

The Partially Sighted Society

SEEING THE WAY FORWARD, TOGETHER

NEWSLETTER



August 2026 Edition

partsight.org.uk



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A Message from our Chief Executive Officer



Welcome to our August newsletter. I hope you are keeping well and finding time to enjoy the summer.

As always, we have brought together a mixture of practical advice, health information, personal stories and lighter features, reflecting the many different ways sight loss can affect our lives, and the many ways people continue to adapt, connect and enjoy the things that matter to them.

There is plenty to explore in this edition. We share some simple and accessible gardening ideas for people with sight loss, look at important new information on semaglutide and NAION, and reach the final part of our A to Z of Accessible Walks. We also turn our attention to the kitchen, with a look at some of the latest accessible technology and, of course, another recipe to try at home.

Elsewhere, we look back at an interview I gave to BBC Radio 4's In Touch programme in 2018. Reading

it again has been a lovely reminder of how far The Partially Sighted Society has come since then, and how much of that progress has been made possible by the people who have supported, encouraged and believed in us along the way.

We also explore how cataracts influenced the later work of Claude Monet, while Fiona Scott-Barrett shares a wonderfully open and personal account of living with Best's disease. I hope you find something in these pages that is useful, interesting or simply enjoyable to read.

Thank you, as always, for being part of The Partially Sighted Society. Whether you use our services, support our work, share what we do with others or simply enjoy receiving the newsletter, it genuinely means a great deal to us. Your support helps us continue to grow and reach more people, and we're grateful for every part you play in that.

Anita Plant, CEO



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When a Relaunch Sparked a Revival: Revisiting Anita's BBC Radio 4 Interview



We recently uncovered the transcript of a BBC Radio 4 interview that, looking back, marks something of a turning point in the story of PSS. In March 2018, Chief Executive Anita Plant sat down with the network's flagship sight loss programme, In Touch, for what turned out to be a candid and wide-ranging conversation about the state of our charity.

Presenter Peter White did not hold back. He pressed Anita on PSS's relatively low profile, noted that the organisation had been quieter than in previous decades, and probed the practical limits of what a tiny team based in Doncaster could realistically achieve. It was a fair challenge. Anita's response to whether PSS

would be more visible in the future was characteristically measured: "I'm certainly going to give it a good try."

Seven years on, we think she has.

The story of how PSS arrived at that 2018 interview is one of difficulty, determination, and an extraordinary stroke of fortune. The charity had originally been based in London, but a prolonged lack of funding forced a painful reckoning: staffing was cut significantly, and PSS relocated to Doncaster. It was, by any measure, a moment of crisis.

Then, out of the blue, a legacy arrived. More than a million pounds, left by someone who had themselves benefitted from PSS's services in earlier years; it changed everything.

The trustees had long held an ambition to establish a fully professional low vision service. Now, for the first time, they had the means to pursue it.

The legacy funded the purchase and renovation of a building in Doncaster, bringing it up to a liveable, accessible and workable standard, and filling it with the optometric equipment needed to deliver something genuinely exceptional. It was into this emerging operation that Anita joined in 2011, initially as Low Vision Services Manager, tasked with building an exemplary low vision clinic from the ground up. She became CEO in 2013, inheriting a team that, despite everything that had been built, still numbered just three people.

By the time of the 2018 broadcast that number had reached four, with everyone covering multiple roles. Anita was running the organisation, conducting assessments, and leading outreach work. The conference that preceded the interview, PSS's first national gathering in many years, was described by Anita on air as a relaunch. It was an honest word for an honest moment.

What Anita described in that interview was a service built around the person rather than the system, one that took the time to ask not just about a person's vision but about their life. What do you want to be able to do? What has changed? What have you not been able to tell anyone else? A minimum of 90 minutes one-to-one with each person who came through the door, an optometrist-led sight test facility, and a telephone helpline open to anyone in the country regardless of their eye condition, age, or whether

they were registered as visually impaired. It was, as Anita told Peter White, probably too people-centred to be cost-effective for a regular optometrist. That was precisely the point.

Central to the clinical offer was Gary Flack, whom Anita had persuaded to join PSS as the charity's low vision optometrist. Gary was one of very few practitioners whose passion for low vision matched her own. He began on one day a month. He now works three days a week, a measure of how much the service has grown and how central his contribution has become.

Peter White pressed Anita on the question of geography. Doncaster, he noted, was not the easiest place for people to get to. Anita acknowledged it openly. She mentioned she had been looking into the possibility of a mobile outreach vehicle, though on closer examination it proved not to be viable. PSS already had a mail-order service and a telephone helpline, but Anita knew that the charity's ambitions stretched further than what was then possible.

As it turned out, geography was less of a barrier than anyone in that 2018 studio might have imagined. Since that broadcast, PSS has welcomed service users from across the country and beyond. Our furthest travelled visitor came all the way from South Africa, a detail that perhaps answers Peter White's challenge more conclusively than any outreach vehicle could have. The team of four has since become a team of eight, and the shape of that growth tells its own story. Gary remains central to what PSS does. The team now includes a communications

the delegates at that 2018 conference, put the challenge plainly when asked whether more should be done to raise awareness. "They should advertise it," he said, "the fact that people go out that can't see very far, like myself." We have not forgotten that.

The relaunch Anita described in that interview is where the PSS you see today has its roots. Everything built since then has grown from the determination she set out on air that evening, and from the generosity of the people who have believed in this charity along the way. We are louder, more visible, and helping more people than at any point in our recent history. If you are reading this, you are part of that story. PSS is still here, still growing, and still working every day for the people who need us most, because of you.

A vibrant and modern garden design featuring a paved path, raised beds, and a pergola. The garden is filled with various plants, including purple flowers, green foliage, and a small tree. A dark grey shed is visible on the right, and a brick house is in the background. The overall aesthetic is clean and contemporary.

flowerbeds for a hand fork that was definitely there a moment ago.

A box, bucket or gardening apron can help keep smaller tools together while you work. Tools with brightly coloured handles are easier to locate, while tactile markers, elastic bands or raised stickers can help distinguish one tool from another by touch. The charity, Thrive, also suggests painting existing tool handles white or choosing brightly coloured equipment for the same reason.

Always place tools flat on the ground or securely in a container rather than leaving them standing with their points facing upwards. A rake left lying in the grass has a habit of announcing itself at the worst possible moment.

6

Try the ping pong ball trick

One of our green-fingered friends, Vladimir Milinkovic, shared a tip that is both simple and rather ingenious.

He places ping pong balls over exposed bamboo canes and other narrow, pointed supports. This makes the ends easier to locate and provides some protection if he bends down near them. A small hole can be carefully made in the ball so that it fits securely over the top of the cane.

This can help guard against a common hazard: leaning forward to inspect a plant and finding a bamboo cane exactly where your face is heading.

Purpose made cane toppers are also available, but ping pong balls are inexpensive, brightly coloured and easy to come by, a small price for some extra peace of mind in the vegetable patch.

Check them regularly to make sure they remain firmly attached, and remove or reposition any plant supports that are no longer needed.

Use contrast wherever possible

The Royal Horticultural Society (RHS) recommends contrasting colours in planting and garden design for people with sight loss, and it can make a genuine difference for gardeners with useful remaining vision.

Brightly coloured pots stand out well against dark soil or paving.

White, yellow or fluorescent tape can be wrapped around tool handles, steps, tap handles and the edges of containers. Pale flowers planted along the front of a darker border can also help mark its boundary. Try to avoid

placing objects that are similar in colour next to one another. A green watering can left in long green grass may end up staying there until autumn.

Create clear routes

Level, open and uncluttered paths make a real difference. Trim back plants that lean across walkways and avoid leaving hoses, tools or bags of compost where they can become trip hazards.

Changes in texture can provide useful information underfoot. Gravel, paving, decking and grass all feel different and can help indicate where one part of the garden ends and another begins.

Thrive suggests using a change in surface texture or colour to mark bends in a path. A distinctive ornament can also act as a useful landmark. Low edging around beds can prevent soil from spilling onto paths and make the boundary easier to find with a cane, foot or hand.

Bring the garden closer to you

Reducing the need to bend, stretch or work at ground level is one of the biggest advantages of raised beds, planters and pots. They also create clearly defined growing areas, making it easier to remember where different plants are located.

The RHS also recommends features such as raised beds and wide, accessible paths for gardeners with disabilities.

Containers can be arranged by size, shape or texture. Herbs might go in round pots, flowers in square containers and vegetables in a raised trough. There is no correct system.

Plant with all the senses

A garden offers far more than something to look at. Scented plants such as lavender, rosemary, mint, thyme and honeysuckle can create recognisable areas and help with orientation.

Texture adds another dimension. Lamb's ear has soft, velvety leaves, rosemary is firm and needle like, and ornamental grasses rustle when the wind moves through them. Plants that attract bees and birds add another layer of sound, although thorny or irritating plants should be positioned away from paths and areas where you regularly reach.

Herbs are particularly rewarding because they are easy to identify by smell and touch. Just remember that mint has ambitions of taking over the world, so it is usually best kept in a pot.

Take your time

Gardening is not a race, whatever the weeds may suggest. Work on one clearly defined area at a time and pause regularly, particularly in hot weather. Wear sturdy footwear and gardening gloves, and take extra care when using sharp tools. Secateurs should be

locked when not in use, and powered equipment should only be used when you feel confident that the surrounding area is clear.

For larger jobs, there is no shame in asking a friend, relative or neighbour to help. In our experience, gardeners are often willing to lend a hand, particularly when tea and biscuits are mentioned.

The best garden is not necessarily the neatest, largest or most colourful. It is one that you can use, recognise and enjoy. With a little organisation, plenty of sensory planting and perhaps a few strategically placed ping pong balls, sight loss need not stop anyone from getting their hands dirty.



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When Sight Loss and Cognitive Difficulties Occur Together



When a person living in a care home experiences both sight loss and cognitive difficulties, the combined effect can be particularly challenging. Problems with memory, attention, understanding or decision-making may make it harder to adapt to changes in vision, while reduced sight can increase confusion, anxiety and dependence on others.

For families, it can sometimes be difficult to know which condition is causing a particular change. A person may appear not to recognise someone because of memory loss, because they cannot see the person clearly, or because both difficulties are affecting them at the same time. What looks like confusion may be made worse by poor

lighting, glare, unfamiliar surroundings or glasses that are missing or no longer suitable.

Understanding how these difficulties interact can help families and care staff provide more thoughtful support.

Sight involves the brain as well as the eyes

An eye examination is an important part of understanding someone's vision, but the eyes are only one part of the visual system. The eyes gather visual information and the brain interprets it.

This means that a person can sometimes experience difficulty making sense of what they see even when the eyes themselves appear relatively healthy. They may struggle to

follow lines of text, recognise objects, judge distances or understand a visually busy scene. These difficulties can be linked to changes in the way the brain processes visual information.

However, it is important not to assume that every visual difficulty is caused by cognitive decline. Treatable eye conditions, an outdated glasses prescription, poor lighting or other health problems may also be involved. Any new or significant change in vision should be assessed by an appropriate healthcare professional.

Safety and mobility

Sight loss and cognitive difficulties can both affect balance, confidence and awareness of hazards. Together, they may increase the risk of falls or make it harder for someone to move independently around the care home.

A resident may become disoriented if furniture is moved, struggle to find their room or fail to notice obstacles in a walkway. Changes that seem minor to other people can make a familiar environment feel confusing or unsafe.

Families may find it helpful to ask whether walking routes are kept clear, whether lighting is even and comfortable, and whether the person receives support in unfamiliar areas. Consistency matters. Keeping furniture and personal belongings in the same place can reduce unnecessary confusion.

Communication and recognition

Sight loss can affect more than reading. It may make it difficult to recognise faces, follow gestures, notice facial expressions or understand what is happening across a room.

When visiting, introduce yourself by name rather than waiting to be recognised visually. Speak clearly and calmly, and explain what you are doing before touching, moving or assisting the person. Allow extra time for them to respond.

It is also worth considering hearing. When both hearing and vision are reduced, communication can become much more difficult, particularly for someone who is already struggling to process information.

Emotional wellbeing

Losing confidence in one's sight can be frightening. When this is combined with memory or thinking difficulties, the person may not always understand why tasks have become harder. This can lead to frustration, anxiety, withdrawal or distress.

A resident may stop joining activities because they cannot see what is happening, because the environment feels overwhelming or because they are worried about making a mistake. This can sometimes be mistaken for a lack of interest.

Regular contact, reassurance and familiar routines can help. Music, conversation, favourite scents, familiar objects and well-known stories may provide comfort and connection. Activities should be adapted rather than automatically withdrawn.

Supporting independence

Even when someone needs more help, maintaining choice and independence remains important.

Small adaptations can make everyday activities more manageable. Talking

clocks, audiobooks, tactile objects, voice-activated technology and adapted games may all be useful, depending on the person’s interests and abilities.

It can help to focus on what the person can still do. They may be able to complete part of a familiar task, make a choice between two options or take part with verbal prompts and gentle assistance.

The aim is not to test the person or correct every mistake. It is to support confidence, enjoyment and involvement.

Making the care environment easier to understand
A well-designed environment can make a significant difference.

Good, even lighting can help, but very bright light or glare may be uncomfortable. Strong colour contrast can make doors, furniture, handrails and important objects easier to identify. For example, a dark chair may be easier to see against a pale floor than against a similarly coloured carpet.

Clear routes, uncluttered surfaces and consistent placement of belongings can reduce confusion. Signs may be helpful for some people, but they should be simple, high contrast and placed at an appropriate height. For others, a familiar object or photograph may be more meaningful than written words.

Changes should be introduced carefully. A major reorganisation intended to make a room safer can sometimes leave the person unable to find anything.

Glasses and cognitive impairment
Wearing prescription glasses can become more difficult for someone living with dementia or another cognitive condition.

The person may not remember that they need glasses, may not recognise their own frames or may remove them because they feel unfamiliar or uncomfortable. This can be especially challenging for someone who only began wearing glasses later in life. Glasses should be clean, comfortable and easy to find. A distinctive case, a consistent storage place or frames that are easy to recognise may help. Gentle prompts are usually more effective than repeated correction or confrontation.

If glasses are regularly rejected, it is worth checking whether they still fit comfortably and whether the prescription remains appropriate. Pain, pressure behind the ears, dirty lenses or an unsuitable prescription can all make someone reluctant to wear them.

Do not assume every change is dementia
Changes in behaviour should not automatically be attributed to cognitive decline.

Increased reluctance to move around, more frequent falls, difficulty eating, reduced engagement or sudden confusion may be linked to a change in vision. They may also be caused by infection, medication, pain, hearing loss or other health concerns. Families can ask when the person last had an eye examination, whether their glasses are being worn and whether staff have noticed any change in how they respond to visual information.

A sudden loss of vision, new eye pain, flashes, a curtain-like shadow or a sudden major change in behaviour requires prompt medical attention.

Questions families may wish to ask
When speaking with care home staff, families may find it helpful to ask:

- How does my relative’s sight affect their daily life?
- Are there particular times or places where they seem more confused?
- Are their glasses clean, comfortable and available when needed?
- Have there been any recent falls or changes in mobility?
- How are activities adapted to suit their vision and cognitive abilities?
- Have hearing and vision been considered together?
- What helps them feel calm, confident and involved?
- Is there anything we can do during visits that would be helpful?

Making visits more meaningful
Simple changes can make visits easier and more enjoyable.

Greet the person by name and say who you are. Sit where the lighting is comfortable and avoid speaking from across the room. Reduce background noise where possible.

Use touch only with permission and let the person know before you move closer or offer physical help. Familiar music, scents, photographs, objects or stories may help create connection, even when conversation is difficult.

Try not to test memory by asking repeated questions such as “Do you remember who I am?” A gentler

approach is to offer information naturally: “It’s Shaun. I’ve come to sit with you for a while.”

The person remains at the centre
A person living with both sight loss and cognitive difficulties is still the same person, with their own preferences, history, relationships and ways of finding enjoyment.

Support does not always need to involve major changes. Sometimes the most helpful things are simple: introducing yourself clearly, keeping important belongings in familiar places, making sure glasses are clean and available, adapting an activity rather than removing it, and allowing the person more time to understand what is happening.

Families know their relatives in ways that care staff may not. Care staff, in turn, may notice changes that are less obvious during occasional visits. Sharing these observations can help everyone build a clearer picture of what the person needs.

There may not always be a simple explanation for a change in behaviour or ability. What matters is remaining curious, avoiding assumptions and asking whether sight, hearing, health, medication, pain or the surrounding environment could be contributing.

Above all, good care is not only about reducing risk. It is about helping the person remain involved, comfortable and connected to the people and experiences that matter to them.

For more information, or help finding services that may be right for you, call us today.

Semaglutide and Sight Loss: What PSS Wants You to Know About NAION



Anyone who watches the news or scrolls through social media will have noticed how often semaglutide comes up these days.

Sold under names such as Ozempic, Wegovy and Rybelsus, it has become one of the most talked about medicines of the decade, prescribed to help manage type 2 diabetes and, increasingly, for weight loss. In February 2026, the UK's medicines regulator added a new warning to that conversation, one that will matter to many people connected to The Partially Sighted Society. Semaglutide has been linked, in very rare cases, to a serious eye condition called non-arteritic anterior ischaemic optic neuropathy, known for short as NAION. Before anything else, it is worth saying plainly: this is not a reason to panic,

and nobody should stop taking a prescribed medicine on the strength of a headline. But it is a condition worth understanding, because catching it early can matter enormously.

What exactly is semaglutide?

Semaglutide belongs to a class of drugs called GLP-1 receptor agonists. In plain terms, it copies a hormone the body already produces after eating, one that helps release insulin and makes people feel fuller for longer. That is why it works for both diabetes management and weight loss, even though not every brand is licensed for both uses. Ozempic and Rybelsus are approved for type 2 diabetes, Wegovy for weight management and cardiovascular risk reduction. Rybelsus, unusually, comes as a tablet rather than an injection.

And what is NAION?

NAION happens when blood flow to the front of the optic nerve, the nerve that carries what the eye sees to the brain, is suddenly reduced. The result can be a sudden and permanent loss of vision. The word "non-arteritic" simply distinguishes it from a rarer, more urgent form of the condition caused by inflamed blood vessels.

People affected usually notice it in one eye rather than both. The vision does not hurt, but it blurs or clouds without warning, sometimes with a patch of shadow or darkness appearing somewhere in the field of view. Many people first notice something is wrong when they wake up in the morning. There is currently no treatment that can undo vision already lost this way, which is exactly why speed matters when something changes.

So how worried should people be?

Not very, statistically speaking. The Medicines and Healthcare products Regulatory Agency puts the risk at up to one person in every 10,000 taking semaglutide, placing it firmly in the "very rare" category. A European review of clinical trials, real-world data and other evidence found that people with type 2 diabetes taking the drug had roughly double the relative risk of developing NAION compared with those who were not. That sounds worse than it is. Doubling a very small number still produces a very small number, working out at around one extra case for every 10,000 people treated over a year.

Not every study agrees, and regulators are open about that. But the overall weight of evidence was judged strong enough to justify adding NAION to the

official safety information. That does not mean every case reported so far was definitely caused by the drug rather than by something else going on in that person's health.

Who tends to be more at risk?

This is where things get complicated. Type 2 diabetes itself raises the risk of NAION, as do high blood pressure, high cholesterol, smoking, older age and certain shapes of optic nerve. Many people taking semaglutide already carry several of these risk factors, which makes it genuinely difficult for researchers to work out how much of the added risk comes from the drug itself and how much comes from the conditions it is treating.

What to watch for

Anyone taking Ozempic, Rybelsus or Wegovy should treat the following as reasons to seek help immediately rather than waiting for a routine appointment: a sudden loss of vision, even partial; eyesight worsening noticeably over a short space of time; new blurring, clouding or darkening in one eye; or a new patch of shadow or missing vision appearing anywhere in the field of view.

The advice from the MHRA is to go to an eye casualty unit if one is nearby, or otherwise to accident and emergency, so that an ophthalmologist can examine things urgently. Not every sudden visual change will turn out to be NAION, but all of them deserve a same-day assessment rather than a wait-and-see approach.

Should I stop taking it?

No, not on the basis of this warning alone. For most people, the benefits

of controlling diabetes, managing weight or protecting the heart will far outweigh a risk this small. Anyone who feels uneasy should raise it with whoever prescribed the medicine rather than simply stopping. Treatment would normally only be reviewed or withdrawn once an ophthalmologist has confirmed that NAION has actually occurred.

It is also worth making sure every healthcare professional involved in someone's care, including opticians and GPs, knows that semaglutide is being taken, particularly if it was prescribed privately, since that information does not always find its way automatically into NHS records.

The bigger picture
As more people take semaglutide, safety monitoring becomes more important, not less, and updates like this one are part of how that monitoring works in practice. NAION remains rare. The message from The Partially Sighted Society is the same one the regulator is giving: do not stop a prescribed medicine out of fear, but never ignore a sudden change in vision, whatever might be causing it.

This article is intended as general information and does not replace advice from a pharmacist, doctor, optometrist or ophthalmologist.

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The PSS U to Z of Accessible Walks

In the final part of our accessible walks feature, we take on the alphabet's trickiest letters and complete our journey around the UK. From U to Z, each route has been chosen for its clear orientation, reliable surfaces and the simple pleasure of exploring somewhere worth the journey.

U - Ulster

Divis Lough All Ability Trail



Rising above Belfast, Divis and the Black Mountain might sound like challenging walking territory, but the Lough Trail offers a gentler introduction to this upland landscape. This 1 mile circular route follows a wide, largely flat path that climbs only gently across open hillside, with underfoot conditions firm and consistent throughout. The way is well defined and free from complicated junctions, making it straightforward to follow by feel as much as by sight.

Given the exposed setting, visitors should prepare for weather that can shift quickly, even when the forecast looks settled.

V - Vale of Glamorgan

Cosmeston Lakes Country Park



The route around the East Lake uses a mixture of tarmac, compacted paths and wooden boardwalks, all suitable for wheelchair users, with a firm, level surface throughout. Reeds line the water's edge, and the calls of waterfowl carry across the lake alongside the rustle of reed beds in the wind, creating a rich sensory environment as the path moves between open water and sheltered, tree-lined stretches. Accessible parking, toilets and a café are available near the entrance. Some paths farther from the lake include steep inclines, so remaining on the main East Lake route is recommended.

Travel Tip

The main car park on Lavernock Road places visitors close to the toilets, visitor facilities and the most accessible paths. Parking charges apply daily, but Blue Badge holders can park free of charge when displaying their badge correctly.

W - Worcestershire

The Accessible Walk at Croome



Croome's two-mile accessible route winds through ornamental parkland and along the edge of the lake, taking in the bird hide, ice house and Temple Greenhouse as it goes.

The path itself is gravel and tarmac, mostly flat and firm underfoot, though walkers should be ready for two small hills along the way, along with several gates and bridges that break up the route and offer a useful sense of progress. Near the lake, the openness of the water brings a shift in the air, with birdsong and the calls of waterfowl giving way, as the path moves into woodland, to the more sheltered rustle of leaves overhead and the softer, muffled quality underfoot. The Temple Greenhouse and ice house add points of historical interest partway round, each marking a natural place to pause.

Toilet stops are available on the route, with refreshments at the visitor centre, making it easy to break the walk into shorter stages if needed. Altogether, the mixture of water, woodland and open parkland gives the walk plenty of variety and interest, all without requiring visitors to tackle rough or uneven countryside paths.

X - Exmoor

Tall Trees Trail, Nutcombe Bottom



Finding a British region beginning with X requires a little creative licence, so we are borrowing the sound at the beginning of Exmoor. The Tall Trees Trail is a 0.6 mile woodland walk that follows a stream through Nutcombe Bottom towards some of the tallest trees in England.

Exmoor National Park grades the route as "Access for All," meaning it uses a smooth or compacted surface, avoids steep gradients and is intended to accommodate independently operated wheelchairs and pushchairs. The path stays close to the water for much of its length, so the steady sound of the stream provides a constant point of reference underfoot and through the trees. As the woodland closes in, the air grows cooler and more sheltered, and the ground softens with fallen leaves and moss.

Flowing water and woodland sounds make this an especially atmospheric choice, with the scale of the surrounding trees adding a sense of height and openness even where the path itself stays close and enclosed.

Y - Yorkshire

Yorkshire Wildlife Park, Doncaster



An accessible walk does not have to follow a traditional countryside footpath, and this local favourite proves the point. Yorkshire Wildlife Park offers a full day of outdoor walking through landscaped grounds and animal habitats, all within easy reach for visitors from across the whole country.

Most pathways are level, with shallow gradients in places, and all main park paths are accessible to wheelchair users, giving a firm and predictable surface throughout the site. Seating and accessible toilets are located at regular intervals around the park, making it straightforward to break the day into manageable stages. Many enclosures include ground-level glass viewing areas, while walk-through experiences such as the capybara enclosure and the close-up meerkat viewing point bring visitors right into the animals' space rather than observing from a distance.

Z - Zetland

Clickimin Loch, Lerwick



For our final letter, we travel to Shetland, historically known as Zetland. Clickimin Loch offers a scenic circular route around the water, passing the remains of the ancient Clickimin Broch, whose weathered stone walls rise directly from the water's edge.

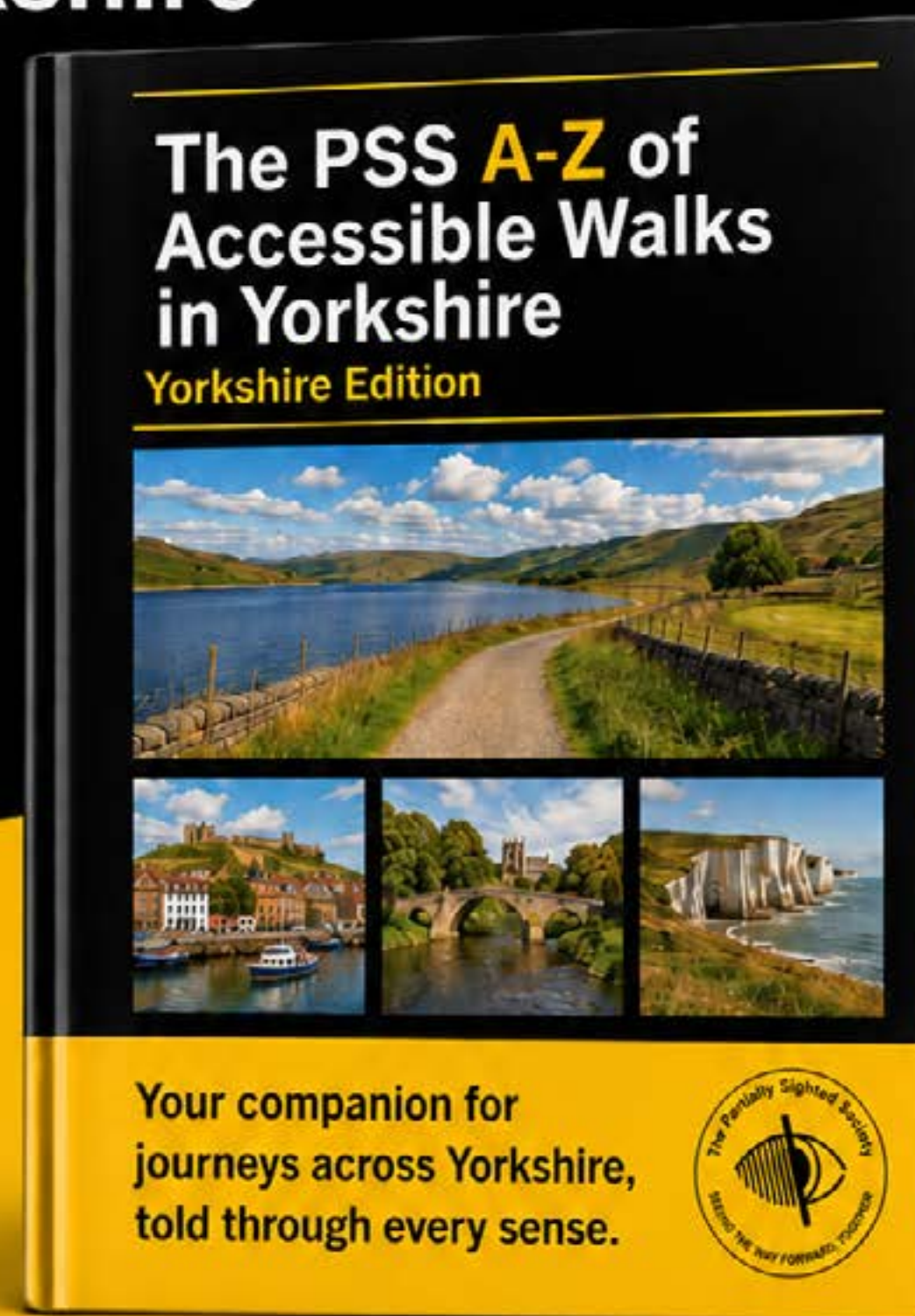
The wide, paved path is suitable for wheelchairs, pushchairs and bicycles, with clear edges and open views across the loch throughout. It brings together wildlife, water and archaeology in one accessible route, without the rough ground associated with many of Shetland's coastal paths, bringing our journey around accessible Britain to a suitably memorable conclusion.

Travel Tip

Stay in Lerwick and take the circular Service 1 bus to Sea Road for Clickimin Broch. The loch is also within walking distance of much of the town, but waterproof clothing is always sensible in Shetland.

COMING SOON

The full PSS Guide to Accessible Walks in Yorkshire



SEEING THE WAY FORWARD, TOGETHER

A Will Is More Than a Legal Document



Most of us put off writing a Will. It can feel like a task for another day, something to consider when we are older or when life feels less full. But making a Will is not simply about preparing for the end of life. It is about deciding what matters to you and making sure your wishes are understood.

Without a Will, decisions about your money, possessions and property may not be made in the way you would have chosen. Writing one can protect the people you care about, remove uncertainty and give you greater control over what happens in the future.

It can also give you the chance to leave something lasting behind.

Supporting the People and Causes That Matter

Family and friends will naturally come first for most people. Once they have

been provided for, some choose to include a charity that has made a difference to them or someone they love.

A charitable gift does not need to be a large sum of money. It could be a set amount, a particular possession or a small percentage of what remains after other gifts have been made.

For a small charity, these gifts can have an enormous impact.

The Partially Sighted Society supports people as they adjust to the practical and emotional effects of sight loss. This includes specialist low-vision assessments, adaptive technology training, wellbeing support, accessible resources and advice for individuals and families.

A gift left in a Will could help someone learn to use a smartphone independently, find a magnifier that

lets them read again or receive support at a time when sight loss has left them feeling frightened and alone.

It could also help us continue producing accessible educational materials for visually impaired children and young people, giving them a fairer chance to learn alongside their classmates.

Planning for the Future of Sight-Loss Support

The need for sight-loss services will not disappear. Every year, more people find themselves coming to terms with a new diagnosis and working out how they will continue doing the things they have always done.

As a charity, we want to be there when those people need us.

Gifts left in Wills help organisations such as ours plan beyond the next few months. They allow services to develop, specialist knowledge to be retained and new forms of support to be introduced as technology and people's needs change.

They help make sure that the next person who contacts us is met with practical answers, understanding and hope.

Writing a Will Does Not Have to Be Difficult

One of the main reasons people delay making a Will is the belief that the process will be complicated, time-consuming or expensive.

To make it easier, The Partially Sighted Society has partnered with Farewill, a specialist Will-writing provider. Through this partnership, PSS

supporters can create a standard Will free of charge, either online or with support over the telephone.

The service can be completed from home and is designed to guide you through the process in clear, manageable steps.

There is no obligation to leave a gift to The Partially Sighted Society. Using the service does not commit you to supporting us, and the choices you make remain entirely your own.

However, once you have made provision for the people closest to you, you may decide that you would also like to support a cause that reflects your experiences, beliefs or priorities.

A Decision That Could Change Someone's Life

You may never meet the person who benefits from a gift left in your Will. It could be someone learning to read their post again, a parent searching for accessible school materials for their child or a person who thought sight loss meant giving up their independence.

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To learn more about writing your Will free of charge through our partnership with Farewill, visit the Gifts in Wills page on The Partially Sighted Society website or telephone us on 01302 965195.



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Culinary Corner

Sound Advice: What's New in the Kitchen



Kitchen technology has moved on a great deal in the past few years, and much of what is now arriving on the market has a particular relevance for people living with sight loss. Voice control, once a novelty found only in smart speakers, is increasingly built into the appliances themselves.

Several new ovens and cooktops on show at recent trade events accept spoken commands and offer recipe-guided cooking, adjusting temperatures and times automatically as a dish progresses. For anyone who has ever struggled to read a tiny digital display, an oven that tells you what it is doing, rather than showing you, is a welcome development.

Induction cooking continues to grow in popularity too, and it is worth a mention here because of the safety benefits it offers. An induction hob only heats the pan itself, not the surface around it, which means far less risk of an accidental burn from a hot ring that looks no different to a cold one. Some manufacturers are now building programmable induction ranges that store a set number of recipes and run them automatically across multiple burners, taking much of the guesswork out of timing and heat control. Connected kitchens are another theme

this year. The idea is that appliances increasingly talk to one another and to a central hub, often controlled by phone or voice assistant. A fridge that can track what is inside it and build a shopping list accordingly, or a hob that signals to an extractor fan to adjust its speed automatically, reduces the number of small, fiddly tasks that rely on reading a screen. For anyone managing a kitchen with reduced vision, that kind of quiet automation can make a genuine difference to independence and confidence.

There has also been continued investment in AI-assisted cooking devices, which use built-in cameras and sensors to recognise ingredients and suggest recipes, then talk a user through each step. These are still finding their feet as products, and price remains a barrier for many, but the direction of travel is encouraging: kitchens that respond to voice and sound rather than requiring a clear view of a control panel.

As ever, we would love to hear from members about any gadgets or gizmos that have made a real difference in your own kitchen. Get in touch and let us know, and we may feature your recommendation in a future issue of the PSS Newsletter.

Recipe of the Month: Thai Coconut Chicken Curry with Noodles



Serves 2

Prep: 10 minutes **Cooking time:** 25 minutes

Equipment: Large deep frying pan or saucepan, wooden or silicone spoon, kitchen scissors, measuring jug, tin opener, tablespoon and teaspoon, talking timer or phone timer, oven gloves.

Thai cooking has a way of layering flavour that few other cuisines manage so effortlessly: the sweetness of coconut, the heat of chilli, the sharpness of lime and the saltiness of soy all sitting together in one bowl, each one still distinct. It is a cuisine built on balance rather than intensity, which is part of why it has become such a familiar presence on British dinner tables over the last few decades. This version brings that balance home in a simple, forgiving format, using a shop-bought curry paste and a handful of store-cupboard ingredients rather

than a long list of specialist items. It is also a curry that works with your other senses from the very first minute. The chicken announces itself with a sizzle as it hits the hot oil, the curry paste releases a wave of warm spice as it toasts, and the sauce settles into a gentle, steady bubble once the coconut milk goes in.

It is a quick, satisfying meal for two, ready in under 40 minutes, with clear sound and texture cues at every stage so you always know what is happening in the pan.

Ingredients

- 300g raw boneless, skinless chicken thighs
- 1 tablespoon cooking oil
- 1 to 2 tablespoons Thai red curry paste
- 1 x 400ml tin coconut milk
- 150ml chicken stock
- 1 tablespoon smooth peanut butter
- 1 tablespoon soy sauce
- 1 teaspoon honey
- 150g dried egg noodles
- 200g frozen stir-fry vegetables
- 1 tablespoon bottled lime juice
- Fresh coriander or crushed peanuts, optional
- Salt and pepper to taste

Method

1) Place the cold pan on the hob, with the hob switched off.

2) Use kitchen scissors to cut the raw chicken thighs into bite-sized pieces directly into the cold pan.

3) Wash your hands thoroughly with soap and hot water. Wash the scissors before using them for anything else. Add the oil and turn the hob to a medium heat.

4) Cook the chicken for 8 to 10 minutes, stirring regularly. Listen for a steady sizzle. When you stir, the pieces should feel firm rather than slippery, a sign the raw texture has gone.

5) Turn the heat down low. Add the curry paste and stir for 1 minute. A warm, spiced smell should rise from the pan almost straight away as the paste toasts.

6) Add the coconut milk, chicken stock, peanut butter, soy sauce and honey.

7) Stir well, then bring the sauce to a gentle bubble. You are listening for a soft, regular popping sound, not a hard rolling boil.

8) Add the frozen vegetables. Simmer for 5 minutes. The bubbling will quieten for a moment as the cold vegetables go in, then return to its steady pace.

9) Add the noodles, pressing them gently into the sauce with the spoon. Cook for another 5 to 7 minutes, stirring occasionally to separate the noodles. As they cook they will feel loose and yielding under the spoon rather than stiff.

10) Check the largest piece of chicken by cutting it open with a clean spoon or scissors. It should feel firm and solid all the way through, with no soft centre, and hot to the touch of the spoon. A talking food thermometer can confirm the thickest piece has reached 75°C, for extra confidence.

11) Stir in the lime juice and season with salt and pepper to taste, then turn off the heat. The bubbling sound should stop almost at once.

12) Serve with coriander and crushed peanuts, if using. Enjoy a glass of dry Riesling, which stands up well to the richness of the coconut milk.

Claude Monet, Cataracts and the Paintings That Emerged from a Changing World



Claude Monet spent his life pursuing things that could never be held still.

Sunlight trembling across water. Mist rising from the Thames. Shadows passing over a haystack. The stone façade of a cathedral transformed by the hour. He returned to the same subjects again and again because, to Monet, they were never truly the same. Light moved, colour shifted and the world remade itself from one moment to the next.

In his later years, however, it was not only the world before him that was changing. Monet's own vision was becoming increasingly unreliable.

By then, he was already among France's most celebrated artists. In 1883, he had moved to Giverny in Normandy, where he gradually created the garden that would dominate the final decades of his life and work. Its pond, water lilies, willow trees and

Japanese-style bridge became far more than picturesque subjects. Together, they formed a private world that he could study endlessly, watching as weather, reflections and daylight altered its appearance.

From the late 1890s until his death in 1926, Monet devoted much of his attention to his Water Lilies. What began as recognisable views of a garden gradually became something more ambitious and immersive. Horizons disappeared. Reflections merged with plants and sky. In the largest canvases, the viewer no longer seems to be standing beside the pond, but surrounded by it.

Yet as Monet's artistic ambitions expanded, his ability to see the garden clearly was deteriorating.

A world losing its clarity

Monet had become aware of difficulties with his sight by 1912, when doctors diagnosed cataracts in both of his

eyes. His vision did not disappear suddenly. Cataracts usually develop gradually, causing the world to become increasingly blurred, dim or hazy. They can also alter the way colours are perceived. In Monet's case, the lenses of his eyes were becoming darker and more yellow, filtering the light that reached the retina. Cooler colours, particularly blues and violets, became more difficult to distinguish, while subtle variations in shade were increasingly lost.

At first, Monet continued to work using a combination of his remaining vision, his memory and the experience of a lifetime spent studying colour. As the cataracts progressed, however, even recognising the paints on his palette became difficult. He reportedly began relying partly on the labels attached to his paint tubes rather than trusting his eyes alone. The cruelty of this is difficult to overlook. Monet had built his career upon seeing what others missed. He noticed the smallest movement of light and the quietest change in atmosphere.

Now colours appeared duller or muddier, and paintings could grow darker without him fully realising it. By 1922, the vision in his better eye had reportedly fallen to around 20/200. He

restricted his work to certain times of day, when the available light gave him the best chance of seeing, and began to fear that he might have to abandon painting altogether.

The effects are particularly striking when two of Monet's paintings of the Japanese bridge are placed side by side. In *Bridge over a Pond of Water Lilies*, painted in 1899, the pale arch of the bridge remains clearly defined. Water lilies float across the pond, reflections ripple beneath them, and greens, blues and touches of pink create a scene that, despite Monet's loose Impressionist brushwork, remains immediately recognisable. The bridge provides a clear structure across the canvas, while the flowers, foliage and water retain their separate forms.

Compare this with *The Japanese Footbridge*, painted around 1920 to 1922, when Monet's cataracts had become severe. Here, the bridge is almost swallowed by the garden. Dense strokes of maroon, orange, rust and gold crowd the canvas, while plants, water and reflections merge into one turbulent surface. Forms have become broader, edges less certain and the familiar garden appears to be dissolving into colour and movement.



Bridge over a Pond of Water Lilies (1899)



The Japanese Footbridge (c. 1920-22)

The difference is so pronounced that the two paintings can seem to belong to entirely different artistic worlds.

Medical researchers have argued that Monet's cataracts contributed significantly to this transformation. The yellowing of the lenses would have reduced his ability to distinguish cooler colours, while blurred vision made fine detail and precise edges harder to judge. A painting could therefore have appeared very different to Monet than it did to somebody with clearer sight.

It would be a mistake, however, to explain every change in his work as a medical symptom.

Monet was not a passive recorder, simply copying whatever his damaged eyes presented to him. He remained an experienced, imaginative and highly deliberate artist. He was also working during a period in which European art was moving steadily towards abstraction. His knowledge of colour, composition, rhythm and paint remained intact, even when his vision no longer behaved as he expected.

His cataracts altered the conditions under which he painted, but they did not paint the pictures for him.

That distinction matters. Sight loss may change how a person works, but it does not erase their judgement, imagination or identity.

The fear of surgery

Doctors advised Monet to have an operation, but he resisted for years. Cataract surgery was already an established treatment in the early twentieth century, although it was far less routine and predictable than it is

today. Monet was particularly afraid that surgery would alter his perception of colour and leave him unable to trust what he saw.

For an artist whose entire life revolved around colour, this fear was entirely understandable.

He eventually underwent surgery on one eye in 1923. His ability to read improved, but the adjustment was neither immediate nor easy. For more than a year, he complained that colours appeared unnaturally yellow or blue. His operated and untreated eyes were effectively presenting him with two different versions of the world.

He also became deeply unhappy with some of the paintings he had produced while his cataracts were at their most severe. He destroyed a number of canvases, while others survived only because relatives and friends intervened. In some cases, he returned to earlier works and altered them after surgery.

This complicates the appealing idea that Monet simply accepted his changing vision and confidently discovered a daring new style. The reality was far more human. He adapted, struggled, doubted his own work and sometimes rejected what he had made.

Neither tragedy nor artistic gift

There is a danger in romanticising the relationship between disability and creativity. Monet's cataracts influenced the appearance of his later work, but they were neither the source of his greatness nor a necessary part of his artistic development. The distress and practical difficulties they caused

should not be treated as a fortunate artistic gift. His sight loss brought frustration, uncertainty and fear. It threatened his independence and his confidence in the very skill upon which his life had been built.

His achievement lies not in having cataracts, but in continuing to work despite them.

When the methods he had relied upon for decades became less dependable, he searched for alternatives. He painted familiar surroundings. He used labelled materials, memory, carefully selected lighting and an extraordinary depth of experience. After surgery, as he gradually regained confidence in his vision, he returned to the monumental Water Lilies and continued to refine them.

The vast panels now displayed in two oval rooms at the Musée de l'Orangerie in Paris were designed to surround the viewer with an apparently endless expanse of water, light and reflection. Monet offered works from the series to the French state as a symbol of peace after the First World War. They were installed in 1927, several months after his death.

Today, these paintings are often seen as a bridge between Impressionism and the abstract art that followed. Their importance does not lie simply in the fact that Monet was losing his sight. It lies in the way he continued to interpret the visible world even as his relationship with it was changing.

The artist remained

Monet's later life challenges one of the most persistent assumptions about sight loss: that losing vision means

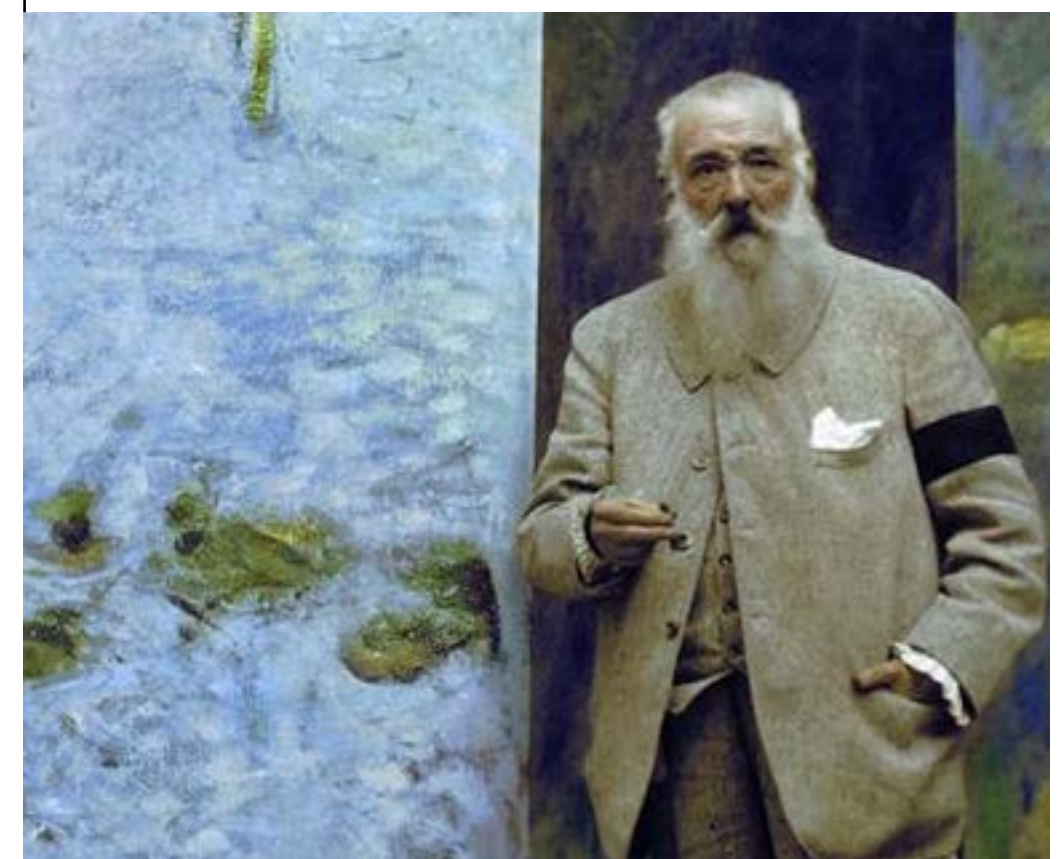
losing the ability to create, contribute or continue being oneself. The reality is rarely so simple.

Sight loss may require new tools, unfamiliar routines or a complete reconsideration of how everyday tasks are approached. It can bring anger, grief and uncertainty. It may also change the outcome of a person's work in ways that neither they nor those around them initially expect.

But adaptation is not the same as disappearance. Monet could no longer depend upon colour in the way he once had. What remained, however, was a lifetime of memory, technique and curiosity, together with the determination to continue placing paint on canvas.

His later paintings do not offer a neat story of triumph over adversity. They offer something more honest. Creativity did not make his sight loss disappear, and sight loss did not erase the artist he had spent a lifetime becoming.

The garden changed before his eyes. Monet changed with it. And he continued to paint.



Coping, Not Hoping



By Fiona Scott-Barrett

Fiona Scott-Barrett is a novelist and former English language teacher who has lived and worked all around the world. Her debut novel, *The Exit Facility* (2021), was runner-up for the Society of Authors' ADCI Literary Prize in 2023. Like Fiona herself, the novel's heroine lives with a rare inherited eye condition that causes the gradual loss of central vision.

Here, Fiona writes with characteristic candour and wit about living with Best's disease, the uneasy balance between coping and hoping, and the unexpected challenges posed by eye injections, Disability Pride Month and a particularly uncooperative pair of sandals.

When I was diagnosed with Best's disease 46 years ago, I was told unequivocally that there was no treatment and no cure.

It was explained to me thus: the disease follows different stages, one of which produces a fried-egg-shaped lesion on the macula, the central part of the retina. This egg-like deposit then breaks up, or "scrambles", before eventually leaving atrophy or scarring.

As I understood it, the damage could not be removed by laser or any other means without risking further harm to my remaining sight. No sight at all, I reasoned, would be far worse than limited central vision.

This may seem rather brutal, but I have always found it comforting to know that nothing could be done to alter matters. Hope would be pointless and pathetic, rather like an amputee hoping that his lost arm might spontaneously regrow like a lizard's tail. By firmly pushing hope back into Pandora's box, I was freed to concentrate on coping with life with a visual impairment.

Coping was easy in the early years and involved few adjustments. As the degeneration has continued, however, it has become more challenging. I am slower to do everything, from getting ready in the morning and cooking a meal to entering an ID code into my phone. I can barely read other than on-

screen, write illegibly and can't really be trusted to shop on my own.

I am lucky to have people who help me and, when they are not available, I am not shy about requesting help from strangers. Of course, there are times when I become frustrated by my inability to function as well as I used to, but I try to treat them with humour, using myself as the butt of my own jokes.

Recently, however, several events have upset my equilibrium.

In my case, periods of degeneration have been separated by periods of stability lasting months or sometimes years. Doctors therefore like to monitor the condition regularly, even though nothing can currently be done to cure it.

Unfortunately, Edinburgh's large eye hospital closed in autumn 2024 for urgent repairs and remained closed for several months, with services transferred elsewhere. Combined with the depredations the pandemic caused to health services, this meant that some patients fell through cracks in the system. I was one of them.

I had not seen my own consultant for two years when I finally received an appointment for a retinal scan. A while later, my consultant rang me out of the blue and asked me to attend an urgent appointment for an eye injection because abnormal blood vessels had grown in one eye and were leaking.

This alarmed me, as the possibility had not been mentioned in the script I was handed 46 years ago. Nevertheless, I have dutifully shown up for three

eye injections and now await a scan to confirm whether they have been effective. Quite apart from the fact that I find having needles stuck into my eyeball distressing, the whole situation disconcerts me.

It has allowed Pandora's last evil to push open the lid of the box and introduce a new notion: not that these interventions will cure my sight, but that they may halt or delay further damage caused by this complication.

This has utterly upset my "coping, not hoping" paradigm.

The second thing that's been bothering me is concerns semantics.

Social media informs me that July is Disability Pride Month. I would understand Disability Action Month, Disability Recognition Month or Disability Awareness Month. I do not deny that it is important for the general public to understand the difficulties and prejudices disabled people face, or to consider how life could be made easier and more accessible.

But why "pride"?

I am in no way proud that a tiny error in my DNA has given rise to an incurable eye disease. Why should I be? On the other hand, neither am I ashamed of it. It is an accident of DNA coding whose effects I have to live with. I understand that, for many people, Disability Pride means rejecting shame and refusing to be diminished by disability.

Nevertheless, bringing pride into the equation feels as useless and fatuous to me as invoking hope. And now for my final whinge.

Recently, an old friend and I discovered that, as children, we had both been sent home by the school nurse with notes informing our parents that we had flat feet. In both cases, nothing was done, whether through indifference or because no information was supplied about what could be done or what the ramifications might be.

Nowadays, we both have flat feet and suffer pain and complications that we believe may be connected to them.

My friend's condition is not as severe as mine. I have experienced episodes of terrible, whole-body pain while wearing corrective insoles. Other people tell me that mild discomfort for a couple of weeks is normal. I, on the other hand, regard insoles as instruments of torture.

Ironically, the only parts of my body that do not cry out in agony are my feet.

Nineteen months ago, I approached an orthopaedic shoemaker who said he could produce custom-made sandals that would support my fallen arches, improve my gait and posture, and eliminate the pain.

What I had not reckoned with was that he is based in London, while I live in Edinburgh, and that his promised "regular" visits for fittings would become increasingly infrequent.

I finally took possession of the sandals earlier this month. They seem to fit and support my fallen arches.

There is only one problem: because of my diminished eyesight, and because the holes in the straps are new,

intangible and nearly invisible, I cannot actually do them up by myself. A week ago, I was rescued by a charming mother-and-son duo who found me sitting morosely on the steps of a dentist's surgery, attempting to adjust the straps. The mother briskly instructed her son to help me, and he obligingly sat down on the pavement and buckled my shoes.

But now, hoping has overtaken coping.

I am living in hope that the holes in the straps will open up enough for me to feel where they are and slip the pins of the buckles through them. If that happens, I can gradually train my body to accept the new posture created by the sandals' orthopaedically shaped inner contours.

This will not be easy, but no doubt hope will stick her pesky head out of the box again, and I will start living for the day when the sandals do their work and the stupefying pain finally abates.

If that does not work, I shall screw the lid of her box shut forever and buy myself a mobility scooter.

At least you know where you stand, or perhaps sit, when you rely on coping to see you through.

With thanks to Fiona Scott-Barrett for sharing her story with honesty, humour and insight, and for her continued contributions to our newsletter. Her novel *The Exit Facility*, which features a partially-sighted heroine, is available to purchase on Amazon for £9.99 in paperback, and is also available as an audiobook.

Go to bit.ly/exit-facility to listen today.



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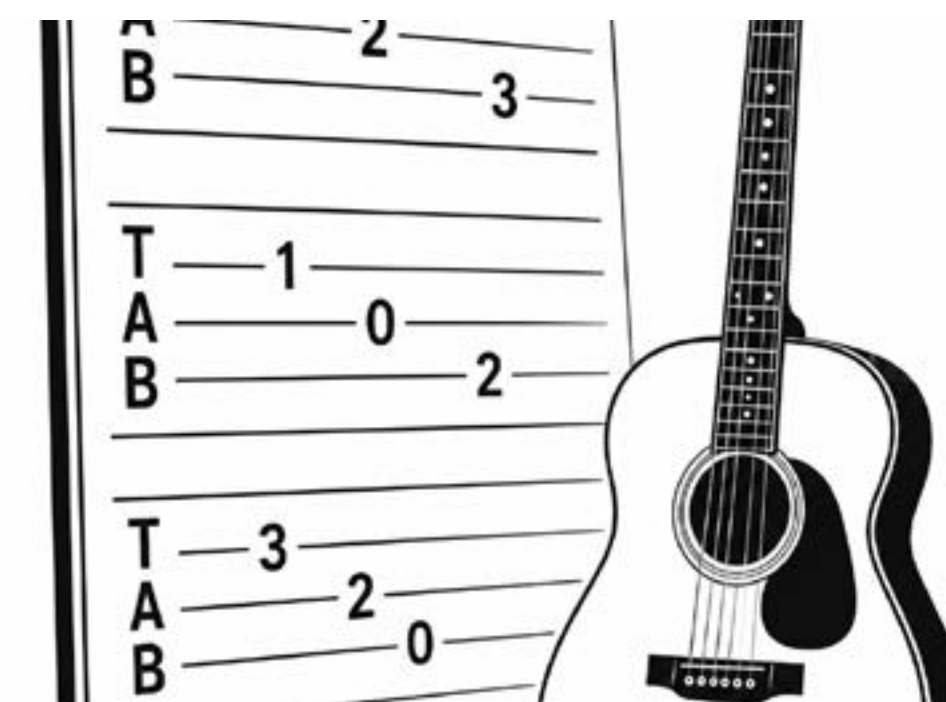
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Anyone interested can contact John at statter@talktalk.net.



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