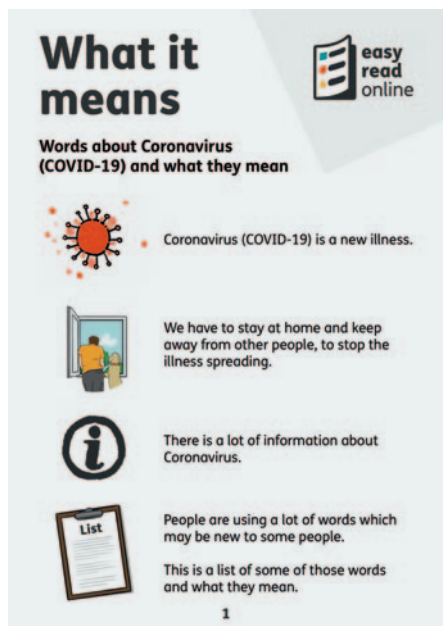


FIGURE 3: EXAMPLE OF AN EASY READ DOCUMENT FROM EASY-READ ONLINE

Easy Read is a specific format incorporating short, clear sentences in minimum 14pt font size and using corresponding images (**Figure 3**). It was developed for people with learning disabilities, those who find it difficult to read, those with memory problems or people who are communicating in a second language.

A category of patients that is not often considered are those that are registered SSI or SI and of working age, of which there are approximately 84,500 in the UK. Shockingly and sadly, only one in four of this group are in employment⁹.

In 2015, the RNIB carried out a one of a kind survey called My Voice, which gives a unique viewpoint into the real life of a person with visual impairment residing in the UK today¹⁰.

All eyecare practitioners should make themselves aware of the Access to Work scheme – a UK government programme available to anyone with a disability, aimed at supporting disabled people to take up or remain in work¹¹.

Above all, we must remember that there is no typical patient with visual impairment. The impact of the vision impairment can vary significantly according to the nature and extent of vision loss; some people will have been born without vision, others will have lost it gradually. Some will have no vision at all, others will have partial vision, be light-sensitive or have limited peripheral

vision. It is also possible that vision and light-sensitivity will fluctuate day-to-day. This highlights the need for a patient-centred approach.

PUTTING THEORIES INTO PRACTICE

Reviewing personal professional practice, whether in High Street practice or in a hospital setting, is an important skill for all optical practitioners to develop. Learning improves with practice, and we should be mindful to keep our learning fresh, challenging and reflective in practice¹². Often, only when a question becomes personal does the realisation hit that deeper investigation, research and learning is required.

The following case example stems from an incident when a neighbour came knocking at the author's home to ask how she could access the internet, as she was visually impaired.

CASE EXAMPLE: 'Kiranben' (Figure 4)

- **AGE:** 74 years old.
- **ETHNICITY:** South Asian.
- **OCULAR PATHOLOGY:** dry AMD.
- **LIVING CIRCUMSTANCES:** Lives alone after being recently widowed. No close family live nearby.
- **RECENT EYECARE HISTORY:** Referred to the local hospital by her optometrist due to her low vision. Certified as SI. The ophthalmology department did not have an eye clinic liaison officer (ECLO) and she left the hospital with a leaflet about her condition.
- **COMMUNICATION/TECHNOLOGY DEVICES:** Home phone and now smartphone purchased three months ago.

This case is like many seen in High Street practice. The patient has found her correspondence particularly challenging due to her visual impairment. Kiranben loves reading and wants to use the internet. Recently widowed, she feels isolated and is struggling with reading the documentation that comes with the loss of a partner or loved one. She is finding the situation overwhelming at times. So what can an eyecare professional do to support her?

MAKE A REFERRAL/S

The first step should be to help Kiranben get in touch with the Royal National

Institute of Blind People (RNIB), which can link her to the nearest ECLO in her area¹³. An ECLO can signpost her to local services and help with the emotional impact of sight loss, her recent bereavement, and feelings of isolation. Not all hospitals have an ECLO and the RNIB is working with local hospital trusts to improve the availability of ECLOs. If English is not Kiranben's first language, then the ECLO could arrange for an interpreter to attend the appointment too.

A point of note is that referral pathways can vary around the UK. In Wales patients should be referred to their nearest Low Vision Service Wales Optician¹⁴. A full list can be found on the Wales Eye Care Services website, www.eyecare.wales.nhs.uk. For patients in England, Scotland and Northern Ireland, a referral to the RNIB would be suitable.

As Kiranben has been certified SI, she should have been contacted by social services to ask whether she would like to



FIGURE 4. PATIENT CASE HISTORY

be added to its register of visually impaired people. Social services should contact her again to arrange for an assessment to be carried out, and to see if they can assist her with daily living activities like cleaning and cooking or mobility and transport.

Training delivered by a rehabilitation officer for vision impairment (ROVI) can be life-changing as a patient with sight loss relearns daily practice and mobility skills to maintain self-reliance.

Registration as SI or SSI can bring about a host of benefits including financial and welfare support, travel concessions and a disabled person's

railcard. Being registered would also qualify Kiranben to sign up to her utility supplier's Priority Service Register, meaning she would get extra help and support with her gas, electricity and water services.

It is important to be aware about the benefits of SI/SSI registration, as the patient may turn to the eyecare professional to chat about their anxiety and concerns, particularly if they have been a patient of the practice for a long time. Additionally, there is a need for an awareness of the pathways in place for patients and what happens next, so they can be supported in what is a potentially traumatic time in their lives.

As Kiranben has AMD, a referral to the Macular Society is also recommended as it offers a host of services. These include: advice and information; a befriending service involving telephone support groups; and a 'skill for seeing' referral to make the best of the vision that a patient has¹⁵. This could include 'eccentric viewing' and 'steady eye strategy' techniques. Like the RNIB, the Macular Society provides a free counselling service aimed at tackling the emotional impact and sense of isolation that visual impairment brings.

The importance of local sight loss charities providing support and local links should not be underestimated. Practitioners should take time to visit local services to know what they offer, be it support with technology, peer support or local skills groups. The RNIB provides a Sightline Directory, and local services can be found by entering the patient's postcode and the search term 'low vision' into the directory search function¹⁶.

A useful free resource guide for eyecare practitioners is available to download from Visualise Training and Consultancy¹⁷. It lists national organisations supporting people with sight loss, condition specific charities and low vision suppliers. There is also a self-filling organiser where useful local contacts can be recorded.

TYPOSCOPES

On a practical level, the demonstration of a typoscope made of black card or plastic with holes cut in to act as a signature guide can help the patient when reading and writing letters. The surrounding card screens out excess information and glare,

allowing the user to concentrate on a specific area. Practitioners can create a home-made typoscope from black card to the patient's preferred shape and size, or they are available from the RNIB shop. A writing frame can help keep lines of writing straight and help the patient when signing any documents.

GETTING SMART WITH PHONES

Kiranben has a smartphone, and it may be worth discussing the benefits of a larger screen in the form of a tablet. An important consideration before proceeding is to explain exactly what you are aiming to do, gaining full consent, and writing notes in the patient's records of what you have done.

Remember: a smartphone or device harbours sensitive personal data. So an alternative could be to give written instructions where a care giver or partner could make the necessary changes on the device. An eyecare practitioner should be able to show the patient how to change the settings on a smartphone to provide

provides spoken feedback, meaning the person can use the phone/tablet without looking at it. Talkback also uses hand gestures to control the functions, like a double tap to activate an item, swiping right and left to move between the item and dragging two fingers to scroll.

Visibility Enhancement offers features such as altering the view of the screen, changing the background for contrast, and making the font size bigger. These are replicated on the operating platform, including email and text, making text easier to read. All of these changes must be done in consultation with the patient to optimise their preferences.

To send an audio message, launch the Google Assistant feature by saying, "Ok Google", or by swiping in from the bottom left or right-hand corners. Next the command would be, "Send audio message to [name of contact listed in the device]". Once the person has confirmation that the contact has been found, the message can be spoken into



FIGURE 5. SMARTPHONE SETTINGS CAN BE EASILY ADJUSTED TO IMPROVE ACCESSIBILITY

Image courtesy of the RNIB

better background contrast and/or make the text bigger. Such small tweaks could make a significant improvement on how the device is used by visually impaired patients (Figure 5).

All changes begin from the device's Settings button. For the Android platform, proceed to the Accessibility function, which has options for Talkback, Visibility Enhancement, Hearing Interaction and Dexterity. Talkback

the phone. Saying "End" when the message is finished will send it to the appropriate contact, who will receive the audio message in their preferred SMS app. Before sending, the service will give the sender the chance to listen to the message and/or delete it if they prefer.

For an Apple iPhone, from Settings proceed to General and then Accessibility, which runs across most Apple products. Apple's free phone



FIGURE 6: GUIDECONNECT SOFTWARE FROM DOLPHIN COMPUTER ACCESS

customer support line can also assist people with a visual impairment and there are dedicated websites for Apple users, such as AppleVis, to help people utilise accessibility functions¹⁸.

Apple 'voiceover' is when the phone screen reader describes exactly what is happening on the device, enabling a person to hear their emails and texts or navigate a website. This can work equally well with the five per cent of visually impaired users of Braille. The Apple 'magnifier' function works like a digital magnifying glass using the camera on the iPhone, iPad or iPod touch to increase the size of any physical object it is pointed at, for example, a menu or sign.

In addition, the flash can illuminate the object, filters can help differentiate colours and the freeze frame can be used to get a static close up. It is worth getting familiar with the Accessibility functions on an iPhone so that they can be confidently explained to a patient or carer to assist the person with a visual impairment.

ASSISTIVE AND SOFTWARE TECHNOLOGIES

The recent growth in assistive technology (AT) for people with visual impairments has been exponential and benefits people of all ages. The patient's capabilities need to be understood, alongside what they want to achieve using the best of their limited vision.

It is then possible to match the patient to the available AT. The challenge is the eyecare practitioner upskilling their knowledge of AT and dovetailing this to the patient's needs and requests.

So, what is AT?

- 'Assistive' refers to a piece of equipment designed to aid a person with a disability
- AT is any device, software or equipment that helps people with learning, communication, or being able function better
- AT can be as high-tech as a computer or as low-tech as a walking stick
- AT can help people who learn and think differently work around their challenges
- AT can empower people to do things for themselves

An example of other software technology that could assist Kiranben is GuideConnect from Dolphin Computer Access (**Figure 6**). This software comes with a free 20-day trial and would allow her send and receive emails, write and listen to letters and other post being read aloud, reconnect with friends and make video calls.

Additionally, Kiranben could listen to audio books or daily newspapers. A local sight loss charity can demonstrate software if they are referred in, but equally so could the eyecare professional in a High Street practice.

APPS AND OTHER RESOURCES

Technological advances have presented visually impaired people with formerly unimagined opportunities to retain their independence. Smartphones, tablets and computers and the development of apps have had a big impact on all our lives. Apps or 'applications' on smartphones and tablets have leveraged massive gains for all, especially people with a visual impairment of working age. For example, apps around navigation provide the freedom to travel to and from work independently.

Henshaws, a sight loss charity based in Greater Manchester, has produced a guide to '24 of the best apps for people with a visual impairment' (**Figure 7**). The guide covers a multitude of apps that can help within different categories¹⁹:

- **IDENTIFICATION:** be it colour matching, identify money or finding an item
- **READING:** be it a book or a medicine label
- **SOCIAL NETWORKING:** be it a simple thing as sending as birthday card
- **NAVIGATION:** finding the way to work, the local shops/church or pub
- **ENTERTAINMENT:** listening books
- **SHOPPING:** be it reading barcodes or product names
- **WORK:** be it note-taking or podcasts

Henshaws also provides a Knowledge Village on its website at www.henshaws.org.uk. This is a useful resource for people who are experiencing or working with sight loss and disability. Regularly updated, it contains a collection of videos, blogs, ebooks and other resources, covering different areas including apps, technology, and daily living skills just to mention a few²⁰.

Two apps mentioned in the guide – Seeing AI and Be My Eyes – use augmented reality (AR) and the camera on a smart device. With both apps, no sight is required to operate the app, as spoken feedback is available. Both apps deliver a wide range of services.

Seeing AI is currently only available on iOS. It is a free app that can complete multiple tasks. Using the iPhone camera and audio functions, it is possible to read out loud short, printed and handwritten text. You can take an image of a scene and the app will describe what is pictured. It can identify currency as well as



FIGURE 7: HENSHAWS OFFERS A GUIDE TO THE BEST APPS FOR PEOPLE WITH A VI

recognise friends and describe other people – including their emotions. The Seeing AI app can now communicate in eight different languages²¹.

With more than 300,000 blind and low vision users and almost five million volunteers, the free Be My Eyes app (Figure 8) is the largest community of visually impaired people and one of the biggest micro-volunteering platforms in the world²². Available on both iOS and Android platforms, Be My Eyes is available in 180 languages and connects visually impaired people with sighted volunteers who provide virtual assistance through a live video call.

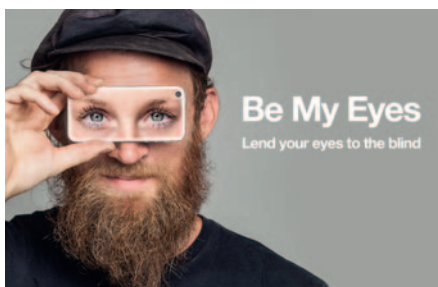


FIGURE 8. BE MY EYES IS THE WORLD'S LARGEST COMMUNITY OF VI PEOPLE

In 2018, a Specialised Help function was added to the Be My Eyes app, connecting the user with official representatives at partner companies; Microsoft was the first to sign up. Owing to needs brought about by the COVID-19 pandemic, the RNIB has worked alongside the Department of Health and

Social Care to enable people with a visual impairment to take a home coronavirus test using the Specialised Help function. The user is connected to a professional staff member via the NHS Test and Trace helpline, to help people with sight loss to take a COVID-19 test at home²³.

DON'T FORGET THE LITTLE THINGS

Voice assistants like Apple Siri, Google Assistant and Amazon Alexa can be utilised in many ways. For example, providing reminders, keeping lists, assisting with planning, train times, weather forecasts and so on. Physically showing a Kindle device to a 74-year-old patient is much more impactful to demonstrate the larger font sizes, the lightness of the device compared to a standard tablet, and the wealth of books available once registered.

Very few optical practices or eyecare practitioners fully utilise the low vision suppliers of software or hardware, like CCTV or handheld electronic magnifiers, that are available for patients with a visual impairment. Many of these suppliers are ready and able to offer free training and demonstrations to optical professionals and patients, and they are a much-underused resource.

As previously mentioned, a list of some suppliers of low vision aids, technology and daily living solutions is available in the Seeing Beyond the Eyes

Resources Pack¹⁷. A number of suppliers offer to attend the optical practice to demonstrate their products to support the eyecare practitioner in providing training to their patients. Additionally, some offer training direct to the patient.

SUMMARY

This article has only touched upon the wealth of assistive technologies that are available, and simply focused on quick wins for the dispensing optician in practice. Simple advice can be life-changing, such as recommending a wide brimmed hat like the Tilley Hat that a patient with a visual impairment told the author about.

The beneficial properties of the hat cited by the patient were that 'the broad brim hat' had a tuck-away cord to keep it secure as she would find it difficult to locate on a sunny but windy day, and a hidden pocket to store a credit card and cash. It also provided UV protection, as most Tilley fabrics are rated UPF 50+, the maximum rating given. The wide brim made a big difference as the glare adversely affected her condition of ocular albinism and nystagmus.

As healthcare practitioners we have a duty of care to our patients with sight loss, and we should endeavour to provide a holistic approach to their eyecare and vision.

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References

1. Royal National Institute of Blind People. The economic impact of sight loss and blindness in the UK adult population 2013. 2014. Available at: <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics> [Accessed 18 July 2021].
2. Royal National Institute of Blind People. A glaucoma case finding pilot with the African Caribbean community. Available at : <https://www.rnib.org.uk/knowledge-and-research-hub-research-reports/prevention-sight-loss/glaucoma-african-caribbean-community> [Accessed 23 July 2021].
3. Royal National Institute of Blind People. Eye health and sight loss stats and facts. 2018. Available at: <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics> [Accessed 18 July 2021].
4. General Optical Council. Continuing Education and Training (CET) A guide for registrants in the 2019-21 CET cycle. Available at: <https://www.optical.org/en/Education/CET/index.cfm> [Accessed 18 July 2021].
5. Royal National Institute of Blind People and Age UK. Improving later life for people with sight loss. 2015. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/improving_later_life_for_people_with_sight_loss-full_report.pdf2 [Accessed 18 July 2021].
6. Equality Act 2010. Online. Available at: <https://www.legislation.gov.uk/ukpga/2010/15/contents> [Accessed 18 July 2021].
7. Equality and Human Rights Commission. Disability Discrimination. Online. 18th February 2020. Available at: <https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination> [Accessed 18 July 2021].
8. The Equality and Human Rights Commission. What is the duty to make reasonable adjustments? Equality law: discrimination explained. Available at: <https://youtu.be/Wb5tM6Crkl8> [Accessed on 23 July 2021].
9. Royal National Institute of Blind People. Employment Research. Available at: <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/research-reports/employment-research> [Accessed 23 July 2021].
10. Royal National Institute of Blind People. My Voice. Available at: <https://www.rnib.org.uk/knowledge-and-research-hub-research-reports-general-research/my-voice> [Accessed 23 July 2021].
11. Department for Work & Pensions. Access to Work: factsheet for customers. Online. 1 April 2021. Available at: <https://www.gov.uk/government/publications/access-to-work-factsheet/access-to-work-factsheet-for-customers> [Accessed 18 July 2021].
12. General Optical Council. Joint regulatory statement on reflective practice. 2019. Available at: https://www.optical.org/en/news_publications/Publications/joint-regulatory-statement-on-reflective-practice.cfm [Accessed 18 July 2021].

13. Royal National Institute of Blind People. Eye Clinic Liaison Officers (ECLOs) Available at:
<https://www.rnib.org.uk/advice/eye-health/who-does-what/eclo>
[Accessed 18 July 2021].
14. Wales Eye Care Services. Low Vision Service Wales. Available at:
<http://www.eyecare.wales.nhs.uk/low-vision-service-wales>
[Accessed 23 July 2021].
15. Macular Society. Refer your patient. Available at:
<https://www.macularsociety.org/professionals/refer-your-patient/>
[Accessed 18 July 2021].
16. Royal National Institute of Blind People. Sightline Directory. Available at:
<https://www.sightlinedirectory.org.uk/>
[Accessed 27 July 2021].
17. Visualise Training and Consultancy. Seeing Beyond the Eyes Resources Pack. Available at:
<https://visualisetrainingandconsultancy.com/wp-content/uploads/2018/08/Seeing-Beyond-the-Eyes-Resource-Pack7-8-18.pdf>
[Accessed 25 July 2021].
18. AppleVis. Welcome to AppleVis. Available at:
<https://www.apple.com/uk/accessibility/vision/>
[Accessed 18 July 2021].
19. Henshaws. 24 of the best apps for people with a visual impairment. Available at:
<https://www.henshaws.org.uk/wp-content/uploads/2017/06/24-Apps-eBook-1.pdf>
[Accessed 18 July 2021].
20. Henshaws. Knowledge Village. Available at:
<https://www.henshaws.org.uk/knowledge-village/>
[Accessed 27 July 2021].
21. Microsoft. Seeing AI in new languages. Available at:
<https://www.microsoft.com/en-us/ai/seeing-ai>
[Accessed 18 July 2021].
22. Be My Eyes. Bringing sight to blind and low-vision people. Available at:
<https://www.bemyeyes.com/>
[Accessed 18 July 2021].
23. Royal National Institute of Blind People. Using Be My Eyes to take a home coronavirus test. Available at:
<https://www.rnib.org.uk/connect-community/connect-technology/using-be-my-eyes-take-home-coronavirus-test>
[Accessed 20 July 2021].