# All About Visual Disabilities: How libraries can support readers who are blind or have low vision

## Slide 1: Introduction

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**Rachel Breau:** So, we'll get started. I'd like to welcome all of you to this webinar about library services for people who are blind or have low vision. I’ll just talk a little bit about the webinar and our housekeeping first.

So, I do want to mention that this webinar is being recorded. And we will make that recording available on our site after the webinar within the next day or so. We'll send you an email that will have a feedback survey, and we'd really appreciate it if you could fill in that survey and just let us know what you think of this webinar, and it gives you the opportunity to tell us about other webinars that you'd be interested in having.

So, I'm very excited about this webinar today because it's actually the second webinar in our series about different types of learning disabilities. So, just before I introduce our guest speakers, I do want to mention that we have quite a lot of content to cover and our guests have lots and lots of experience, so lots to share with you. So, we're going to hold our questions to the end. And we do ask that you type your questions into the chat.

If you have any technical difficulties during the webinar, we ask that you just leave the webinar and join again. And if we as the hosts have any technical difficulties, we just ask that you hang in there and we'll come back to the webinar.

So, now I'm going to turn it over to our speakers. It's a pleasure for me to have two speakers from Vision Loss Rehabilitation Canada, Leanne Baarda and Sue Marsh-Woods. So, take it away.

**Sue Marsh-Woods:** All right. Leanne, do you want to go to the first slide, and I'll kick it off, if that's okay?

**Leanne Baarda:** Sure. Should we tell them who we are?

**Sue:** Yeah, I was just going to do that. I was going to do that, and then you can introduce. So, my name is Sue and I'm the regional manager for Vision Loss Rehab Canada. I've been with CNIB, the organization, for 36 years. So, I started in front line and been in management for the last, I guess, 20 years in Toronto. So, I’ll get Leanne to introduce herself, and then we'll get right into it.

**Leanne:** Yeah, my name is Leanne Baarda. I'm an independent living specialist. I've been with Vision Loss Rehab slash former CNIB since 2009 as an independent living specialist. And I'm hoping that we're able to give you guys some valuable tips, and tell you a little more insight into the way our clients are working these days.

**Sue:** I just want to thank Rachel for inviting us. I think this is a really valuable workshop, just to give you more of an idea about services that are provided to people living with vision loss.

## Slide 2: Creation of Vision Loss Rehab

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So, to begin with, the first slide may sound a bit odd, but the creation of Vision Loss Rehabilitation Canada. So, Vision Loss Rehab Canada was created and launched by CNIB on the 1st of April 2018. And this was preceded a lot of advocacy that helped us to plead to healthcare systems that vision rehab should not be delivered to a charitable model, and that, in fact, Canadians with vision loss should be able to go to their healthcare system to receive rehabilitation through healthcare, rather than coming to a charity. And we were very blessed in that this reality happened in different parts of the country at different stages.

So, a lot of you may know of CNIB, it turned 100 a few years ago. It's a pretty strong name. It's a strong brand. But Vision Loss Rehabilitation Canada is new and we're trying to get into the space, but it's hard to do that when you've got a name like CNIB. So, I wanted to sort of start there, just in case any of you are wondering, who is this Vision Loss Rehab Canada?

So, to be clear that what we do at the VLRC is we do all of the rehabilitation that would have previously been done through the CNIB organization. So, really, same services, new name is what I'd like to share.

We're funded by the provincial hospital systems right across the country. And the objective is for us to integrate what we do into the continuum of healthcare. To secure a more sustainable provincial government funding so that we can expand more into the healthcare space and not have to rely on the charitable dollars. So, an example of that would be, there's a huge number of people experiencing strokes, and about 80% of people that have strokes can have vision loss. So, we're going to be looking at bringing counseling back. We're going to have a lot more opportunity to access healthcare dollars by collaborating with other healthcare organizations, hospitals, rehab centers.

So, it's very exciting to be in this new organization, but, also, it can be a bit confusing. So, I wanted to just make sure that I gave this part its due, if you like, so hopefully we can answer questions on this through the chat if you have any. But this is our new name and, again, we're delivering services that were previously done in the rehab space.

So, next slide will be Leanne.

**Leanne:** Okay, hold on a second. There we go.

## Slide 3: What We Do

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So, what do we do? Vision Loss Rehab helps people live with all levels of vision loss to help them to develop and restore key daily living skills and enhance their independence, their safety, and their mobility. We have ophthalmologists and optometrists and other healthcare professionals who will refer their patients. Often, we will get referrals through occupational therapy, physical therapy, and even through the client and their family themselves. But we do need an eye report for them to access certain parts of the service so that we know kind of what we're dealing with in terms of their sight loss.

Vision loss rehab therapy is provided by a certified therapist who will work with that individual and their caregivers. And we will create a personalized rehab plan to help them meet their needs and goals. So, independence means different things to different people. So, we kind of meet people where they're at and help them develop goals that are obtainable and realistic for them. That's kind of what I do. So that's a very big--

**Sue:** Okay. Yeah, let's do the next slide in.

**Leanne:** Yep.

## Slide 4: Impact on Health and Barriers to Inclusion

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**Sue:** So, the impact on health and barriers to inclusion. I think this is really important as well. So, as I mentioned very briefly, the health consequences that are associated with vision loss often extend well beyond the eye and the visual system. Vision loss can affect quality of life, independence, mobility, and it's been linked to falls, injuries and spans a variety of mental health situations, cognition, social function, employment, education. So it's really a broad spectrum.

You can find vision loss with people with brain injuries as another example. And as Leanne mentioned, maybe earlier there in that slide is that vision loss does significantly impact the individual, clearly, but also the people that are around them. And certainly, a complete loss or deterioration of existing vision can be frightening. It's overwhelming. And, really, it leaves people impacted with so many questions about how are they going to remain independent? Do I have to go into long term care? So, you know, again, another strong reason why we moved into the space of healthcare.

All right, next slide.

## Slide 5: Referral Process

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**Leanne:** So, the referral process. We sort of talked about it a little bit, but on our website for VLRC, you will find a referral form there as well that you can fill out. We often get referrals from ophthalmologists, eye doctors, optometrists, or allied healthcare professionals like occupational, speech, social workers. We have the self-referral directly from the client themselves or their family, as long as the client has consented to service, which is another big key component, consent.

So, you can contact us. This is our client care number, which is 1-800-563-2642. So, we'll leave that. You guys are going to have access to the slides anyway, so you'll be able to have that number.

Once a client is referred to us, a service coordinator is going to reach out to them within two to five business days, and then they will work with them to figure out what services that they require, and then it'll be passed on to the proper specialists.

So, the plan may include a range of services, depending on their individual needs and goals. Services may be delivered over a series of appointments, either in home, the community, the workplace. Especially now with COVID, we've done a lot over the phone or on video at one of our Vision Loss Rehab Centres across Canada.

## Slide 6: Client Service Coordinator Role

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**Sue:** Great, great. So, the role of the client service coordinator is really exciting. And it's only because we've recently changed the intake process. So, before it was delivered, we did an intake and referred to the services and then that was it. Now we've actually got more of a navigation role. So, what that means is when the initial intake is done and it's usually done on the phone, we can support the individual with navigation and coordination as throughout their journey with our services.

Sorry, I got tongue tied there. So, they're not just doing the intake and leaving it off to the other staff. They're going to stay connected to that person all the way through their experiences. And what that can do is help the client to understand the different staff that might be calling. If they have questions. We can also make sure they're getting external supports.

So, it's a fairly new role that we've just launched in November. We're going to have more client service coordinators doing this role because capacity is going to be an issue. We're going to need more of them. So, again, they'll guide the client, the family, through the journey, making sure that they're achieving their goals, aligning their care plan with the right therapist. And something that's really, really important to us is to ensure that we're delivering the right service at the right time and not overwhelming the person with everything all at once. And it really needs to be a client-centred approach. Whatever the client wants to do, that's where we're going to start. And it's so far looking like this new way of doing things is going to be terrific.

The follow up coordination, of course, is the other aspect of that. If somebody maybe needs a referral to Meals on Wheels or some other service, whether maybe they need an O.T., we can help facilitate that referral. So, it's really a, what they call a wraparound approach, and it's very exciting. And again, as new referrals come in, they're immediately contacted by our service co-ordinator to get started.

Leanne, you're next.

## Slide 7: Vision Loss Rehab Services Include

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**Leanne:** So, some of our vision loss rehab services include low vision services, essential skills for daily living, travel and mobility instruction, assistive tech services, adjustment to vision loss peer support groups, services for children and families and workplace assessments.

## Slide 8: Our services – Low vision therapy

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**Sue:** The first service is called low vision therapy and, again, delivered by therapists who've been certified. And this will be for people who still have some functional vision and I would say easily 90% or more of our clients do have some functional vision. So, it is a service that's fairly busy.

The concept is to learn to use the sight they have left, and it can be life changing. People may go from not being able to see, to read their mail, see their TV, whatever the case may be, to be able to be assessed and acquire tools that can help them get back to what they want to do.

So, some examples would be teaching people how to use lighting and colour contrast to maximize the remaining sight. It's not always a low vision device. Sometimes, if someone's vision loss is still relatively mild, they may just need a low power device and know how to use lighting better. They would select the appropriate low vision aids, assistive technology, and they do a little bit of teaching so that the individual knows how to use those devices. And they're also now doing more in terms of technology. Showing them the features of the iPhone as well as iPads.

There's just a photo of a client with a therapist just looking through a magnifier. So, they help the client get funding. So, again, a wraparound service.

## Slide 9: Our Services – Travel and mobility instruction

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**Leanne:** All right, our next one is what we call orientation and mobility. It's learning how to travel independently with vision loss. So, using either a long white cane or a support cane and learning how to navigate your home safely and independently, learning about different kinds of canes.

We have the long white mobility cane, which people are familiar with. There's an ID cane, which is shorter and it’s more looking like the width of a pencil, and it's more used for identification and probing purposes, but it doesn't take a lot of beating, so the long white cane is what we would use for curbs and stairs and drop offs and detecting obstacles and different things like that, as well as identification. And we also have red and white support canes so that seniors can use in tandem with a long cane at times.

Our mobility specialists will teach them how to safely cross streets and use public transportation and use related apps like Soundscape and other devices that have GPS, and other similar apps like BlindSquare, etc.

## Slide 10: Independent Living Skills

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So, this one is near and dear to my heart--

**Sue:** I was going to say, you can take this one, Leanne. (chuckles)

**Leanne:** Yeah, these are the skills that I teach. So, when I go into a client's home, I do an assessment and then we come up with functional goals for that person, and then we try to help them become as independent as they want to be, because often families will have a bucket list of things they want that client to learn. But if the client is not on board, it's not going to go too far.

Clients will learn practical strategies for home and personal management, braille technologies. There’s been a lot of braille technology this year with COVID. We provide instruction on how to use low- and high-tech devices, such as talking watches, liquid level indicators, talking label wands, Google Home, Alexa, smartphones, tablets and all kinds of other low-tech devices. We provide strategies to families, caregivers, other therapists, personal support workers to enhance the client's independence where possible.

And our services are home based. And we also provide services in clinical settings, residences. And one of my friends out in Kingston actually goes into the Kingston Prison. So, wherever the clients are is where we meet them.

## Slide 11: Our Services: Assistive technology

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**Sue:** All right. I’m going to just click off there, sorry. Assistive technology is probably one of the most popular services. So, once the individual has had a low vision assessment, and we know what they're going to need to function. They can be referred to our assistive technology department, and here they can be assessed for computers that either have large print through a program called ZoomText, or they may use a screen reader, and the program is called JAWS. So, it's very much tailored to the individual client.

And the computer is one thing, and the other really popular product are the video magnifier CCTV. And the photograph that you see on the slide, the one in the very lower corner. You'll see somebody sitting at what looks like a computer screen, and that's a CCTV and that's just a terrific product. It enlarges print up to 60% and you can change the color of the print, contrast, etc.

In Ontario, we have a program called the Assistive Devices Program. And with healthcare dollars, and other funds like ODSP if we have it, can be accessed in order to pay for the devices. And there's a whole program that is attached to it. Every five years, they can replace their computer, or maybe it's an iPad, maybe it's a CCTV or some other type of higher tech reading device.

And we just recently got a brand new product that not only enlarges the text, but it also has a built in camera that takes a picture of whatever it is the person wants to read and it has an audio so they now can actually use that product to read and for audio, which, it's the first time the ADP is covering this and I just got a demo of it yesterday, and it just... just blew my mind because that's something that so many of our clients have wanted to have access to. So, it's pretty important.

And one quick thing I want to mention very quickly, the DAISY player, which typically is what our clients use to listen to audiobooks, it is also funded under this program, but there are categories. The DAISY player is a reading device, so they have to pick one or the other.

The other thing I want to mention, because I know you’re from across Canada that each province has their own way of approaching equipment. Some provinces, I believe Alberta has a program that funds, but not every province has funding attached to technology. So, just keep that in mind, when we're talking that we're speaking, at least to assistive tech, through the Ontario lens. I didn't want to forget that.

## Slide 12: Services for Children and Youth

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**Leanne:** The next one, I have a lot of familiarity with as well. I do a lot of programing for children and youth. So, these are our programs and services for children and youth.

Early intervention is zero to four years. Our early intervention specialists will go out and work with families and in routine-based instruction. They can receive community support, either professional and early childhood settings. We go to daycares and other places as well, and also into the home. Our services help children who are blind or partially sighted gain skills they need to become successful, competent adults.

Our specialists will give children the support they need, like braille preparation and tactile learning sessions, peer programs, instructions for O and M, orientation and mobility, and independent living skills and low vision. And we teach, especially for those of us who are orientation, mobility and independent living skills, we really are big on the expanded core curriculum, which you can look up on your own. And we provide parents with educational materials, access to local resources and workshops on raising children who are blind or partially sighted.

## Slide 13: Understanding Vision Loss

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**Sue:** We're going to switch gears now. That was a very fast overview of services. I'll just make one more comment about services. We do provide workplace assessments to people who are at risk of losing their job because of vision loss. It is a fee-based program. And so, if we hear of someone who's struggling, at risk of losing their job, we’re hoping they're getting referred to us. We work with the employer to create a contract, if you like, a fee-based contract, in order to deliver an assessment that's going to help to provide whatever knowledge that person needs in the workplace. And it is really an important service, and I didn't want to leave that out.

So, understanding vision loss. We're shifting gears now and talking more about understanding what vision loss is like, because it's not always commonly understood. Think of vision loss as an inclusive term that would include everyone who is either blind or partially sighted. When I use the word “blind,” I'm thinking of people who don't have any functional sight at all.

So, blindness or vision loss, of course, can occur at any stage in a person's life. We are going to talk about eye diseases in a bit. People will either be living with what we call congenital blindness, or they acquire their vision loss at some point. When we say congenital, that's usually from birth to about two years of age. People that are congenital have a little bit different experience because they've never seen the world. Somebody that's acquired their vision loss is going to have a very different experience from a congenital because they have a picture of world.

So, the approach that we would take varies, and, so, no one person is going to be the same. And you can't highlight that enough. We know that 90% of our clients have some level of vision, and the only way to know how much vision they have is to ask. So, “Are you okay talking to me about how much sight you have?” Most people are. Some people aren't. You know, I throw that out as a tip.

Age-related vision loss is very common because of our aging population being on the rise. We also have vision loss that’s related to diseases like diabetes. Or there could be a genetic linkage or some other odd, strange medical condition that can happen. I shouldn't say odd, but something like M.S., Parkinson's, stroke.

**Leanne:** Rheumatoid.

**Sue:** I mean, there's a whole plethora. And if you're interested in that, you can go to the website. Leanne will tell you about that once we get through all the eye diseases. And then, finally, vision loss can happen through an accident or trauma. We don't see it a lot, but we do see it.

## Slide 14: Blind Versus Partially Sighted

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**Leanne:** All right. Okay. The next one is blind versus partially sighted. So, vision loss can make reading a challenge. While others have extreme light sensitivity or issues with depth perception, some people it might be glare or trouble with colour and contrast.

So, making yourself aware that those could be issues. If you have the accessible workstation facing a window, that might be problematic for some people. So just, you know, keeping those things in mind.

Approximately half a million Canadians are estimated to be living with significant vision loss and it impacts their quality of life.

## Slide 15: Age-Related Macular Degeneration (AMD)

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**Sue:** The first condition we’ll cover, really high-level again, age-related macular degeneration. I'm sure you've heard of it or belovedly called AMD, and over the years, there’s been so much research and treatment that's come out. There's a wet type, that's a dry type and it's a whole other topic.

So, characterized by central vision loss, AMD makes reading, recognizing faces and seeing colors more difficult. The photo just gives you an idea of what it might be like. And again, everyone with AMD is going to have a slightly different effect, depending on how severe it is, etc. So.

**Leanne:** Yep, next one.

## Slide 16: Glaucoma

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Glaucoma is another common eye condition that we see fairly frequency frequently. Glaucoma is characterized as a loss of peripheral vision leading to tunnel vision, making safe mobility a challenge. So, if you're navigating, let's say, in a library, and someone comes up beside you, you may not see them and bump into them.

This is kind of, again, a picture of kind of what that could look like. So, it affects everyone differently. So, just sort of be aware of that condition.

## Slide 17: Diabetic Retinopathy

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**Sue:** Diabetic retinopathy is one of the more severe types of vision loss. Treatable if it's caught early, but if it's not caught early, it can be pretty devastating. And oftentimes, people may experience significant loss, have some treatment and it holds on for a little bit, and then it comes back.

So, it's one of those eye diseases that can cause islands of vision loss. We’re showing a photo of how the person would be seeing some of what they're seeing in the second photo, but they have blind spots in different areas. So, again, it's one of those eye diseases that we really encourage people to always be staying on top of their eye care. Make sure they're getting their eyes tested.

There's a new program we've just introduced that’s doing diabetic screening. So, it's a very sophisticated camera that we have got into the healthcare space where we have somebody that's running the program across the country, and they can actually do screening of individuals who have diabetes, and diabetic retinopathy can be detected through this camera. And that will go a long way in helping people to get connected to what they need. So, it's really an exciting program and I didn't want to leave that out. You know, on our website, you can read about it.

## Slide 18: Cataracts

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**Leanne:** And cataracts, a lot of people are familiar with cataracts. It feels like looking through frosted glass in the winter. It'll be blurry for that person to see, and it is treatable. But I'm not going to get into too many details because we’re running low on time.

## Slide 19: Neurological Vision Loss

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So, obviously, there's some neurological ones as well. Stroke, traumatic brain injury, CVI, which is where the brain can’t interpret the visual information, dementia, tumors, disease, accidents, stroke is a big one. We see that one-third of stroke survivors experience vision loss. Stroke recovery usually happens the first few months and we see a variety of ways that the eyes are affected by the stroke. And so sometimes, they'll have problems with depth perception. Sometimes, they can only see out of half of one eye or just the bottom half and not the top half and a whole host of different ways it could present itself. So, that's another other thing to be aware of.

## Slide 20: CNIB Foundation Programs

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**Sue:** All right. Are we going to do the foundation, or?

**Leanne:** You guys can look up on your own about the CNIB Foundation. They do more of the advocacy, the CNIB guide dogs, more the recreational and children and youth programs, etc. So, they're another vital part of our services, but I'll let you look at that up on your own, because I know you guys probably are more keen on hearing about how to adapt your actual library services. Okay, that's more foundation.

## Slide 21: Strategies – Making Contact

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Okay, so, let's get into some strategies.

**Sue:** Do you want me to do the first one? Because you’re going to--

**Leanne:** Yeah, yeah.

**Sue:** So, really quickly, in terms of strategies, if you're dealing with someone who comes into your library who you know may have vision loss, or they may identify that, it's really important to bear in mind to introduce yourself to them because they may not see your face possibly. So they know you're talking to them and not to another patron in the lineup or in the library. It can sometimes be confusing.

Speak in a normal tone of voice. There's no need to raise your voice unless, of course, the person does identify as having hearing and vision loss. And if they have a guide dog, it's really, really important to not distract the dog with any, “Oh, what a cute dog.” It's hard not to, because they are really adorable and lovely.

So, these strategies, just so you know, are kind of general. Some of these, you may already be aware of. Certainly, introducing the patrons to staff who are familiar with accessibility in your branch. So, if they're coming in maybe to use a device that you have, you want to get them connected, Ask the patron what assistance they might need. Don't assume what they need.

And when you're done, you want to say goodbye and make sure they can find their way to the exit. That sort of thing. If you are giving directions, it's always a good idea to use cardinal directions or clockface. So, “It's on your right, it's on your left. It's at 1:00.” Avoid terms like, “It's over there.”

Sometimes you're just going to want to guide them to the spot. It might be easier depending on their level of sight loss. And, again, if you're guiding somebody, a common rule of thumb is never leave somebody who can't see in an open space. Bring them to a chair or a wall and then just let them know where they are.

So, it's a lot of information to unpack, but you know, at the end of the day, it's pretty much common sense, but it's not common sense in some ways.

Leanne, do you want to do the next one?

## Slide 22: Strategies – Library Setting

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**Leanne:** Yep. So, in the library setting itself, you want to consider an adjustable task light and designated stations for clients with residual vision. As well, make sure that other equipment, such as a CCTV, is plugged in and ready for use. Often, I've gone into some branches and I've seen a really ancient CCTV that's like 15 years old and maybe it works, maybe it doesn't. Or a station that has JAWS, and it hasn't been updated in several months or years. And so, it's not working at the level it should be. So make sure that you're familiar with that equipment and how to maintain it.

And, again, we talked about positioning. So, if you're going to have your accessible workstation, make sure that you're keeping lighting and glare and color and contrast in mind so that the client is able to use it as best they can.

We already talked about making sure your software has been updated at the accessible workstations. You have programs like JAWS, which is a screen reader and ZoomText, which is a screen magnifier. You want to consider a good quality, high contrast keyboard such as a black keyboard with yellow large print keys. And you may, if you have, you know, if you're able to get a special grant, a braille display that connects with the computer and has refreshable pins as the person goes through lines of text and an embosser to print braille.

Also know where to direct patrons to accessible reading material such as the large print books, the audio and DAISY books. And my new favorite that I've seen are these Playaway books. And if the person is not able to afford a DAISY player, or they're just not ready to commit to it, those little Playaway books, they’re like little MP3 players with a single book on them, are easy and they're accessible and they work quite well for our clients.

All right, Sue?

## Slide 23: Strategies Library Setting – Etiquette and best practice for library staff

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**Sue:** Sure, okay, let's do this relatively quickly. Some people may not be as comfortable disclosing the fact that they have vision loss. If they do, it's helpful. If there's no way to know that they have vision loss, it makes it more tricky. But typically, if they're really severely living with vision loss, they'll have a cane. So, again, offering the orientation, accessible stations, where to find materials. And I think some of this has already been covered, so I don’t think there’s--

Try not to leave things out, like carts, that sort of thing. And if you want your library to go through a bit of an accessible audit, you can always contact CNIB or VLRO on that. Next slide.

**Leanne:** Yep.

## Slide 24: Strategies and Best Practice Cont’d

00:32:41:12

So, strategies and best practices. We want to make sure that your signage incorporates high contrast, large print and, where possible, braille. Have clearly designated and accessible spaces for alternative format materials. Sometimes, you know, our patrons aren't always aware of what's available for them in a library, and they may not think that there's anything for them in a public library. So, making sure that they know kind of what's out there, and that they're welcome as well, is really important.

One thing you can do is learn about sighted guide. So, when you're guiding a patron, offer your elbow for guidance. Never grab a patron's arm or hand and you want to stand next to the patron just slightly ahead and offer your arm and they will take your elbow. Describe their path, including obstacles and changes in levels if you're walking stairs, or a drop-off in any way or a ramp. If the path narrows, push your elbow-- Put your arm behind your back, and then the patron can walk directly behind you. So, you know, little tips like that, it’s going to make the person feel a lot more welcome.

You want to make sure that any of your workshops, lectures, guest materials, guest speaker materials, or even when you're talking about upcoming programs that they're all in accessible formats. Then, if someone is coming to hear a guest speaker, you know, when COVID is not a thing, offer to give an orientation to the space ahead of time. Let them know where they're sitting and if they're participating in a workshop where, let's say, a sewing or whatever it is, show them where all the equipment is ahead of time. Just, you know, those little things can help them remove some barriers to inclusion. Which Sue is going to talk about now.

## Slide 25: Strategies to Reduce Barriers

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**Sue:** All right. So, again, knowing what the accessible services within the library area are, obviously is important. I know there's a home visiting library service. Some people prefer to have their books downloaded. There's so many different ways to do it.

For children with sight loss, hopefully, you've got printbraille books available. Tactile as well. If you are doing children's programs and you have a child with vision loss, it’s a good idea to make sure that they're included appropriately. During library programs, have a story box that goes along with the book so that objects appear in the story as well as tactile materials. That kind of sounds very sweet and nice. And I know our library in the North York area here in Toronto have done some great little library programs in the summer for our kids.

CELA and Bookshare, I think it's important that all library staff understand who CELA is and what Bookshare is and what is the sign-up process.

How to download the books. And, again, each library, obviously, is going to have their own processes. So, these are just suggestions, obviously.

How to use accompanying software such as Dolphin EasyReader and the DAISY reader, of course, Victor Stream is the portable.

Knowing how to refer patients-- Sorry, patrons, rather, to VLRC if they need more training is really important. And you can use the 1-800 number, again, depending on where you are in the country, the Contact Centre will flip you to the right local region where the person is.

## Slide 26: Engagement

00:36:08:27

**Leanne:** Okay. So, engagement is another thing. As we were saying before, you know, a lot of people with sight loss may not think that there's anything at the library for them because they're not-- They’ve never been, sort of, especially for a person who's congenitally blind, they may have never gone into a library in their lives, and they don't know what's available to them. So, finding ways to engage patrons with sight loss to access the library by advertising your programs and speakers and workshops with specific sources like AMI, which is the Accessible Media channel and VLRC and seniors’ organizations and other blindness-based organizations like BALANCE for Blind Adults that are accessed by the community with sight loss.

And for us, for our community in particular, transportation is a huge barrier, and having alternative ways to access information and services is really important. So, knowing about your home library service and knowing how to teach them how to, or that you can actually download books through CELA and different options like that. Alternative means of engaging this population is probably the only way to reach and get them interested in returning to library services as they're often not aware. So, get creative and find ways to get our clients back into your libraries and into your branches so that they want to participate and have as few barriers as possible.

**Sue:** I just want to make a quick comment before Leanne gets on to the rest of this, is that, just so you know, when we do the intake at the VLRC, we do talk about what people are doing for leisure. And oftentimes people will say, “Well, I used to love to read and I can't anymore.” And just so you know, we do have an automatic process for referring people to CELA in our system. And so, if they've already identified it to us, we're going to look after that. We're going to look after how they're going to access the books through the training they're going to get from us. I think that's a really important fact.

It's only if they come to you and they haven't come to us yet where it can get, you know, you want to make sure they come to us and we'll take it from there.

So, I'm going to leave the rest of the next few slides to Leanne because she's got the technology background down.

## Slide 27: Tools and Devices to Enhance Library Visits – High tech and low tech devices

00:38:23:12

**Leanne:** Yeah, I had to learn a lot, especially during COVID. I've had to pivot quickly, so I've had to learn how to use VoiceOver, which is a screen reader that's built into every Apple device, including Apple Watches and Apple TV. So, it'll read what's on the screen and use a series of gestures, navigate.

Zoom, not the meeting software, but it's a zoom feature on the phone, and it’ll make the screen-- It'll blow up all the content on the screen and you use three fingers to move around and to turn it on and off.

So, you know, there's different ways that our clients will access. Google Home and Alexa is a new thing that a lot of our seniors are using now. So, they'll use it for setting timers, medication reminders, appointments all kinds of really great things. And, of course, the Victor Stratus4 M is probably the standard DAISY player that we see with our clients. It's the easiest one. If you're not familiar with it, every button you press, it tells you out loud what it does and it'll tell you where you are in the book. It'll tell you, basically, all the content that you would see as if you were accessing a print book. The DAISY audio CD will give you that information.

So, there's a couple of ways you can do it. You can get the books on CD, you can use music CDs in it as well, audiobooks from the library. You can also connect it to Wi-Fi and download and stream books directly from CELA's website and Bookshare. You know, there's a lot of options out there.

## Slide 28: Using Your Tech: Apple and Android Devices

00:40:06:09 - 00:40:07:14

And then, of course, there's other apps like Seeing AI, which will read short text and documents and it's a colour reader. It'll describe faces, it recognizes currency. So, the paper money. It'll do something called scene preview. If you're in an unfamiliar space, you take a picture with the scene preview, they'll say you are in a room with a table and chairs and it looks like there's stacks of library books. So it's a really kind of cool feature.

Dolphin EasyReader is the DAISY app, and it's a little tricky at times, especially if you are new to sight loss and you're just starting to learn how to navigate your iPhone or Android device.

And you're, you know, it's a lot to figure out at once, but it's definitely an option if you have some usable vision.

The Kindle Fire is a really cheap alternative tablet. And it does have a built-in screen reader as well, and it can make it in large print, and you can change the color and the contrast. And they are about $100, which is, for some clients that's a really affordable price point. So, knowing that you have all of these options, including, I know people who will use a scanner and scan books and then read it with their braille display. So, you have so many really cool ways of accessing services.

Knowing what's out there can help you tailor a lot of your programing.

**Sue:** Leanne, just before you go to that next slide, I just wanted to make sure that people understand that in addition to the DAISY player, we’ve got a lot of seniors learn to access audiobooks on their iPhones. It's taken some time for them to learn it. But it's pretty remarkable. Once they've got the concept down, it's great because then they only have that one device and they don't have several different places that can help them with reading.

And I just recently helped a son of a client who was struggling, and we're now able to coach her virtually over the phone. We’ll say, “Okay, you need to tap the home screen three times. Okay, now swipe.” And by providing that little bit of information, she's then got her book, and she's ready to go curl up and just relax. So, it’s not--

**Leanne:** Yeah.

**Sue:** I wanted to highlight that.

**Leanne:** Exactly, it's a really cool story there.

## Slide 29: High Tech Solutions (OrCam, eSight)

00:42:30:09

So, these are some high-tech solutions. These ones are not covered by ADP at this point. It's the OrCam, which is through a company out from Israel, and it's a little camera that's attached to the frame of your glasses. And it can recognize faces, it can read print, it can read barcodes and it even has facial recognition now. So, you can program it and it’ll say, “Oh, that's Sue. Sue is in front of you.” And it's changing all the time. And then, of course, the other thing is eSight, which is also not covered, but it's like a visor. It's like a video magnifier, essentially, that you wear.

Sue, do you want to do this last little bit?

**Sue:** You know what? I think in the interest of time, we've got about two minutes, I think we'll--

## Slide 30: Vision Loss Resources visit: www.cnib.ca

00:43:14:23

This slide is really just resources that you can go to the CNIB website, ironically. Our website is relatively new. The CNIB website has all kinds of additional information about, for example, how to get the CNIB ID card, Clearing Our Path, information on vision loss, etc.

So, yeah, I won't belabor this because I think we're really getting close to the time that we're supposed to be taking questions.

**Leanne:** I'm putting a link in the chat for a website that I use all the time. It's [visionaware.org](https://visionaware.org/) and anything to do with sight loss is on that webpage. So, there's eye conditions, daily living skills, technology, blogs about people living with sight loss. It's really quite inclusive and it also has a Spanish component which is kind of cool because it's from the States. It’s through American Printing House for the Blind. It's a really good one stop shop. So, if you're looking for additional information, visionaware.org is a good place to start.

## Questions Period

00:44:15:26

So, I guess now, Rachel, I guess we'll get into questions and whatever else people want to know about us. Yeah, let's go for it.

**Rachel:** So, if you have a question, you can type it into the chat window. I'll just check if there's any hands raised as well.

Doesn't seem to be.

So, one point I was going to make is that you talk about people being overwhelmed when they first come to you and learned that they’ve experienced significant vision loss, and I just wanted to relate that to some of the experiences that we've heard of from libraries where CNIB or VLR has referred a client to us at CELA and we send their name to the library to get registered for a card and learn about their own accessible services and then register for CELA. And sometimes we hear that the library calls the person and the person has no idea why they're calling. They sometimes even claim they never said the library could call. But the reason can be for that is that they really are overwhelmed with the amount of information that they're receiving. They're hearing about all these wonderful services, but they're also coping with a huge change in their life, too. So, I just wanted to give a bit of context to that.

**Sue:** Yeah, I want to comment on how, now that we're sort of doing our intake process a little differently, we're not necessarily going to be referring people to library right away because we think most people want to try to you know, try to use devices to help them read print. I mean, it doesn't replace reading a book for pleasure, this is the whole concept of right service, right time to reduce the overwhelming.

In fact, I should mention, too, that we have recently brought back adjustment to vision loss counseling in a pilot right now. But the goal is going to be to expand that program once we can get access to some mental health dollars. But we recognize very clearly, as does our board, that people need counseling when they're experiencing vision loss, because it's not a-- You know, some people can get back on the horse and off they go and they're really excited. But it isn't really a journey. They may not do library for the first six months. They may just be focusing on what's more important to them at that moment

So, yeah, that's a good point, though, Rachel, for sure.

**Leanne:** Definitely.

**Rachel:** So, we're getting some questions.

The first one is, “Is there a way to get stats about how many people are registered with CNIB in a particular area, and then how to request a library audit of the spaces?”

**Sue:** As far as stats go, I will have to get back to you on how we could go about doing that. To be honest, now that we've divided into separate entities, Vision Loss Rehab truly is a separate entity now. So, we would be collecting our own stats. But that's something that I'll get back to Rachel on, if that's okay.

As far as the audit goes, you call the 1-800 number and just say that you want to have an audit of your space, library, and typically, CNIB, in some places, is doing the audit. It really depends on their resources. Sometimes we're asked to do it. Typically, you know, we're more focusing our work on working with people, not necessarily the built environment, but we certainly can get involved, as needed. But yeah, I would start with the CNIB for the audit itself, because it's really not-- I shouldn't say that it's not complicated, but it really is a matter of just looking at are stairs marked? Things like that. So, go to the 1-800 as the start point.

**Rachel:** Great. And then we have a comment just thanking us for mentioning the topic of being overwhelmed and particularly how that affects the calls that libraries make to that patron. So, you're very welcome.

**Leanne:** Thank you.

**Sue:** Absolutely, and I think too, remember, when you're dealing with some people, they may not remember that they've done it, and it's perfectly understandable. They get overwhelmed. But yeah, I mean, certainly circle back with us anytime you feel like someone needs us to get back to the person because we don't want them to be stuck in that space about feeling overwhelmed.

**Leanne:** Absolutely.

**Sue:** Yeah.

**Leanne:** Yeah, a lot of my initial visits with people, even though I'll do an assessment, or, you know, I'll do the assessment, they go to do the next visit and I'll get there, and I'll have an idea in mind of what I want to do. And then they'll say, all of a sudden, “I'm experiencing all these emotions because my vision loss and I’m feeling this, that and the other.” And my lesson gets derailed, but I have to provide supportive listening instead. And that's perfectly valid as well. Sometimes they need to work through feelings and work through the information to be able to even move on to the next step. So, a lot of our work is just listening and meeting the client where they're at.

**Sue:** I see a question about resources or a link to train library staff on DAISY reader. So, I’m pretty sure Leanne and I can come up with some links to videos that you can watch and how to--

**Rachel:** Yeah, we have quite a bit of that already. So on CELA’s site there's a Help page and there's lots of tutorials. And if you look on the For Libraries page, I think we still have the guide to it using, it's one of the, not older DAISY players. It's the Humanware or Victor Stratus4 M. That's a model which various people mostly are still using.

**Sue:** Yeah, yeah.

**Rachel:** Yeah, and so we have, I think, a guide on there. I'll make sure it's on that page. So. we have tools that way, but definitely Sue and Leanne, if you have others, that would be great. And then, of course, Humanware will have their own tutorials.

**Leanne:** Humanware, for sure.

**Sue:** Yeah, and I guess it’s how to get funding to update the DAISY Stratus for patrons to use.

**Leanne:** Right.

**Sue:** That's going to be an area that will probably vary depending on where you are in the country. Rachel, I don't know if you know whether Humanware has any sort of connection to loan or provide demo units?

**Rachel:** They certainly market to libraries quite a bit. I've heard of sales visits, for example, to libraries. They may have a program if you have a particular contact at Humanware, it's certainly worth asking.

**Sue:** Yeah. “Are people interested in downloading

rather than just--?” It depends on the individual's comfort level. Some people get--

**Leanne:** And age.

**Sue:** But yet, there are seniors, like the 93-year-old that I have whose family is able to help her to download books. So, it really depends. I'm starting to sort of say to myself, don't assume that they're a senior, they're not going to like it. You really have to ask and then they can tell you, “No, I don't want to do all that downloading, then I have to rely on my son.” Like even how they access the iPhone, can be great for some people, but not for everybody. Individual choice, for sure.

**Leanne:** Yeah, especially if the client also has dexterity issues. So, you know, using VoiceOver, if you have problems with arthritis or if you have a concurrent disability that affects the way you can use your hands, then VoiceOver may not work for you. So, you have to maybe think about other options. There's something called VoiceControl, which is another choice that is built into the iPhone, but even that can be a little bit tricky. So, just trying to find the best tool for that person to use.

**Rachel:** One comment, because I see a lot of those referrals coming through, I’m noticing more and more people have, say, they use a computer or a smartphone because it used to all be CDs, but now I see that more and more, through the names that are coming through, that we pass on to the library.

**Leanne:** Good.

**Sue:** Oh, I think it's changing. It really is. I think we're seeing more and more of that. And it's great because, you know, I have a friend who has been blind for a long, long time. And she was in a book club at her senior's home. And she was getting her audiobooks faster than the people that were getting print books. And she just thought that was the best thing. She was always saying, “I got my book first, I’m ahead of the group!” And, you know, in the past, clearly that didn't happen. So it’s really fun.

**Leanne:** And I have many clients, many seniors who say, especially those living in seniors’ residences right now that having access to the DAISY books and the DAISY player has been a lifeline. They say it's their only form of entertainment and they look forward to more books all the time. And they said most people, especially the seniors who've been using it for a while, that they couldn't live without it. So just know that those are so valuable to our clients and that they really appreciate it. And for them, it's their connection to the world.

**Sue:** Yeah, during COVID, we found that we spent quite a bit of time reaching out to our existing clients to check into wellness practice. And the isolation has been terrifically stressful for our population because they're not seeing family as often and they're just isolated. They're not TV watchers necessarily, in some instances.

**Leanne:** So, they really rely on those books coming in, so know that you guys are very much appreciated.

**Sue:** I'm going to respond to the question that's in the chat box about how long does it take, how long do they wait between referral to VLRC and initiation of intake. So, under normal conditions, when we have full staff, they shouldn't wait more than five days. But what I will tell you is we are currently experiencing a significant vacancy in our service coordinators due to medical leaves. And so, as a province, we're having to help each other. I, for example, here in Toronto, for the first time in my history, went without service coordination for almost six weeks. And within about, I would say two months’ time, the numbers grew to 105 people. So all we could do was stay on top of that urgent referrals, which, of course, we had to do. But we finally have a plan in place, and we're doing our very best to get back on track. But I know, for example, in the Kingston area they've been really struggling. So just like a lot of other agencies, we've experienced staff shortages because of the COVID pandemic. But really, the norm should be five days.

That's if we get their referrals. Sometimes people think we got their eye report, and if we didn't get it and we have to chase the doctor, we wouldn't even be creating a file. So that's another potential element. But yeah, I think it's so critical that we're responding finally. Absolutely. Good questions. Really good questions. Yeah. Awesome.

**Rachel:** I don't know if there are any other questions, but in the meantime, while we have one or two minutes left, I'm wondering if one of you could describe a bit of-- I know you do O and M sessions to libraries sometimes, and I wonder if maybe you just want to describe a little bit about one of the ones or just commonly what you do at the library, because I think if participants understand that the view from the outsider, like what's it like coming into my library and I have vision loss, I think that might be of interest.

**Sue:** I can talk to that as an O and M specialist, although I haven't taught in a long time. But I guess it depends on the library, the size of the library. If we are orientating somebody, we're going to try to work from the main entrance obviously, and help them to find the desk. And so, we sort of have to unpack it, make sure that we identify where it is they want to go. The reference library in downtown Toronto is quite a large centre, so it’s little bit different. So in that case, it would depend on the person's level of vision, what their skills are, and it would just be going through practicing, okay, we're going to get from the door to the desk, from the desk to the area where they're going to use the computer. So very practical, very much depending on the individual skills. Does that help?

**Rachel:** I think so, yeah. Just sort of a perspective of what it would be like. But also, I think some libraries don't realize that O and M sessions are done in the library as well. So it's good to know.

**Sue:** Yeah, absolutely.

**Leanne:** In all settings. So, wherever the person needs to go we help them get there

**Sue:** And I guess, you know, a lot of our clients access library remotely so they're not always going into the branches to hang out. Some do, but it's not as common. I would say a lot of people are downloading their information and accessing it that way. That’s what I think makes it a fantastic service because they don't have to go anywhere. They've got those books either downloaded or however they're getting them. If it's in post or through the home library. Because the action of going out into the community, it's not that people can't do it, but they have to go to their doctor's appointments and they have to sometimes have help. So, would you agree, Leanne, in terms of the numbers that are actually going to their branches regularly?

**Leanne:** Yeah, I would say, especially for clients who are not really aware of what's even in a library for them if they have no usable vision. They don't know often about--

I know at the North York Library up near North York Center they have a really awesome embroidery, sewing and craft room and they offer really cool workshops. And if you've never heard about what's available there, you wouldn't know to go and ask about it. So, just really focus on getting more of that information out to disability-specific organizations so they know what's coming up, and to maybe even do a specific session for patrons with sight loss so they know what they can access and about guest speaker panels and author series, just so they can sort of be involved and have as many barriers to inclusion taken away. And so they can be full participants as well.

**Sue:** Yeah, that's such a good point, because, again, even for me, when I think of library, I mainly think audiobooks and they’re at home listening to them. But they should be part of the library community and the very cool things they do in the library. I mean, my uncle used to go to the library almost every day to read the newspaper because he just wanted to have an outing and he could see okay. But that was his thing to do every single day. It was go the library, my mother did the same. She didn’t with newspapers, but she loved her library trips. Just loved that interaction, loved books. And yeah.

**Leanne:** Same, when my kids were little, we often went to the library programs for the kids at the Locke Library. And Barbara Frum, we've done like some fantastic little programs there. And we often recommend it to our families.

**Rachel:** That’s great. Well, I'll wrap it up now, but first of all, I want to thank you so much, Leanne and Sue, for speaking with us today. I know I've certainly learned new things and I imagine many of the others have learned a great deal about Vision Loss Rehabilitation Canada, and certainly the ways that libraries can provide better services, promote their services to people with disabilities, but obviously with vision loss in mind.

So before we go, I'll just remind everybody that we will send an email that will contain a link to a survey and we'll send the PowerPoint slides as well, and we will make the recording available on our site. I did want to tell you about our next webinar, which is next Tuesday, January 25th at 1 p.m., and it's called Expanded Delivery Options Project.

What's that?

So this is all about some new technologies that CELA is exploring to help people, some with very low tech skills and some with more tech skills. And so, that includes our investigation into a new player and smart speakers as well. So, that should be very interesting. Again, next Tuesday at 1 p.m.

So on behalf of CELA, I want to thank everyone attending and have a good afternoon. Bye.

**Sue:** Thanks, Rachel.

**Leanne:** Bye, everyone, good luck out there.

**Sue:** Take care.

**Rachel:** Okay, take care, bye-bye.