CHAPTER 11 - SERVICES FOR VISUALLY IMPAIRED PERSONS

DEFINITION

11.1 Visual impairment was previously classified into three broad categories: blind, partially sighted and low vision. Clinical practice, however, reveals that this classification could be confusing as there is a significant overlap between the partially sighted and the low vision groups. In view of this, and to be in line with the world trend in classifying visual impairment, the following definitions, which are based on the visual functioning of human being, are adopted for the provision of various rehabilitation services -

(a) **Total blindness** - people with no visual function, i.e. no light perception;
(b) **Low vision**
   (i) **severe low vision** - people with visual acuity (refers to the visual acuity of the better eye with correcting glasses) of 6/120 or worse and people with constricted visual field in which the widest field diameter subtends an angular subtense of 20 degrees or less, irrespective of the visual acuity;
   (ii) **moderate low vision** - people with visual acuity from 6/60 to better than 6/120; and
   (iii) **mild low vision** - people with visual acuity from 6/18 to better than 6/60.

11.2 The above visual function categories are also used for educational placement. The mild low vision group is eligible for admission to special education classes for visually impaired children (formerly known as special classes for partially sighted children).

ESTIMATED NUMBER OF VISUALLY IMPAIRED PERSONS

11.3 Prevalence for visual impairment is calculated on the basis of the Central Registry for Rehabilitation (CRR) and overseas studies. For total blindness, the number of cases recorded in the CRR as at 30 September 1997 is used as the prevalence in the Plan. For low vision, the number of cases recorded in the CRR is not regarded as representative and the prevalence of 1% based on an overseas study (Bailey IL 1978) is adopted for estimating the low vision population. However, it is considered that the distribution by degree of low vision is similar to that recorded in the CRR, i.e. 40% are severe and the rest are mild or moderate. It is also recognised that all visually impaired persons would require different degrees of rehabilitation services at different times. The prevalence by age group and the estimated number of visually impaired persons between 1998 and 2002 are set out in Tables 11.1 and 11.2 respectively below.
### Table 11.1 - Prevalence of Visual Impairment

<table>
<thead>
<tr>
<th>Age Group (Year:Month)</th>
<th>Prevalence Rate by Age Group (per 10 000 persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Blindness</td>
</tr>
<tr>
<td>0:0 - 5:11</td>
<td>0.1580</td>
</tr>
<tr>
<td>6:0 - 11:11</td>
<td>0.9593</td>
</tr>
<tr>
<td>12:0 - 17:11</td>
<td>1.8156</td>
</tr>
<tr>
<td>18:0 - 59:11</td>
<td>2.7621</td>
</tr>
<tr>
<td>60:0 or above</td>
<td>55.9055</td>
</tr>
</tbody>
</table>

### Table 11.2 - Estimated Number of Visually Impaired Persons

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Blindness</td>
<td>6 577</td>
<td>6 728</td>
<td>6 862</td>
<td>6 999</td>
<td>7 116</td>
</tr>
<tr>
<td>Severe Low Vision</td>
<td>26 638</td>
<td>27 076</td>
<td>27 440</td>
<td>27 804</td>
<td>28 161</td>
</tr>
<tr>
<td>Mild/Moderate Low Vision</td>
<td>39 956</td>
<td>40 613</td>
<td>41 160</td>
<td>41 706</td>
<td>42 241</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>73 171</td>
<td>74 417</td>
<td>75 462</td>
<td>76 509</td>
<td>77 518</td>
</tr>
</tbody>
</table>

### TYPES OF SERVICES

11.4 The major rehabilitation services required by visually impaired persons include:

   (a) medical rehabilitation;
   (b) education;
   (c) social rehabilitation; and
   (d) identification and assessment services, vocational rehabilitation, housing as well as recreation and sports which are covered in other chapters.

### MEDICAL REHABILITATION

11.5 Medical rehabilitation for visually impaired persons is integrated into the various eye services provided by the Department of Health, the Hospital Authority, private medical practitioners and non-governmental organisations (NGOs). The aims of these services are to:

   (a) provide early detection and treatment to patients with defective vision;
   (b) achieve maximal sight restoration for patients; and
   (c) maximise the residual visual functions of visually impaired persons.
Primary Eye Care Service

11.6 The objective of the primary eye care service is to provide early detection and treatment of minor eye ailments for the general public. The service is mainly provided by the Department of Health and private medical practitioners. For patients with serious or complicated eye problems, they may need to be referred to eye specialists for further assessment and treatment.

Secondary and Tertiary Eye Care Services

11.7 Expert assessment and treatment for patients with more complex eye problems are provided by eight ophthalmic teams of the Hospital Authority (three in Kowloon, three in the New Territories and two in Hong Kong Island) and eye clinics operated by NGOs and private medical practitioners.

11.8 A high degree of sub-specialisation exists at the secondary and tertiary levels of eye care. The following services are of particular concern to the rehabilitation of visually impaired persons -

(a) **visual assessment** - disability assessments are largely carried out at various clinics under the Hospital Authority with referrals from the Social Welfare Department and the Labour Department;

(b) **orthoptic service** - this service is a major support to many areas of the ophthalmic service. In particular, full orthoptic assessment and treatment of squint, amblyopia and other disorders of binocularity are being provided;

(c) **services for people with squint** - a squint clinic has been formed to provide ophthalmologist backup for orthoptists especially in dealing with problem cases that require specialist opinion; and

(d) **services for people with low vision** - the delivery of low vision service requires a multi-disciplinary approach. It involves ophthalmologists, optometrists, orthoptists, medical social workers and relies greatly on the close co-operation of other concerned departments and NGOs. Apart from the clinical services provided by the Hong Kong Eye Hospital and various eye clinics of the Hospital Authority, the General Eye and Low Vision Clinic of the Hong Kong Society for the Blind (HKSB) provides low vision service under the subvention of the Hospital Authority. The clinic also provides low vision assessment, and dispensation and prescription of aids services for the patients. Details on this clinic are provided in the chapter on identification and assessment services.

11.9 Specialist out-patient and day-patient services provided by the Hospital Authority will continue to serve the public on an ambulatory basis. In 1997-98, the total number of specialist out-patient attendance in respect of eye services was 637,816, representing an increase of 13.7% over 1996/97.

11.10 Ophthalmic beds are provided mainly for accommodating patients on an emergency basis or for elective surgery. As at December 1998, there were a total of 270 ophthalmic beds including 50 day beds in 17 hospitals for specialist eye care services.
11.11 Other services in the Hospital Authority’s ophthalmic service which are of relevance to the medical rehabilitation of visually impaired persons include specialised services for persons with glaucoma, retina and cornea problems.

EDUCATION

Policy Objectives

11.12 School-age visually impaired children should receive education according to their specific needs caused by their disabilities. The policy objectives in this regard are -

(a) visually impaired children are provided with nine years of universal basic education, some may receive a longer period of education. Thereafter, facilities are provided in accordance with the general expansion of senior secondary education for those who are capable of receiving such education; and

(b) visually impaired children are encouraged to receive education in ordinary schools as far as possible. Supportive services are provided either by the Education Department or by schools as necessary to facilitate their integration. For those who cannot be integrated in ordinary schools, they are placed in special schools.

Integrated Education in Ordinary Schools

11.13 Visually impaired pupils receive education in special schools up to the level of Secondary Three. Those who are considered academically capable of pursuing the Hong Kong Certificate of Education and university entrance are integrated into ordinary schools. They may register with a special school for visually impaired children for resource help such as training in the use of technical aids, counselling, optometric referrals, and assistance in the preparation of supplementary teaching materials including Braille books, Braille test and examination papers, Braille notes, and embossed maps and diagrams.

11.14 Resource teachers have been working closely with the teachers of visually impaired children integrated in ordinary schools and giving them advice where necessary. Every one to four secondary pupils are provided with 0.5 resource teacher. In the school year 1997/98, there were 4.5 resource teachers providing support to 34 visually impaired pupils. The school for visually impaired children, in consultation with the Education Department, regularly reviews this integrated education programme.

11.15 In addition, the Education Department provides supportive services for those visually impaired children who choose to study in ordinary classes in primary and secondary schools instead of special education classes. Support service including the loan of special equipment and remedial teaching is rendered by the Education Department and resource help is provided by resource teachers.

11.16 With effect from September 1990, 0.5 brailing staff is provided for every eight visually impaired pupils registered for resource help. This improvement is intended to relieve resource teachers from having to provide brailing services to visually impaired pupils, particularly in the light of the increasing workload arising from the adoption of a more
diversified curriculum by secondary schools in recent years. With such division of labour, resource teachers are able to concentrate on providing professional services for visually impaired pupils.

**Special Schools**

11.17 Two special schools, namely the Ebenezer School and the Ebenezer Training Centre, are provided for visually impaired children aged 4:0-15:11. Both of them are boarding schools with the latter catering for visually impaired children with mental handicap. The educational levels of these schools range from preparatory class to Secondary Three. An integrated programme for junior and senior secondary levels in ordinary schools is also provided.

11.18 As at December 1998, the two special schools for visually impaired children provided a total of 225 special school places with an average utilisation rate of 68.9%. The average unit cost of these places in the school year 1997/98 was $10,228 per month. Based on the projection ratio of 1.96 per 10 000 children aged 4:0-15:11, there will be a projected surplus of 40 special school places for visually impaired children by the school year 2002/03 as shown in Table 11.3 below. Besides special school places, these two special schools provided a total of 175 boarding places with an average utilisation rate of 72.0% as at December 1998. The average unit cost of these boarding places in the school year 1997/98 was $8,274 per month. To ensure effective use of resources, the Education Department is currently reviewing the provision ratio for visually impaired children in the light of the actual referral and enrollment situation of both the school and boarding sections of these special schools.

**Table 11.3 - Projected Demand and Provision of Special School Places for Visually Impaired Children**

<table>
<thead>
<tr>
<th>School Year</th>
<th>98/99</th>
<th>99/00</th>
<th>00/01</th>
<th>01/02</th>
<th>02/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Projected demand</td>
<td>186</td>
<td>185</td>
<td>184</td>
<td>184</td>
<td>185</td>
</tr>
<tr>
<td>(b) Existing/Planned provision</td>
<td>225</td>
<td>225</td>
<td>225</td>
<td>225</td>
<td>225</td>
</tr>
<tr>
<td>(c) Shortfall or (Surplus) (a - b)</td>
<td>(39)</td>
<td>(40)</td>
<td>(41)</td>
<td>(41)</td>
<td>(40)</td>
</tr>
</tbody>
</table>

11.19 With an aim of further improving education for children with special educational needs, computer education was introduced by the Education Department to special schools in September 1989. Since September 1990, the Ebenezer School has been participating in the computer education programme for special schools. The Computer Education Section of the Education Department is responsible for the provision of computer education in special schools while the Curriculum Development Institute co-ordinates the development of software and learning materials. It is recognised that computer has a great capacity to serve as communication/rehabilitation aids for pupils with disabilities in sight, vocalization, motor movement and speech. In pursuance of the recommendation in the Policy Address 1997 on full implementation of information technology in education, all special schools will be provided with the latest model of computers and adaptive peripherals. Also, multi-media learning centres will be set up at schools upon request and on need basis.
11.20  The Education Department subsents the essential items of furniture and equipment for the low vision training programme at the two special schools for visually impaired children. Since April 1997, a low-vision training teacher has been provided to meet the increasing need of such training. In addition, Teacher Assistants are provided to the special school for visually impaired children with mental handicap and the preparatory classes of the special school for visually impaired children at the ratio of 0.5 Teacher Assistant to one class with effect from September 1997.

Special Education Classes in Ordinary Schools

11.21  Special education classes for visually impaired children aged 6:0-14:11 are provided in the Li Cheng Uk Government Primary School and Queen Elizabeth School. The educational levels range from Primary One to Secondary Three. As at December 1998, there were a total of 120 special education class places for children with mild low vision with an average utilisation rate of 35.5%. The average unit cost of these special education class places, including 45 places at junior secondary level and 60 places at primary level, in the school year 1997/98 was $4,190 per month. Based on the projection ratio of 1.21 per 10 000 children aged 6:0-14:11, there will be a projected surplus of 33 places by the school year 2002/03 as shown in Table 11.4 below. The Education Department will adjust the provision according to the actual demand and operational needs for special education classes with a view to ensuring effective use of resources.

Table 11.4 - Projected Demand and Provision of Special Education Class Places for Visually Impaired Children

<table>
<thead>
<tr>
<th>School Year</th>
<th>98/99</th>
<th>99/00</th>
<th>00/01</th>
<th>01/02</th>
<th>02/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Projected demand</td>
<td>85</td>
<td>86</td>
<td>87</td>
<td>87</td>
<td>87</td>
</tr>
<tr>
<td>(b) Existing/Planned provision</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>(c) Shortfall or (Surplus) (a - b)</td>
<td>(35)</td>
<td>(34)</td>
<td>(33)</td>
<td>(33)</td>
<td>(33)</td>
</tr>
</tbody>
</table>

11.22  Considering that children with mild low vision are fully capable of integrating into mainstream education, some NGOs are of the view that the provision of special education classes for visually impaired children could be trimmed or even phased out. However, the Education Department considers that the provision of these special education classes provides another service option for children with mild low vision who are in need of such service. The Education Department will continue to closely monitor the demand and supply situation and adjust the provision of service as necessary.

SOCIAL REHABILITATION

11.23  Social rehabilitation for visually impaired persons aims at assisting them to live independently and confidently so that they can integrate successfully into the community. It is particularly useful for those who become visually impaired later in life and have therefore not had the opportunities of receiving special training in schools for visually impaired persons.
Residential Services

11.24 Residential care for visually impaired persons can be broadly classified into three categories: home/care and attention home for the aged blind, hostel for visually impaired persons with mental handicap, and supported hostel for visually impaired persons with mild mental handicap.

(a) Home/Care and Attention Home for the Aged Blind

11.25 Homes for the aged blind (HABs) and care and attention homes for the aged blind (C&A/ABs) provide residential service with an appropriate level of care, meals, personal care and limited nursing care for aged blind persons. Some C&A/ABs also provide infirmary care for the clients. A service brief with details on the objective, programme, staffing level, referral channel and admission criteria is at Appendix 4.22.

11.26 A total of 1125 HAB and C&A/AB places were originally planned for 1997-98 which include 230 HAB places and 300 C&A/AB places in the new Tung Wah Group of Hospitals Jockey Club Rehabilitation Complex and Yan Chai Hospital Multi-service Complex. However, it was revealed in late 1997 that the actual demand for HAB places was lower than the projected demand. Action was therefore taken in 1998 to cancel the addition of 130 HAB places from these two new projects and allocate the designated accommodation for use by one day activity centre, one hostel for severely mentally handicapped, and one residential special child care centre. Similarly, with the provision of more C&A/AB places in new projects, 30 C&A/AB places on loan from a C&A home under the Elderly Programme were returned for use by the ordinary elderly in 1998.

11.27 As at December 1998, there were 296 HAB places with an average utilisation rate of 81.5% (excluding the utilisation rate of the 130 places deleted in 1998) in 1997-98, and 73 persons on the waiting list. The average unit cost of these residential places in 1997-98 was $3,550 per month. For the C&A/ABs, there were 669 places with an average utilisation rate of 94.9% (excluding the utilisation rate of the 30 places converted to C&A places for ordinary elderly in 1998) in 1997-98, and 222 persons on the waiting list as at December 1998. The average unit cost of these places was $9,023 per month. The Administration will closely monitor the future demand for HAB and C&A/AB places to ensure optimal use of limited resources.

Table 11.5 - Projected Demand and Provision of Residential Places in Homes for the Aged Blind

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>98-99</th>
<th>99-00</th>
<th>00-01</th>
<th>01-02</th>
<th>02-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Projected demand</td>
<td>368</td>
<td>428</td>
<td>489</td>
<td>552</td>
<td>617</td>
</tr>
<tr>
<td>(b) Existing/Planned provision</td>
<td>296</td>
<td>296</td>
<td>296</td>
<td>296</td>
<td>296</td>
</tr>
<tr>
<td>(c) Projected annual discharge at a rate of 10.6% of the enrollment at the beginning of the year</td>
<td>30</td>
<td>31</td>
<td>31</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>(d) Shortfall or (Surplus) (a - b - c)</td>
<td>42</td>
<td>101</td>
<td>162</td>
<td>225</td>
<td>290</td>
</tr>
</tbody>
</table>
Table 11.6 - Projected Demand and Provision of Residential Places in Care and Attention Homes for the Aged Blind

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>98-99</th>
<th>99-00</th>
<th>00-01</th>
<th>01-02</th>
<th>02-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Projected demand</td>
<td>884</td>
<td>951</td>
<td>1 026</td>
<td>1 105</td>
<td>1 187</td>
</tr>
<tr>
<td>(b) Existing/Planned provision</td>
<td>669</td>
<td>669</td>
<td>669</td>
<td>669</td>
<td>669</td>
</tr>
<tr>
<td>(c) Projected annual discharge at a rate of 14.6% of the enrollment at the beginning of the year</td>
<td>102</td>
<td>98</td>
<td>98</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>(d) Shortfall or (Surplus) (a - b - c)</td>
<td>113</td>
<td>184</td>
<td>259</td>
<td>338</td>
<td>420</td>
</tr>
</tbody>
</table>

(b) Hostel for Visually Impaired Persons with Mental Handicap

11.28 A hostel for severely mentally handicapped persons is specifically provided for visually impaired persons with mental handicap. It is paired with a day activity centre to provide residents with training in daily living, social, perceptual and simple work skills. As at December 1998, there were 50 places in this hostel with an average utilisation rate of 96.7% in 1997-98, and 55 visually impaired persons with mental handicap on the waiting lists for both residential and day services. The average unit cost of hostel places in 1997-98 was $11,041 per month. The Administration will closely monitor the supply and demand situation and consider expanding the service provision as appropriate.

(c) Supported Hostel

11.29 A supported hostel is provided for visually impaired persons with mild mental handicap who have acquired basic self-care abilities to prepare them for independent living in the community in future. As at December 1998, there were 10 places in this supported hostel with an average utilisation rate of 100% in 1997/98. The average unit cost of these places in 1997-98 was $8,001 per month. For the whole service, there were 154 places for various disability groups as at December 1998 and the Administration plans to provide 100 additional places by 2001-02. Details on the projected demand and provision by 2002-03 are provided in the chapter on services for mentally handicapped persons.

Respite Service

11.30 It is recognised that some visually impaired adults with mental handicap also require respite care service to relieve their families from caring duties or to enable their families to attend to some other engagements for a temporary period. The Social Welfare Department will liaise with the service operator concerned to explore the possibility of providing respite service for visually impaired adults with mental handicap on a self-support basis.
Rehabilitation and Training Service

11.31 The Rehabilitation and Training Service subvented by the Social Welfare Department provides a comprehensive rehabilitation training programme for visually impaired persons aged 16-55, particularly those who are newly blind. The whole training programme lasts about one year and covers mainly orientation and mobility training, and rehabilitation training in Braille writing and reading, handwriting, home management skills, communication skills, community life education skills and work habits. For those visually impaired persons who cannot attend centre-based training due to low mobility, family duties, or other reasons, a community-based rehabilitation training programme will be provided. A service brief with details on the objective, programme, staffing level and referral channel is at Appendix 4.23.

11.32 As at December 1998, there were 24 places for rehabilitation training and 36 places for orientation and mobility training under the Rehabilitation and Training Service. With an average utilisation rate of 111.1% in 1997-98, the average waiting time for rehabilitation training was over three years. The amount of subvention for the Rehabilitation and Training Service in 1998-99 was $4.05 million. The Social Welfare Department will fully examine the existing operation mode of the service and the actual demand before considering the operators’ request for the provision of additional orientation and mobility instructors.

Communication and Information

11.33 In order to cater for the reading needs of visually impaired persons, library services of Braille and talking books to them and expert advice on reading materials to schools and organisations for visually impaired persons are provided. The Social Welfare Department subvents an NGO in operating a library with a collection of over 6500 titles of Braille books and over 2500 titles of talking books (as at the end of 1998). Registered library members could get access to the library catalogue, make book reservations and obtain information about new development in various services through a 24-hour on-line telephone service. A service brief with details on the objective, programme, staffing level and membership is at Appendix 4.24. The amount of subvention in 1998-99 was about $2.26 million.

11.34 In addition, there are other NGOs operating 24-hour hot-line service by pre-recorded messages on updated programmes and providing various services for visually impaired persons including production of cassette tapes and talking magazines, provision of educational information through audio and visual media as well as small scale library service. All these services help improve the communication of visually impaired persons and provide them with information on specially designed programmes. Furthermore, advanced computer system and the Internet are now more commonly used by visually impaired persons for communication. Some NGOs have already started to communicate with their members through these means and develop Chinese computer programmes specifically for visually impaired persons.
TECHNICAL SUPPORT

Brailling Services

11.35 Under the subvention of the Education Department, the Centralised Braille Production Centre of the HKSBS has been producing a wide range of Braille material including textbooks, reference books and government documents for visually impaired persons in Hong Kong since 1986. In 1989, a working group comprising representatives from the Education Department and the service operator recommended improvements to the staffing and provision of other resources to the Centre so as to enable it to better cope with the demand for brailling services. The recommendations of the working group have been fully implemented upon the establishment of two Senior Braille Production Officer posts and 15 Braille Production Officer posts since April 1998. A service brief of the Centralised Braille Production Centre with details on the objective, programme, staffing level and referral channel is at Appendix 3.2. The amount of subvention in 1998-99 was about $5.71 million. Apart from this Centre, there are other NGOs providing brailling services with non-governmental resources with a view to catering for the needs of visually impaired persons.

Technical Devices

11.36 Technical devices such as close circuit television magnifying system and Braille display devices play a very important role in helping visually impaired persons to be more efficient and independent in their studies and work. In Hong Kong, a diversified service approach is adopted for the provision of technical aids to visually impaired persons so as to ensure their different needs are best met at different stages of their life.

11.37 Visually impaired pupils studying at the Ebenezer School and those integrated in ordinary schools but registered with this special school for resource help can use the aids there which are partly provided by the Government. For visually impaired pupils studying at technical institutes, they are given assistance from the Technical Aids and Resource Centre at the Lee Wai Lee Technical Institute.

11.38 Some NGOs also provide technical aids and advisory services for visually impaired persons in support of their education and employment. Basic training on the use of equipment and short-term loan of technical devices are provided for visually impaired persons.

OTHER SERVICES IN THE COMMUNITY

11.39 An NGO has run the “Deaf-Blind Rehabilitation Programme” since September 1995 with funding support from the Community Chest. The Programme provides individualised training on communication skills, orientation and mobility skills and daily living skills for people with both visual and hearing impairments. The NGO has also developed a system called “Tactual Sign Language for the Deaf-Blind” with a view to facilitating these people in communication and learning. The programme was put on trial in two special schools for visually impaired and hearing impaired children respectively in 1998.
ISSUES OF CONCERN

11.40 NGOs and the blind community have expressed concern about the discrepancies in the provision of subvented services between homes for the ordinary elderly and the aged blind. Discrepancies exist in the provision of physiotherapy service, Community Geriatric Assessment Team service, infirmary care supplement and dementia supplement after the introduction of improved services for ordinary elderly in the 1997 Policy Address. Whilst the Social Welfare Department has found, or promised to find, additional resources to provide the same level of subvented services to the aged blind in subsequent years, the NGOs and the blind community commented that there was still room for improvement and invited the Administration to consider how the future development and subvention of HABs and C&A/ABs could be ensured the same treatment as other services under the Elderly Service Programme of the Social Welfare Department in order to ensure consistency and efficiency in the planning and delivery of services to these two groups of elderly in the future. The Review Committee saw the transfer of the future development and subvention of HABs and C&A/ABs from the present Rehabilitation Programme to the Elderly Service Programme as one of the possible ways to address the issue. The Review Committee also suggested that, compared with residential services for other disabled groups, the nature and scope of services provided by homes for the aged blind were more akin to the residential service for the ordinary elderly.

11.41 Some NGOs raised that aged visually impaired persons could also obtain services from ordinary social centres or multi-service centres for the elderly. They suggested that the Social Welfare Department could consider providing training to the staff of these centres so as to equip them with the knowledge and skill in providing services for visually impaired persons.

11.42 The Hospital Authority’s ophthalmic service has been facing an ever increasing and accumulating workload due to the ageing population as most degenerative or metabolic eye diseases require prolonged follow-up treatment. Compared with 1994-95, the number of out-patient attendance in 1997-98 increased by 54.1% to 637 702, and the number of in-patient and day-patient discharge increased by 56.5% to 21 984. As at 31 March 1998, the number of patients awaiting the first specialist out-patient appointment was 33 293, representing an increase of 138.7% over that of 31 March 1994. The Hospital Authority will continue to improve access to services through streamlining work-flow and increasing efficiency in order to meet the escalating demand.

11.43 Some NGOs have been requesting for subvention of parents resource centres specifically for the visually impaired and their parents/relatives. The Social Welfare Department will take into account this request when reviewing the operation mode and service delivery of the existing parents/relatives resource centres. Details on parents/relatives resource centres are discussed in the chapter on services for disabled preschoolers.

11.44 According to the NGO running the Centralised Braille Production Centre under the subvention of the Education Department, the existing staffing provision of the Centre could only meet about 53% of the transcription demand in 1998. The Education Department will consider the need to conduct a review on the workload and resource requirements of the Centre.
11.45 Visually impaired persons are increasingly concerned about the inaccessibility of new devices like touch-screen operated telephones and ticket selling machines, and the lack of public information materials produced in Braille, cassette tapes, compact disc, etc.