

LBS3E3 - Occupational Therapy Interview with Eve Pervin

Transcript

Naomi: Welcome to Living Blind. I'm your host Naomi Hazlett, and this podcast is brought to you by BALANCE for Blind Adults, located in Toronto, Canada. This season of Living Blind is sponsored by AMI, and this episode is sponsored by Humanware. Here at Living Blind, we explore the perspectives and lived experiences of people with sight loss, and delve into barriers, challenges, and real-life strategies for living life to the fullest. October is Occupational Therapy Month in Canada, and we thought it would be fitting to share an interview all about the field of O.T. and the services provided here at BALANCE. Just on a personal note, as an O.T. myself, one of my goals for this show from the start was to find a new avenue for BALANCE to share information with current and potential clients, and have a platform that let people with lived experience have a voice. I wanted to model for other Occupational Therapists that the people that we work with are experts in their own lives and often in many other aspects in life; and that we have a lot to learn from them. And with that, this month we are joined by Eve Pervin, former Occupational Therapist at BALANCE for Blind adults. This interview was taped in the spring, however her insights as a new O.T. in this field are all relevant, no matter when you are listening. And whether you are listening as a person who is blind, a practicing Occupational Therapist, or an OT student or clinical professor, I hope you will find the information provided in this interview to be of great help in your life and work. Join us as we discuss the lessons Eve has learned working as an O.T. with blind and low vision clients of all ages, as well as the myths and misconceptions that are all too commonplace and I'm sure will resonate with many of you. Hear some of Eve's memorable stories about helping clients with cooking in the kitchen, applying makeup in the mirror, making devices with touch screens accessible, and "finally, finally!" being able to catch up on their reading again. We also discuss the intersectionality and plurality of clients served by BALANCE and how that serves as a guide in one's role as an Occupational Therapist. Finally, Eve provides some words to the wise for O.T.'s of all ages and stages in their careers, and also health care practitioners across all walks of life.

Naomi: So today I am joined by Eve Pervin, and listeners might have heard Eve's voice before earlier in season 2 with her conversation with David Lepofsky. So welcome back to the show, Eve.

Eve: Thank you. Thanks for having me back.

Naomi: You know, when you recorded that interview, I believe you were still a student, is that right?

Eve: Yes, I think we recorded in August and my student placement ended that month and in September I joined as an employee.

Naomi: Well, congratulations. I will say that Eve and I we've known each other for a little while now and in fact I was Eve's Supervisor for her Occupational Therapy student field work placement for BALANCE for Blind Adults in the summer. And so recording that show was one of her student experiences. But I just wanted to say I'm so happy for you that you were able to join the team at BALANCE for Blind Adults.

Eve: Thank you.

Naomi: So to get things started, I'm wondering if we ought to start at the beginning. Can you tell the listeners a little bit about what Occupational Therapy is?

Eve: Definitely. And in OT school, right in September, they teach you to have an elevator pitch to explain it, because it definitely is confusing. So Occupational Therapy it's good to start with explaining, well, what's an occupation? So I always joke that it's not about a job people usually think. Well, I'm employed. Or I'm retired, I don't need an occupational Therapist. But an Occupation is so much more than that. So an Occupation is anything someone needs to do or wants to do, and it can be anything from brushing your teeth, making a meal, organizing your home, advocating for yourself, and engaging in your community. And Occupational Therapists help people engage in their desired occupations to lead satisfying and productive lives. And we do this because we feel that participating in the occupations that someone wants to and needs to, contributes to their health and well-being. So that's my OT elevator pitch.

Naomi: Very well done. I also remember that experience being an OT myself of the first few weeks of school and saying you've got to have your elevator pitch down because it really is a profession that not a lot of people know about and there are some misconceptions. So I guess when you're working with clients at BALANCE or in your time as a student, were there any other kinds of myths or misunderstandings about Occupational Therapy that you had to address or let people know about?

Eve: There definitely are a lot of misconceptions. It's funny when you hear them sometimes because some people think that we just make crafts and I do believe that is how OT started. But while I love crafts, that's certainly not all we do. Also at BALANCE a little bit, clients would sometimes think that I was there to kind of be more of a Personal Assistant and I would have to say no, I'm actually here to support you and work with you and enable you to do what it is you want to do and not necessarily do something for you. So sometimes that would come up. Yeah, there's a lot. Sometimes people think that we only work with kids with sensory needs. There was definitely just a lot of confusion sometimes around what it is.

Naomi: I think that's a good topic in terms of talking about, you know. What? What do you work on with people at BALANCE?

Eve: So the official title is that Occupational Therapy at BALANCE works alongside blind and partially sighted people to prevent and breakdown barriers that get in the way of full participation and or inclusion. But that's a bit broad. So what it is that I actually do is. Honestly, kind of hard to say. Because it's so varied, and it varies depending on the needs of the clients and the goals of the client. So it's a really nice thing about OT that there's really no average day. But generally speaking, I first meet a client, I'll have my initial interview and goal setting, and we just have a conversation. I'll probably ask them what a typical day looks like. I'll ask them what they enjoy doing, what they like support doing what they wish they could be doing. I also work in clients homes, so generally they'll show me around so I can get an idea if there's any safety issues; and kind of from this conversation and from seeing the clients home then together we work to confirm what goals are and what it is that the client wants to work on. So that's kind of the first step. Then my second step is once we have our goals, then I work on gathering information. So this might look like an assessment where a client is showing me how they do something already. So for example if the goal is around sorting laundry. I'll say, you know what, why don't you Show

me what it is you do and then I can kind of get a better sense. And then once I have my information, that's when we start on the intervention aspect. But it's important to note that the client is the expert in their own life, in their own needs, in their own skills and work. I'm just working collaboratively to enable them to achieve their own goals. So that's kind of in a nutshell what it is that I do.

Naomi: I that's a big nutshell, as you discussed earlier. But I think you did a pretty good job summarizing all that we do. And you know, you made me think about with that answer and what you mentioned before about just how broad Occupational Therapy is, that it's kind of hard to nail down what it looks like for each person, but on the other hand. That's a great strength because it is really focused on individualized care or an individualized goal. If that makes sense.

Eve: Yeah it's great because you're always learning new things, learning new strategies. And I really like that it's varied. Because it really just keeps things exciting. And I really do like that, no day is the same.

Naomi: For sure. I think just like real life sometimes. So that brings me to wondering from your perspective what it's like when OT and the world of visual impairment come together. So like you said, there's so many different directions OT can go in, but as the OT at BALANCE for Blind Adults, you're working with people who have partial or full vision loss. So in terms of learning a little bit more about that world... so just so the listeners are aware you are sighted, correct?

Eve: Yes.

Naomi: So can you tell us a little bit more about how you learned about the world of vision loss and how that knowledge kind of comes together with your training as an occupational therapist?

Eve: So previous to this role at BALANCE and to being a student at BALANCE I really hadn't had too much experience working with individuals with vision loss, so I kind of learned it all on the job and through working with coworkers and through working with clients. And it works well with OT because yes, I can have ideas to help enable what it is they want to do, but like I said, we're client centred and the client is the expert so they can tell me "this works for me... This doesn't... I don't like this... Let's try something else... Or you know what, this is good... or I've tried this". So really just working collaboratively with the client to work together.

Naomi: Is there any specific takeaways that you have so far? You know, everybody is different. I think that's a message I really want to put out there with this podcast, is that even if everyone on the show or what we're talking about relates to living with vision loss, everyone is an individual and has their own unique approach. But I guess are there any particular takeaways or things that you've noticed that come up often with your clientele?

Eve: Mm-hmm. I would say for clients who are low vision, I've definitely learned that increasing contrast can really help enable many different goals, many different everyday tasks. So things like using a dark place mat if you have white dishes, or using a dark cup if you're drinking milk. Just that contrast can help with so many different things. Increasing contrast in the home, so things like putting bright coloured tape on the steps, that just helps with a lot of our clients. I've also definitely learned that using other senses, such as tactile cues can really be helpful for individuals with vision loss to help them achieve their goals. So thinking yes, we're not relying on

vision, but what else can we do? What other senses can we tap into? What other strategies can we use to achieve the same goals?

Naomi: So I think the big take away is if someone has partial vision loss or is low, has low vision, just making the best use of what vision is remaining to kind of support their functioning and then for vision loss that is complete or you know, no usable vision as some people call it. It's about bringing in other strategies for other senses.

Eve: Yes, definitely. And even I'd also like to add with partial vision, vision loss, things like increasing magnification, there's so many different things you can do to utilize the vision that people have.

Naomi: For sure. No, that's really good to know. And it's great having this conversation with you because I feel like over the past two seasons I've talked to a lot of people who have shared their own experiences and tips and tricks. But it's also really interesting to have the perspective of someone who's worked with many people and kind of has those general tips and tricks. So on that note, do you have any kind of overall general strategies? Of course, knowing that everybody is different and sometimes it gets more complicated, but kind of any quick tips and tricks for people to know, maybe if they're a little bit new to vision loss or just things that you feel like are helpful for most people to know about?

Eve: Definitely. So from my experience with BALANCE, I work a lot on home accessibility. I work a lot on cooking. That's probably my most common referral, and a lot on organization. There's definitely other goals that come in, but these are the most common ones. So just to speak to those goals: my number one thing that I use are bump dots. And prior to this role I didn't know what bump dots are, but definitely I always have them in my bag with every client it seems to be helpful in some way. So like that can mean using them for things like marking microwaves, marking remotes, things like that. And the nice thing with bump dots are because as we've discussed every client is an individual, every client, it's unique, there's different kinds. So we have our square, we have our circle, we have our clear, we have our orange. So I give them to clients, I describe them and I let them tell me which one they'd like to use. Some clients like the orange because they can see it. Sometimes the clear is good if it's a shared device that other people in their family are using. So that's definitely for sure my number one in terms of cooking. I have learned so much for example cutting. I remember getting my first cutting referral Naomi and I said to you, can you help me? Because I just was nervous and I, you know, I don't want anyone to get injured. And it was just a lot to learn about how to teach someone with vision loss to cut. But now I kind of feel like I have a general idea. So just off the top of my head, using things like the nylon knives so they're sharp enough to cut potatoes and bread, but generally they don't slice your fingers, so that's great. Also things like using a serrated knife so someone with vision loss can run it along a fork or run it along a cutting board, in order to know which edge is the sharp edge. That's a great tip. Of course, curling away your fingers when you're cutting. Cutting away from your fingers, starting to practice with something that won't roll away, or even using Play Dough to practice. So many different tips for cutting that I've learned, and that's not even all of them. Like there's certain cutting boards that help. There's other strategies that come into that. So definitely cutting. I've also learned some really interesting things around cooking. So Naomi taught me that if a client wants to work on flipping, they can use a sponge and a spatula with the heat off and to practice flipping. And that's a great tip that I have definitely

used a lot. We also had a client that wanted to learn to flip pancakes and then we had the great suggestion of using a tortilla. So I thought that was a really good tip that I haven't forgotten. And that was quite a while ago. I've also learned with cooking that before even we have the heat on, practicing everything. Prepping all our food, knowing where it all is, perhaps putting it on a tray and practicing all the steps with the heat off to make sure that we know what we'll do next. We can anticipate anything. We can practice anything. And then once we the client does feel ready for the heat, making sure that the temperature is low because that'll make the cooking process go slower and it gives us a bit more control. Also with cooking, setting a timer so that we know OK, making this pancake took 5 minutes. So next time around 5 minutes I'll have a general idea it should be ready. And kind of what we discussed a bit before using our other senses and smelling it and feeling it with their spatula to notice if there's any changes in texture or any changes in smell that can alert us to that our food might be ready. So that's a whole lot about cooking that I've learned, and there's definitely more.

Naomi: For sure. And you're bringing me back to our joint visits when you were a student and you know and beyond. Because for the listeners, once you finish your OT program, there is a time between when you're ready to practice, you have to write an exam, which Eve passed with flying colours. But we continued to consult or work together because I had been the occupational therapist at BALANCE, that was actually one of my first roles as an OT, so it's been great to pass the torch along and I'm sure everybody here knows very well based on Eve's, tips and tricks that they are in good hands at Balance.

Eve: Thank you. I still feel like I'm learning new things and I will get a referral and it'll pause, it'll cause me to pause and think OK, how can I enable this? Like I feel like yes, I've picked up some tricks and I definitely have more things that I can go to, but also I still feel like every day it's it's something new and I'm still growing and still learning new strategies. So it's good. It keeps it exciting.

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Naomi: I want to talk about the team. So, you know, an Occupational Therapist or anybody working with folks with vision loss. It's best not to work alone because there's lots of different professions that work together to support folks with vision loss. So, Eve, do you have any thoughts on how you collaborate or work together with other staff at BALANCE?

Eve: Yeah, collaborating is definitely really important, and I can also just learn so much from the other individuals of BALANCE who have been in this world longer than I have and who really know a lot. And something that comes to mind is we did have a client referral who was having trouble using their iPhone, and I went with Assistive Tech because they had the tech side, they knew how to teach that how to teach tech to vision loss. But I was kind of helpful in saying "hey the

client is having trouble swiping with their finger. Maybe we can use a knuckle,” Or “maybe we can use switch access”. So just coming together to use kind of both our expertise to help the client achieve their goals because ultimately we all have the same goal of helping our clients. So kind of using our different perspectives to come together works really nicely.

Naomi: That's a great example, no for sure. At BALANCE there is assistive technology, there's community engagement, there's orientational mobility, there's lots of different folks on the small but mighty team. So I'm happy to hear that OT can integrate or work well with everybody on staff to help us support the client.

Eve: Definitely.

Naomi: Well, we've certainly covered a lot of ground. You shared a really interesting story around accessing technology. Just now I'm wondering, you know, without naming any names, because we want to protect our privacy of the people who work with an occupational therapist. But do you have any stories or client moments that have really stood out to you over the past little while that you've been working at BALANCE?

Eve: There's one story that does stand out to me because. It really speaks to how devastating the pandemic has been on a lot of our clients. I had a client that I went to see, and all I did for - I was there for quite a while, at least an hour and a half, was bump dots. We marked the remote. We marked the oven. We marked the microwave. We marked the phone. And some other devices. And the client said to me at the end, “thank you, I haven't been able to use these devices for a year”. And the client was saying things like “oh, that's it... like you just press that button”. So it really kind of showed me a couple of things. It showed me one, how important the role of OT is and enabling access for clients and how seemingly simple adaptations can make a big difference. But it also did show me the effects of isolation with COVID and things like that, and how that really has hurt people who are just trying to engage in their everyday occupation. So it definitely worked. I reflected a lot after that client appointment.

Naomi: I hear you. It's a, that's a challenging situation. And I think, you know, based on my experience at BALANCE that does come up a lot where we try to reach out to folks who are fairly isolated or don't have access to those services. And I can imagine that the pandemic has made that a lot worse. On the other hand, it also speaks to how simple things, or what seem maybe seem simple to us, sometimes can make a really big difference in a client's life.

Eve: Yes. I could give a more fun example. A more light a lighter example. So I had a client, and their goal was around applying makeup. And I am someone that, I love playing with makeup. I love watching makeup YouTube videos. If I have the chance to wear some sparkle or wear some blue eyeliner, I'll go for it. Not in my day-to-day life, but I like to play with makeup for sure. So it was a really exciting referral and I remember, Naomi, I remember saying too you, I can watch makeup videos and this is part of my job? It was really fun and I was really excited by it. And I watched a lot of this blind YouTuber who does makeup. I believe her name is Molly Burke, and she was super helpful. So we worked with the client over a few sessions to practice, and we did some things like marking her differ, her eye shadow palettes with Braille so she knew the colour. We worked on techniques. We worked on practice how to make sure it looks blended, and so on. And then I saw this client again pretty recently and I said how's, how's the makeup going?

And she said, “oh, I did it myself. And I showed my friend on zoom and she said it looked great.” So that was a really fun example that it was fun for me as a referral and it was really nice because “mission accomplished”, right? She was, the client was able to do her makeup on her own. So that was a really, really good one.

Naomi: I Aww. I don't really wear a lot of makeup, if any makeup, so I was really excited when Eve told me that, you know, you told me that you like to wear makeup because I thought “whew, somebody who can help this client”. Laughs But I, you know, it kind of goes with the territory. Sometimes people will want to do activities that we don't have as much experience with. And so to your point, doing that background research I think before seeing the client is really crucial and it's so great that today or in this day and age, there are people with lived experience teaching other people with lived experience that we can work with and share that information with our clients.

Eve: Yes, definitely.

Naomi: So one thing that I personally found very unique about the role of BALANCE was intersectionality. So intersectionality refers to having different parts of our identity. So as I mentioned, everyone is unique. So for example in addition to having vision loss or living with partial sight, I'm sure Eve, you've come across folks who also have other disabilities or maybe other cultural identities. So is that something that you've been coming across in your work lately? And do you have any thoughts on how intersectionality affects your work as an occupational therapist?

Eve: So definitely at BALANCE we come across clients who have different needs. I have clients who have vision loss and dementia, who have vision loss and mobility needs, vision loss and different learning needs. There's definitely that intersectionality in that way and as well with culture. So for example, like I said, I do have a lot of cooking referrals and I have clients that mentioned they want to cook something that I'm not familiar with and it's something that's important to them and kind of like how we just said taking the time to research. So taking the time to research how do you make it. How do I pronounce it correctly? I really want to enable the clients to do what they want to do, so if it's something I'm not familiar with, that's OK, just do some research and work together and as well ask the clients for advice. How were you taught to make it originally? What tricks have you picked up? And therefore maybe I can kind of enable them in that way using their own perspectives.

Naomi: Yeah, that makes sense. I mean, we in Toronto, we live in a very multicultural city and we live in a city where there are many folks with different abilities, different identities. So I think that your point around, we keep coming back to the person that you're working with is an expert in their own life. And so although we may come in with our training, really it is so crucial to talk to the client about how they do things, what's important to them, and really respect that and their choices.

Eve: For sure.

Naomi: You mentioned earlier about the impact of COVID. So where we're at right now is an interesting time. You know, Ontario is lifting mask mandate, summer is around the corner. So how do you

feel like the current state of public health, for lack of a better word... or how is your practice been changing? And where is it at now with all of the things that have come up with the pandemic?

Eve: So it's interesting for me because I went through school during the height of COVID. I've only worked in COVID. I don't know what it's like to not be masked and not be always doing my hand hygiene and things like that. So I've heard from people like Naomi or other OT's that we used to make a coffee and have coffee together or we used to make a meal and share a meal together. And so that's just, I've never had that experience. So I'm interested to see, see how things change. Hopefully they do change. But yeah, I've only ever worked at healthcare, my first placement was in a hospital in 2021, so this is what I'm used to. It feels almost normal to me. But I'm interested to see how things change and how my practice will change.

Naomi: I do have some good news for you, and that is this Monday I actually sat down and enjoyed the oatmeal raisin cookies that I made with the client. So it really depends on the client's level of comfort, but at the end of the day I am excited and looking forward to what the future holds. And I hope that you get that experience as well.

Eve: Yeah, me too. I love oatmeal raisin cookies.

Naomi: They were really good. Is there anything that you want listeners to know about Occupational Therapy, about working as a sighted person with individuals with vision loss? Just, you know, what are some things that you have learned from your position and your role that you want other people listening to this podcast to take away?

Eve: So what I want to say to perhaps healthcare practitioners who are listening to this, who are sighted. Yes, we have our education and we have our skills. And that's really valid, and we worked really hard to be in the worlds we are. Just always keeping in mind, which has come up a few times in this podcast, that every individual is unique. They have a unique learning process, unique strengths and unique preferences. And they are the experts in their strengths and needs and preferences. So really keeping that in mind that the client is the expert. As well, something I've learned as a new OT that I think is important is we're always monitoring and modifying. And I laugh a little bit when I say that because it's part of something we learn in school, but it really, really is true. Sometimes our ideas, as well researched as they are, aren't going to work the first time, or the client isn't going to like it, or the client is going to say, you know what, I'd rather do things a different way. Or it's just, it just doesn't work. So that's OK. We go back to other steps, we gather more information, we assess more and we try again. And that's part of the learning process and we just keep monitoring and keep modifying to have the best chance of success for our clients.

Naomi: All of those are really great points. I think there are really big takeaways to be had from our conversation around just being really mindful of that, as professionals, it's easy to think, oh, for going to school for so long we must know a thing or two. But really, again, just emphasizing that it is a collaboration that you need to be practicing with some humility. And that what may work for others will not work for clients. So always being open to new ideas and to new knowledge. So I do hope that if you're listening in, and you are somebody that works with a person with vision loss, that you keep those words in mind.

Eve: Mmhmm. Even if two clients have the same goal, the same approach isn't going to work. And that's OK.

Naomi: Is there anything else you want to say that we haven't mentioned yet before we wrap up?

Eve: So as a millennial, I've definitely grown up in the height of technology and new technology developing, and I know there's so much great technology out there. So kind of my first instinct with clients at first was, well, why don't we use this app? Why don't we use this device? It's so exciting. But I've really had to learn that sometimes that's not an option. And the importance of low tech as well. Some clients are older adults and didn't grow up with technology. They're not as comfortable with it or maybe they just don't like it, and that's OK. So an example that comes to mind for that is I did have a client and their goal was books and reading. They didn't have usable vision, so, \but they still wanted, of course, to engage with books. And I thought, hey... why don't we use an iPhone? Why don't we use a tablet? And we can use Audible where we can listen to ebooks. And to me? OK, check, easy solution. But the client didn't want that. And so having to, like, think, oh right, not everyone wants to use technology, and that's OK. And something interesting that we used was a Daisy player. So Daisy stands for Digital Accessible Information System, and it's like a CD player. It has large tactile controls, and it's designed for blind and low vision readers. It's easy to navigate and it's a great low tech option that ended up working really well.

Naomi: That's great to know. I think that, you know, there's a lot of lower tech solutions for living with vision loss. And like you said, as we use our phones more and more, where I to, as a millennial will go to the smartphone very easily. But yes being and recognizing those differences in preferences and being aware of options that are more intuitive depending on the person. And also like you said, their preference I'm sure is really important.

Eve: Another example even comes to mind a client said they were having trouble dialing out and I in my head again, "use Siri." Use your iPhone, just say call my sister. But the client doesn't have a smartphone and they didn't want a smartphone. So what we did was we practiced dialing out on their home phone and adding some bump dots to make it more accessible. And things like that. And that's OK too. Again, the low tech options are perfectly valid and it might just be someone's preference, so working with that as well.

Naomi: OK, great. Well, thanks again so much for your time, Eve. It was a pleasure talking with you today.

Eve: Yes, thanks for having me back.

Naomi: That's it for this episode. Thanks for tuning in! I really hope that you enjoyed this interview with Eve as much as I enjoyed doing it for you. To learn more about occupational Therapy, or if you'd like to book an appointment with an O.T. at Balance for Blind Adults, Check out the links in the description below. Special thanks to Eve Pervin, our Producer Jeffrey Rainey, Executive Producer Deborah Gold, and the entire team at BALANCE for Blind Adults. feel free to subscribe, rate and review us on whatever platform you're listening on, and don't forget to let us know how we're doing! You can find us on Facebook, Instagram, YouTube and Twitter by searching BALANCE for Blind Adults, and join our new Living Blind Listeners Facebook Group. You can also email the

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Jeff: Do you have questions based on the episode you just heard? Do you want to relate a story about help you have received from an Occupational Therapist? Are you wondering how you might get such assistance and what OT could do to help you out. Or, do you simply wanna chat with other listeners about what you're hearing on our podcast. Hi, I'm Jeffrey Rainey, Producer here at Living Blind, and I want to invite you to our brand new moderated Facebook group, Living Blind Listeners. Come on over and let's chat. Simply sign up for the group, and once you agree to our group terms, an administrator will let you in. We look forward to meeting our listeners on Facebook! And now, here's Deanna to bring us home.

Deanna: Hi, I'm Deanna, Development Officer with BALANCE. Our annual campaign "Because of BALANCE" kicked off October 11th. If you haven't yet, head over to the BALANCE for Blind Adults website and under the "donate now" button, click "Because of BALANCE". There, you can read or listen to the stories of how BALANCE has changed the lives of blind and partially sighted individuals, staff, volunteers and supporters. Your donation to one, or maybe more than one story, will help BALANCE offer programs and services to support the whole person.