

A SNAPSHOT OF BLINDNESS AND LOW VISION SERVICES IN AUSTRALIA

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The **Centre for Applied Disability Research** exists to improve the wellbeing of people living with disability by gathering insights, building understanding and sharing knowledge. The Centre for Applied Disability Research is an initiative of National Disability Services.

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National Disability Services is the peak body for non-government disability services. Its purpose is to promote quality service provision and life opportunities for people with disability. NDS's Australia-wide membership includes more than 1030 non-government organisations, which support people with all forms of disability. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.

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Vision 2020 Australia is the national peak body for the eye health and vision care sector, representing around 50 member organisations involved in local and global eye care; health promotion; supports and services for people who are blind or vision impaired; research; professional assistance and community support. Vision 2020 Australia is part of VISION 2020: The Right to Sight, a global initiative of the World Health Organisation and the International Agency for the Prevention of Blindness.

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The **Australian Blindness Forum** (ABF) is the peak body for the blindness sector that comprises 22 major service providers for people who are blind or vision impaired across Australia. Members of the ABF are organisations whose primary objects are the provision of services to people who are blind or vision impaired; those whose activities are substantially connected with the welfare of people who are blind or vision impaired, and those whose activities are substantially related to the prevention of blindness.

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EXECUTIVE SUMMARY

Vision 2020 Australia, National Disability Services (NDS) and the Australian Blindness Forum (ABF) undertook an online survey of their collective members (service providers, consumer groups and research bodies), in order to obtain a national perspective on the blindness, low vision and rehabilitation sector. This report highlights issues relating to current capacity in anticipation of rising demand for blindness, low vision and rehabilitation services.

The findings clearly show that demand for services exceeds current sector capacity, with all respondents citing demand outweighing supply and almost two-thirds noting staff being required to work outside set hours. More than half of the respondents reported an increase in service wait times on the previous year and more than a quarter reported having to refuse service. The majority of respondents anticipated that demand would further increase in the 2014 calendar year, across all service types.

Some of the key data reported for the 2013 calendar year was:

1. 90,203 clients accessed services⁴ with two per cent identifying as Aboriginal or Torres Strait Islander.
2. 60 per cent of clients were aged 65 years or older, 28 per cent were aged 19 to 64 years and 11 per cent were aged zero to 18 years.
3. There were 343,391 client presentations over 580,195 service hours. This is an average of approximately one hour 45 minutes per client presentation.
4. 1,505 full-time equivalent staff made up the employed workforce, with 890 (59 per cent) health/allied health professionals and 615 (41 per cent) non-health/allied health staff.
5. Half of the respondents that recruited staff reported difficulty in doing so, with orientation and mobility specialists, guide dog instructors, orthoptists, assistive technology consultants and optical dispensers (remote location) being cited as being especially difficult to recruit.
6. Volunteering contributed 17,820 hours per week (equivalent to one-third of the paid workforce hours). This equates to approximately \$30 million of unpaid support per year facilitated by participating organisations⁵.
7. The services offered by most respondents were community awareness/education; advocacy and advisory; information services; education support; and aids, equipment and assistive technology.
8. The most utilised services by unique clients were optometry/orthoptics; library; aids, equipment and assistive technology; and information services.
9. 27 per cent of respondents reported that they have had to refuse service to clients because of high demand.
10. The total operating budget for respondents was \$188.2 million. The greatest proportion of income at 43 per cent (\$81 million) was generated by fundraising and bequests, with a further 18 per cent from sales (\$34.4 million) and nine per cent from investments, grants and other sources. Income from all government sources amounted to 30 per cent at \$56 million.

⁴ Note that some clients might present more than once.

⁵ Based on the Social and Community Services Industry Award. [http://www.fairwork.gov.au/Pay/Community Services Worker Level 4](http://www.fairwork.gov.au/Pay/Community%20Services%20Worker%20Level%204), and the number of organisations surveyed.

RECOMMENDATIONS

This report presents the first ever snapshot of services relating to blindness and low vision in Australia, but has only partially addressed the paucity of national data about this important sector. Vision 2020 Australia, ABF and NDS are confident that it accurately captures an overall picture of service provision together with the main 'pressure points' as reported by the network of service providers that plan and deliver services to the nearly one million Australians that are expected to have vision loss by 2020.

We recommend:

1. **That further research is undertaken** to determine the capacity and preparedness of the blindness and low vision service sector, particularly in monitoring the impact of the National Disability Insurance Scheme (NDIS) and aged care reforms. Research that supports business and workforce planning including projected demand for blindness and low vision services is urgently required.
2. **That a government advisory committee comprised of consumer representatives, service providers and departmental staff be established** to report to the minister responsible on how the projected demand for blindness and low vision services will be met in the medium to long term. An industry development strategy is required building on advice from consumers, service providers and government to ensure people who are blind or vision impaired have the services and supports they need to fully participate in the community.

OVERVIEW

It is estimated that there are over 575,000⁶ people who are currently blind or have vision loss living in Australia, projected to grow to over 800,000 by 2020⁷. This rapid increase is due to the ageing population and the fact that the risk of eye disease increases three-fold for each decade over the age of 40⁸. The situation is worse for Aboriginal and Torres Strait Islander people, who experience six times the rate of blindness and three times the rate of vision impairment in comparison to the rest of the population⁹.

The annual economic cost attributable to blindness and vision impairment is estimated to be \$16 billion, with the social and personal cost to individuals and their families further adding to the impact on Australian communities. In comparison to the general population, people who are blind or vision impaired have more than four times the rate of unemployment, suffer twice as many falls, have three times the risk of depression, are admitted to residential care three years earlier and often lose confidence to independently manage everyday life¹⁰. Anecdotally, service providers have examples that people who receive specialist services are able to maintain employment, remain at home and live independently and in doing so can be more self-sufficient and cost less in government supports.

Further research shows that decreased visual acuity is linked to an increased five year mortality, while even a mild visual impairment has been found to increase the risk of death more than two-fold¹¹. This is thought to be due to associated disorders and the relationship between poorer visual function and increased risk of falls and car accidents.

However, by getting the right services and supports at the right times, people with unavoidable blindness or vision impairment can develop skills to remain independent, fully participate in the community and live the life they choose.

Providers engaged with this research report that current major policy reforms in disability and aged care including the National Disability Insurance Scheme (NDIS), the Home Care Packages Program and the Commonwealth Home Support Program in particular, may not adequately account for the functional needs of people who are blind or vision impaired. While still in their early stages of implementation, the administrative systems and processes and resulting services and supports, must be developed to acknowledge and cater for the unique needs of blindness and vision impairment.

Policy reform requires reliable data on service provision to people who are blind or vision impaired. There are over 40 blindness, low vision and rehabilitation service providers, however no national data currently exists on services provided. To address this lack of data, three member based organisations – National Disability Services (NDS), Vision 2020 Australia and the Australian Blindness Forum (ABF) – collaborated to survey their collective members to gather the first ever set of data across five domains: services offered; geographic area of service delivery; supply and demand of services; staffing and volunteering; and funding arrangements.

⁶ Includes people with uncorrected refractive error.

⁷ The Economic Impact and Cost of Vision Loss in Australia (2010), Access Economics

⁸ Ibid

⁹ National Indigenous Eye Health Survey (2009), The Centre for Eye Research Australia

¹⁰ The Economic Impact and Cost of Vision Loss in Australia (2010), Access Economics

¹¹ McCarty, C.A, Nanjan, M.B & Taylor, H.R. (2001) Vision impairment predicts 5 year mortality, British Journal of Ophthalmology, 85, pp. 322-326

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The ABF is the peak body for the blindness sector that comprises 22 of the major service providers for people who are blind or vision impaired across Australia. Members of the ABF are organisations whose primary objects are the provision of services to people who are blind or vision impaired; those whose activities are substantially connected with the welfare of people who are blind or vision impaired; and those whose activities are substantially related to the prevention of blindness.

NDS is Australia's peak body for non-government disability service organisations and has over 1030 organisational members who operate several thousand services for Australians with all types of disability. Members range in size from small support groups to large multi-service organisations.

Together, members of these peak bodies capture the majority of organisations involved in the provision of services and supports to people who are blind or vision impaired.

The purpose of the online survey was to collect nationally consistent data and to present a baseline of service provision.

METHODS

A total of 39 organisations involved in the delivery of blindness, low vision and rehabilitation services and who are members of either Vision 2020 Australia, the ABF or NDS were invited to participate in the online survey. These organisations were identified as providing services or advice to people who are blind or have low vision in Australia. The survey did not cover services delivered internationally. Of the 39 organisations invited to respond, 30 organisations provided responses to the survey¹². On average, 22 organisations responded to each question. The maximum number of responses to a particular question was 30, while the minimum was 12. This represents an average response rate of 73 per cent, with a range between 40 per cent and 100 per cent¹³.

Respondents were asked to refer to data for the 2013 calendar year when completing the survey. Organisations were primarily asked to report against the following set of services, and list any others they delivered:

- activities of daily living (e.g. supported living)
- advocacy or advisory
- aids, equipment & assistive technology (e.g. daily living aids, magnification devices, communication aids, GPS, computers)
- community awareness/community education (e.g. forums, workshops)
- counselling
- education support (e.g. in schools)
- employment services
- fundraising
- guide dogs
- information services
- library services
- material in alternative formats
- ophthalmology services
- allied health clinicians (providing optometry, orthoptics and occupational therapy)
- orientation and mobility training
- recreation and leisure activities.

Although fundraising was not listed as a service, related issues were included and results indicate that income from fundraising remains critical for most blindness sector organisations.

Additional services cited by providers included professional development for optometrists; correction of refractive error, patient support, peer support, speech pathology, occupational therapy, early intervention support, toy library and playgroups¹⁴.

¹² The response rates reported are calculated as percentages of the thirty organisations that chose to respond, and do not include the nine non-participating organisations.

¹³ Some questions were not compulsory for respondents to answer, as such response rates varied across the survey. The only questions that were compulsory were the questions asking for Service Type/s delivered by the responding organisation.

¹⁴ Note: while not defined in the survey, the project team took optometry services to cover optometrists, orthoptists and occupational therapists undertaking assessments of functioning, and other services that might occur in a low vision clinic.

RESULTS

Organisational respondent profile

Almost half (48 per cent) of respondents identified their primary purpose as being a service provider, advocacy or advisory agency (21 per cent), aids and equipment supplier (seven per cent), health service (seven per cent), consumer group (seven per cent) or research agency (seven per cent).

Organisations were classified by the number of their unique client numbers as small (0 to 500), medium (501 to 1,500 unique clients) or large (1,501 or more unique clients).

The results show that 80 per cent of large organisations are service providers. Around one-fifth (21 per cent) of all responding organisations are advocacy and advisory services with the larger proportion of these being small organisations. As a group, organisations that were large spanned all service types. Small and medium sized organisations did not typically span across all service types.

Overall, 62 per cent of respondents dealt exclusively with blindness, low vision and/or rehabilitation services.

Meanwhile, 38 per cent of organisations provide other services in addition to blindness, low vision and rehabilitation services, including:

- case management for clients with sensory loss (vision and hearing)
- deaf and hearing impairment services
- education
- education and community awareness (e.g. falls prevention)
- registration
- training.

Only one respondent provided services predominantly to Aboriginal and/or Torres Strait Islander people.

The majority (60 per cent) of blindness and low vision clients are aged 65 years or older

Examining the total age distribution of the responding organisations, 60 per cent of their clients were aged 65 years and over, 28 per cent were aged 19 to 64 years and just 11 per cent of their clients were 0 to 18 years.

The focus on the 65 years and over age group for blindness, low vision and rehabilitation services reflects the ageing Australian population. The blindness and low vision sector has been raising service provision issues associated with this anticipated trend in recent years. The results confirm the clear link between the occurrence of vision impairment and vision loss amongst the over 65 age group and the results relating to service pressures and known but unmet demand is reported elsewhere.

All age groups have optometry and aids, equipment and assistive technology in the top three services, suggesting optometry services and access to supportive equipment and technology are essential across all age ranges, while recognising that optometry services are used as a pathway to the sector generally not as ongoing support for clients.

A quote from one respondent:

“While 70 per cent of the population to whom we provide services is aged over 65 years old, less than five per cent of our total revenue is derived through aged care programs. The lack of recognition and support from successive governments to address blindness as a key national issue for seniors remains a significant concern.”

Nearly 100,000 unique clients accessed blindness or low vision services in 2013

The total number of unique clients¹⁵ who received services in 2013 from responding organisations was 90,203, with organisations having a range of between 29,000 and 38,422 clients¹⁶. Of the total clientele, two per cent identified as Aboriginal or Torres Strait Islander.

The total number of client presentations¹⁷ in 2013 was 365,364 with a range of between 40 presentations – 258,615 presentations.

The most utilised service was optometry services, with around half of the total number of unique clients accessing this service (45,910 clients) which equates to approximately one hour per client. Library services (19,955 clients), aids, equipment and assistive technology (16,479 clients) and information services (12,092 clients) were some of the other most utilised services.

Numbers of clients and service hours

A total of 580,195 service hours were delivered by respondent organisations, which equates to almost seven hours per unique client and almost two hours per client presentation for the 2013 year. Around one-fifth of service hours were for the provision of recreational and leisure activities (119,122 hours), followed by orientation and mobility training (84,632 hours), the provision of guide dogs (58,955 hours), optometry services (39,484 hours) and education support (38,194 hours).

A diverse and highly skilled workforce

The sector is highly reliant on staff with specialist skills, particularly in allied health roles. 1,505 Full Time Equivalent (FTE) staff made up the employed workforce, with 890 (59 per cent) health/allied health professionals and 615 (41 per cent) non-health/allied health staff.

Table 1 on the next page demonstrates the variety of health and allied health positions that are employed within responding organisations. Organisations reported that their staff included orientation and mobility specialists (37 per cent had this role), assistive technology consultants (33 per cent), optometrists (30 per cent) and orthoptists (30 per cent). Only seven per cent of organisations reported that they had an employment consultant. Guide dog instructors were not included in this list, but three organisations indicated in the section 'Other – please specify' that they employed Guide Dog Mobility Specialists.

Half of responding organisations that recruited in 2013 reported difficulty finding suitably qualified applicants, with orientation and mobility specialists, guide dog instructors, orthoptists, assistive technology consultants and optical dispensers (remote location) being cited as difficult to recruit.

The data suggests the sector is experiencing shortages in workers with specialist skills and that this is an impediment to service growth to meet increasing demand. Most organisations attempted to recruit new staff in 2013.

Larger organisations were more likely to have recruited during the year, but size of organisation did not have an effect on whether or not the organisation had difficulty recruiting, i.e. the data suggests skills acquisition is a common problem across the sector.

¹⁵ Unique client = one person who accesses one or multiple services

¹⁶ It is possible that a client attended multiple organisations to access different services and therefore will have been counted more than once in the figure of unique clients. Also noting that people who are blind or vision impaired may seek services at episodic times, such as when changing jobs or when a change in vision occurs.

¹⁷ Client presentation = one person accessing one service is one presentation; one person accessing two services is two client presentations etc.

Table 1: Health & allied health roles within organisations who deliver blindness, low vision & rehabilitation services

HEALTH OR ALLIED HEALTH ROLES	%
Assistive Technology Consultant	33
Counsellor	15
Employment Consultant	7
No health or allied health staff	19
Occupational Therapist	26
Ophthalmologist	7
Optometrist	30
Orientation & Mobility Specialist	37
Orthoptist	30
Other ^	26
Physiotherapist	7
Psychologist	19
Speech Therapist	11
Teacher	15

^ Audiologist, early childhood educators, educator/education consultants, school service officers, early intervention specialists, education and promotion staff, therapy assistants, volunteer peers.

Volunteering contributed approx. \$30m in 2013

The sector attracts significant volunteering activity. The total average volunteered hours per week was 17,820 hours (with a range of 0 to 12,500), equivalent to one-third of the paid workforce.

Using the minimum wage as a proxy for the value of an hour of volunteered time, this equates to \$326,997 per week in volunteered work time for the sector. Calculated on a Community Services Worker Level 4, this contribution would increase to \$584,318 per week in volunteered work time for the sector¹⁸.

A quote from one respondent – the value of volunteer time:

“A large number of volunteer hours are related to guide dog programs (puppy raisers, boarding stock holders, boarders etc.) that have dogs 24 hours per day, seven days per week for extensive periods. Members of the ABF who provide guide dogs have invested heavily and over many decades to produce quality dogs and breeding stock, which are allocated to specifically suit a client. The volunteer contribution is essential to the eight large organisations that provide dogs for people who are blind or vision impaired, and without this contribution the cost of guide dogs would be prohibitive for most clients.”

¹⁸ Based on the minimum wage of \$18.35 per hour, Social & Community Services Industry Award. www.fairwork.gov.au/Pay/Minimum-wages/ Calculation on Community Services Worker Level 4 is \$32.79 per hour.

A diverse and comprehensive sector

The survey reveals the current structure and composition of the supply side for low vision, blindness and rehabilitation services. Most organisations currently have a diverse 'service footprint' and offer a broad range of services. On average, organisations delivered eight service types. The data showed that respondents delivered between one and 18 services. The most offered services for the blindness sector were community awareness/education; advocacy and advisory; information services; education support; and aids, equipment and assistive technology (see **Table 2** below).

More than one-third (35 per cent) provided ten or more services. This data demonstrates the range of services offered by members of the blindness, low vision and rehabilitation sector.

The more specialist services were offered by a smaller number of organisations.

Table 2: Blindness, low vision and rehabilitation services delivered in 2013

HEALTH OR ALLIED HEALTH ROLES	%
Activities of daily living (e.g. supported living)	35
Advocacy or advisory	69
Aids, equipment & assistive technology (e.g. daily living aids, magnification devices, communication aids, GPS, computers)	58
Community awareness/community education (e.g. forums, workshops)	85
Counselling	27
Education support (e.g. in schools)	62
Employment services	19
Guide dogs	31
Information services	69
Library services	23
Material in alternative formats	54
Ophthalmology services	12
Optometry services	31
Orientation and mobility training	38
Other #	23
Recreation and leisure activities	46
Research	35

Patient support, peer support, speech pathology, occupational therapy, early intervention support, toy library, and playgroups.

Demand pressures and the most utilised services

The sector is currently experiencing demand pressures. For the 12 months following the survey, across all service types the majority of respondents expected that demand would increase.

Almost all (86 per cent) respondents that delivered activities of daily living reported that the level of demand for that service had exceeded capacity over the course of 2013. This was followed by organisations that delivered employment services (67 per cent), education support (64 per cent) and optometry services (60 per cent). In contrast, only 22 per cent of organisations that delivered material in alternative formats reported that demand for these services had exceeded their capacity, while 21 per cent of services that delivered aids, equipment and assistive technology reported that capacity had exceeded demand.

While aids, equipment and assistive technology is a growing service, uptake could be affected by cost and out of pocket expenses. Aids, equipment and

assistive technology services were both the most likely service to have spare capacity and the most likely to have had out-of-pocket expenses.

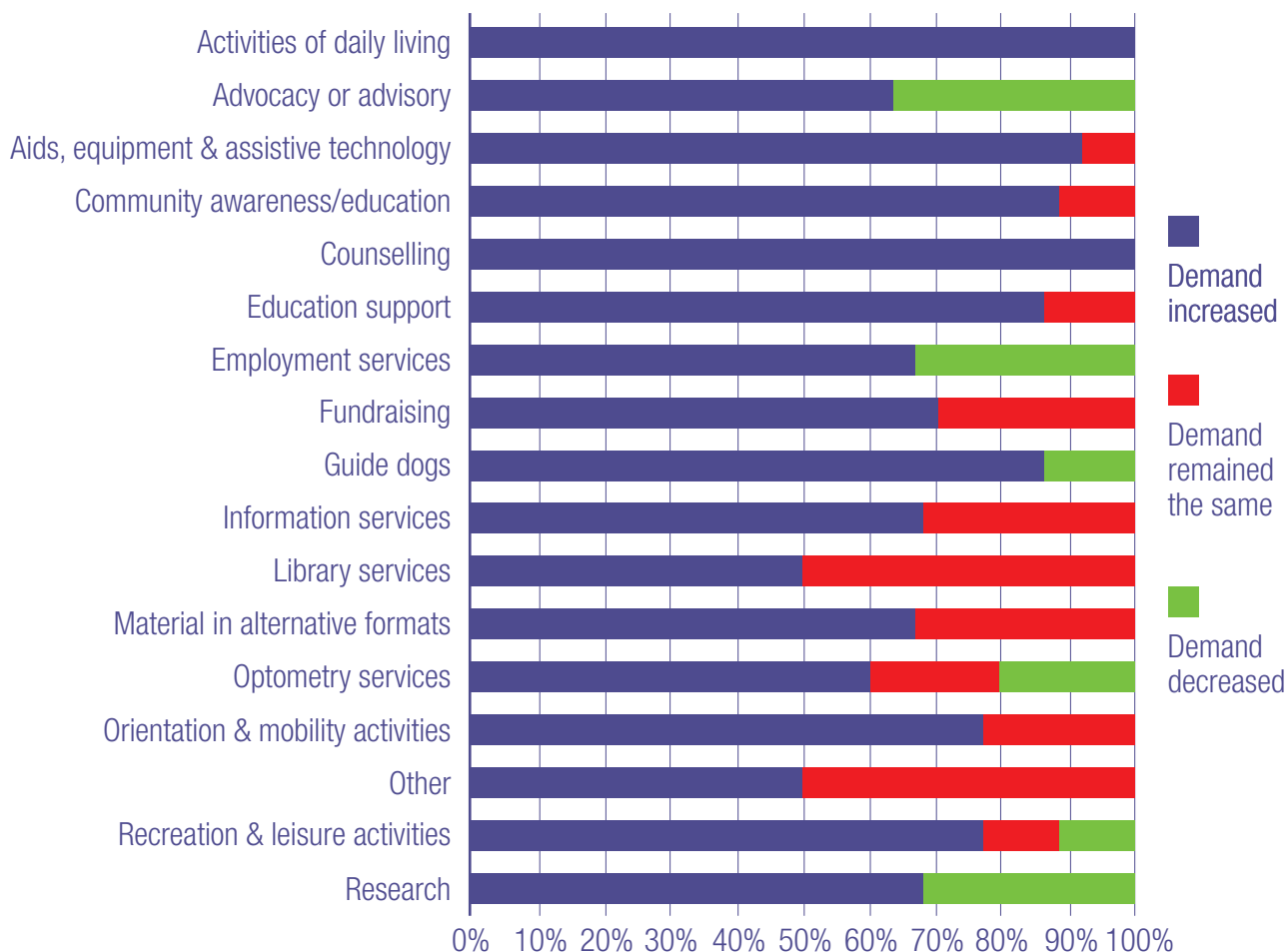
Current expected wait time for services

The greatest wait time clients experience is for guide dogs (on average a client has to wait 27 weeks as dogs are specifically matched to clients). Waiting times for counselling averaged almost 14 weeks, and recreation and leisure activities six weeks. Wait times for the majority of services were five or fewer weeks.

How demand has changed over the past year

As **Table 3** below shows, all responding organisations that provided activities of daily living reported that demand for this service had increased over the 12 months prior to being surveyed, and 93 per cent of organisations said demand for aids, equipment and assistive technology increased. All organisations that offer counselling reported an increase in demand.

Table 3: How demand has changed over the past year (Appendix A provides a description of this bar chart)



Demand and supply in the sector

More than one-quarter (27 per cent) of organisations reported that they have had to refuse services to clients. Organisations that reported they had not been able to meet demand cited a lack of financial resources to hire staff, or being unable to pay staff to work longer hours as the main impediments. This was common across all service types.

Of all organisations, 60 per cent reported 'current staff working additional hours' as the main response to attempts to meet increasing demand. In addition, more than half (53 per cent) of respondents reported longer waiting lists, or that resources were reallocated for another area of the organisation.

Note: Only those that said they had unmet demand were asked these questions. Large organisations were more likely to require staff to increase client contact hours. Small organisations were more likely to refuse services.

Funding arrangements – high reliance on community goodwill to run services

The aggregate operating budget for the organisations was \$188.2 million. The greatest proportion of income at 43 per cent (nearly \$81 million) was generated by fundraising and bequests, with a further 18 per cent from sales (\$34.4 million) and nine per cent (\$17.1 million) from investments, grants and other sources. Income from all government sources amounted to 30 per cent at \$56 million.

Out-of-pocket expenses incurred by clients

Clients may have had out of pocket expenses due to the cost of purchasing aids, equipment and assistive technology, for training or for access to services. Across all service types, some clients had experienced out-of-pocket expenses.

Aids and equipment were most likely to have health care rebates. From the data received regarding all the service types, there appears to be a lot of uncertainty regarding what is and is not covered by health care rebates. This area requires deeper investigation to understand the availability of rebates.

Geographic area of service delivery

Services are delivered in all states and territories of Australia. All organisations delivered services in metro and regional areas, and most (87 per cent) provided services in remote areas. A lower proportion of organisations delivered employment services, fundraising and recreation and leisure activities to remote areas (50 per cent, 42 per cent and 30 per cent respectively). More than half (54 per cent) of organisations provide in-home services.

Groups in greatest need of services

Respondents were asked to identify which client groups were in greatest need of additional blindness, low vision and rehabilitation services. The response from 61 per cent of organisations was 'specific age groups', with most indicating the age group 65 years or over, followed by children (and young people) aged less than 18 years.

Other responses included specific service groups (orientation and mobility, activities of daily living), remote populations, Aboriginal and Torres Strait Islander people and culturally and linguistically diverse groups.

The NDIS

Respondents were asked to consider the impact and benefits to their organisation of the introduction of the NDIS. Responses to the potential impact included:

- additional administration
- increased competition for services
- increased need for support information
- increased opportunities for people aged under 65 years, although clients over 65 may get a reduction in services as we service the NDIS
- concern about adequate training for National Disability Insurance Agency staff to understand the requirements and services available for people
- the requirement of a higher degree of service flexibility and responsiveness
- impact on reducing donations from public
- potential change to waiting time for services (both increased and decreased)
- greater requirement for the marketing of services
- potential for lack of cohesive strategy in service delivery – service recipients do not necessarily identify with what they need (as opposed to what they want).

With regard to benefits, a large number of responses focused on the opportunity for better provision of services and better access, including greater access to a broader range of services, the opportunity for increased income and the underpinning philosophy of fostering empowerment for people who are blind or vision impaired.

“We support the NDIS but people with blindness or low vision are getting low packages out of the NDIS, less than half of \$14,000 base amount. The aged care system is not set up to deal with disability in aged care.”

Aged care

The data is clear that people aged 65 years and over are the main recipients of services in the blindness and low vision sector. The results reiterate the urgency for the needs of older Australians who are blind or vision impaired to be recognised in the aged care and NDIS systems. In particular, there needs to be greater coordination in aged care, health and disability policy to ensure that specialist services for older Australians who are blind or vision impaired are recognised and provided the funding allocation required to enable these specialist services.

Comment from a respondent:

There is not sufficient recognition within the aged care system for specialist blindness services. The Productivity Commission report (Nov 2013, entitled, “An Ageing Australia: Preparing for the future”) found that:

“The population aged 75 or more years is expected to rise by four million from 2012 to 2060, increasing from about 6.4 to 14.4 per cent of the population. In 2012, there was roughly one person aged 100 years old or more to every 100 babies. By 2060, it is projected there will be around 25 people aged 100 or more to every 100 babies.”

The older you are, the more likely you are to be affected by blindness as follows:

- 0-9yo (0.25 per cent) – one in 400 Australians
- 10-29yo (0.4 per cent) – one in 250 Australians
- 30-39yo (0.48 per cent) – one in 200 Australians
- 40-49yo (0.6 per cent) – one in 160 Australians
- 50-59yo (1.13 per cent) – one in 90 Australians
- 60-69yo (3.39 per cent) – one in 30 Australians
- 70-79yo (5.67 per cent) – one in 16 Australians
- 80-89yo (9.59 per cent) – one in 10 Australians
- 90+yo (14.82 per cent) – one in 7 Australians.

There is no national program in place that adequately considers blindness among people aged over 65 years old.

CONCLUSION

This report presents a picture of a sector strong in its focus on the needs of people who are blind or vision impaired; with strong demand that's expected to grow. However, the sector is feeling financial and workforce pressures as it adapts to a changing environment affected by disability and aged care reforms.

Increasing market demand coupled with a sector largely constituted by specialist personnel, will require a macro level industry development strategy to ensure workforce, financial and policy harmonisation. Given the financial viability of the sector is significantly comprised of community funding through fundraising and philanthropy, the sector must be closely monitored against the adequacy of government reform for long term sustainability.

APPENDIX A

The bar chart at **Table 3**: 'How demand has changed over the past year' depicts the data received in the survey of participating organisations from the blindness and low vision sector. It shows the following information:

DEMAND CHANGE OVER THE PAST YEAR	DEMAND INCREASED %	DEMAND REMAINED THE SAME %	DEMAND DECREASED %
Activities of daily living (e.g. supported living)	100	0	0
Advocacy or advisory	64	36	0
Aids, equipment & assistive technology	93	7	0
Community awareness/education	88	12	0
Counselling	100	0	0
Education support	86	14	0
Employment services	67	0	33
Guide dogs	70	30	0
Information services	86	0	14
Library services	69	31	0
Material in alternative formats	50	50	0
Ophthalmology services	67	33	0
Optometry services	60	20	20
Orientation & mobility training	50	50	0
Other	78	22	0
Recreation and leisure activities	78	11	11
Research	67	33	0

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