

abf

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23 January 2013

Committee Secretary □
Senate Standing Committees on Community Affairs □
PO Box 6100 □
Parliament House □
Canberra ACT 2600 □

Dear Committee Secretary,

RE: Response to the draft National Disability Insurance Scheme Bill 2012

ABF is the peak body representing the blindness and vision impairment sector. As a member-based organisation, we have drawn on the collective expertise of our membership to formulate a response to the draft NDIS Bill, with particular emphasis on the implications for Australians who are blind or vision impaired.

Please find our response attached.

Yours sincerely,

Dan English
Chairman

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ABOUT THE AUSTRALIAN BLINDNESS FORUM

The Australian Blindness Forum (ABF) was formed in 1992 and is funded only by its members. The ABF is an Australian public company limited by guarantee, continuing to be funded by its members and governed by a Board of Directors.

ABF exists to:

- Encourage exchange of information between members.
- Exert influence on government policy development.
- Enable blindness sector representation, both nationally and internationally.
- Enable Australia to facilitate its membership of the World Blind Union.
- Encourage and promote the development and equity of the level of services throughout Australasia.

Membership of ABF is open to any organisation that has as its primary objects, the provision of services to people who are blind or vision impaired; or 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.

ABF combines the voice of people who are blind and vision impaired with that of the specialist service providers across the sector. As Australia's representative to the World Blind Union, the ABF has strong connections with the international blind and vision impaired community.

ABF is represented in every state and territory of Australia and all major organisations providing services to Australians who are blind or vision impaired are members of ABF.

ABF is the peak body representing rehabilitation in the blindness sector.

Signatories to this submission are the following members of ABF:

Association for the Blind WA

Australian DeafBlind Council

Blind Citizens Australia

Blind Citizens WA

Blind Sports Australia

Blind Welfare Association of SA

Canberra Blind Society

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CanDo4Kids – Townsend House

CBM Australia

Guide Dogs NSW/ACT

Guide Dogs Queensland

Guide Dogs Victoria

Macular Degeneration Foundation

Royal Guide Dogs Tasmania

Royal Institute for Deaf and Blind Children

Royal Society for the Blind of South Australia

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INTRODUCTION

The National Disability Insurance Scheme (NDIS) is potentially the most significant reform to impact the disability sector for a generation, and represents the future of disability care and services for a generation to come. ABF supports the introduction of the NDIS and subsequent to the release of the NDIS Act for public comment, the members of ABF submit this response to encourage recognition of people who are blind or vision impaired as equal and valued participants within the NDIS.

ABF believes that the NDIS must be underpinned by legislation, policy, design and structure that strike a balance between the social and moral imperatives of such a significant social reform, and the economic imperatives that both enable and constrain it.

The tremendous opportunity is for the NDIS to support the independence, and social and economic participation of people with disability, while providing the reasonable and necessary supports that enable them, through exercising choice in the planning and delivery of those supports, to actively pursue their goals. It is a worthy aspiration.

The risk is that NDIS may become a crisis driven, rationed system, resulting in increased eligibility thresholds and waiting lists, responsive to political and economic imperatives. This would not augur well for Australians who are blind and vision impaired affected by a traditionally low profile disability, which does not require ongoing daily supports, serviced by specialist providers and funded in the majority through the philanthropic and volunteer support of the Australian community.

The recommendations in this document have been drawn from the collective expertise of ABF and represent the consensus view of the membership. It is anticipated that individual members will submit independent submissions to further emphasise key messages relevant to the NDIS Act.

EXECUTIVE SUMMARY

The central tenets of the NDIS have for many years been the underpinning values that define services for Australians who are blind or vision impaired as provided through the membership of ABF.

People who are blind or vision impaired are entitled to enjoy timely, high-quality specialist services delivered primarily on an episodic basis. Service delivery

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models in the blindness and vision impairment sector are determined by a person's capabilities and aspirations, rather than by their limitations; and provide specialist training and services that enable people to undertake tasks independently, as opposed to reliance on personal care supports or residential care support to perform tasks for them.

Blindness and vision impairment services are based on assessment and education provided by highly specialised professionals with an intimate understanding of the functional impacts of vision loss in its myriad forms, and the most appropriate services to ensure optimal participation in education, employment and social spheres of life.

Blindness and vision impairment services are not arbitrarily provided to a person in accordance with whether or not they fit into or fall outside the funding imperatives of one of a number of government departments, either state or federal. Services are provided to people of all ages who are affected by loss of vision. This is achieved substantially through the philanthropic support of the Australian community.

ABF is concerned that the NDIS will fail to meet the needs of people who are blind or vision impaired initially by denying them funding through a scheme that appears to be focussed on the provision of personal support and residential care, and has the potential to promote overstatement of functional limitations in order to secure limited funding positions. ABF is also concerned that it will further fail approximately 75% of current clients because they happen to have surpassed an arbitrary age that excludes them from a system designed to meet their needs and relegates them to another system (aged care) that is currently incapable of meeting their needs and has no identified funding to meet their needs in the future. The NDIS should ensure the full inclusion of people with disability and clearly articulate the right to episodic service provision for Australians with legitimate need for such assistance.

Compounding this, there is significant risk that some current service provision for people who are blind and vision impaired may not be available before or subsequent to the two year NDIS review. The public, in an election year, is being led to believe that the NDIS is the greatest social reform of a generation that will provide for the needs of every Australian with a disability. There is the very real prospect, however, of this message resulting in the evaporation of volunteering and philanthropic support of the disability sector.

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ANALYSIS

ABF has confined its responses to those sections of the DRAFT legislation that are of relevance to the membership of ABF and to Australians who are blind or vision impaired. Where it is felt that no comment is warranted, none has been offered.

Chapter 1, Part 1 – Preliminary

No comments.

Chapter 1, Part 2 – Objectives and Principles

ABF and its individual members have participated extensively in consultation and the provision of numerous submissions relating to the development and implementation of the NDIS. The concern of most note is that the Scheme, from its initial incarnation in the Productivity Commission Report into Disability Care and Support, through to its current iteration in this Draft Legislation, appears to have been built primarily to provide personal support or residential care options.

It has been recognised across many jurisdictions and levels of government that the needs of people with a sensory impairment vary greatly from those with profound intellectual or physical impairment and the model of service delivery that has developed to accommodate this need has evolved, quite successfully, to meet this need. It is also recognised that this model of service delivery does not, however, fit neatly with unit costed models of funding.

The Productivity Commission stated, inter alia, that the current disability support system is underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports. This, however, is not necessarily the experience of all Australians who are blind or vision impaired, many of whom access specialist services and supports, as and when they need them.

ABF would certainly agree that blindness services are underfunded. Government funding averages 30% or less of the income base of many ABF members.

Blindness services typically model an efficient continuum of care from primary health with many people typically engaging for the first time with a blindness rehabilitation agency as a direct result of a referral from their treating optometrist

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or eye specialist. Further, re-engagement with the organisation of choice is subsequently often by self-referral. Referral through a disability gateway or aged care gateway (or the like) is by far the exception as opposed to the norm.

People who are blind or vision impaired currently possess substantial control and choice as to the types of support they choose to engage with and to design the service program they receive based on the services offered by specialist providers in their state or territory. Access to services can, however, vary between locations due to the level of funding available to specific service providers to meet the expressed needs of an individual.

Current levels of service have not been facilitated through exclusive reliance on government funding, but primarily through the relationships that ABF's membership and consumers have developed with their communities, either locally, on a state basis, or nationally. As such, philanthropy and volunteering play major roles in the provision of services that build the capacity and independence of Australians who are blind or vision impaired. These are issues that the Productivity Commission failed to acknowledge in their opening gambit.

This system currently operates under a high level of, and growing, pressure, related to rapidly increasing referral rates, a lack of government funding, and a crowded Not-For-Profit sector. The situation is compounded by the ongoing impacts of the global financial crisis and a constricting Australian economy.

The Productivity Commission comprehensively failed to acknowledge or incorporate the critical contributions of philanthropy into their econometrics when designing the NDIS. This omission is amplified in the blindness and vision impairment sector where ABF members are so heavily dependent on philanthropy (including volunteering, donations, sponsorships and bequests) to provide services, as opposed to a primary reliance on income from governments. The increasing pressures outlined above, combined with:

- a. the potential collapse of philanthropic support through the introduction of the NDIS;
- b. a lack of certainty regarding eligibility of people aged under 65 who are blind or vision impaired;
- c. the exclusion from the NDIS of people aged over 65 who are blind or vision impaired; and
- d. an aged care system incapable and unfunded to meet the specific needs of people aged over 65 who are blind or vision impaired;

are resulting in a sector being edged towards crisis.

Objects of the Act: The Objects of the Act contained in S.3 (1) (a) – (g) describe what NDIS will be and what it will provide for people with disabilities, including people who are blind or vision impaired. ABF is concerned that much of the remainder of the Draft Legislation goes on to limit or dilute the

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commitments outlined in this Section, particularly as it might apply to people who are blind or vision impaired.

ABF is concerned that S.3 (1) (h) states that the NDIS will give effect to “certain obligations that Australia has as a party to the Convention on the Rights of Persons with Disabilities.” It is the contention of ABF that Australia should meet all of its obligations under this convention, to which it is a signatory and to its obligations as stipulated in instruments such as the Disability Discrimination Act 1992 (Cth).

Recommendation 1: *ABF recommends that the NDIS legislation, in its entirety, be reviewed to ensure that the Act gives effect to all of the obligations that Australia has as a party to the Convention of Rights of Persons with a Disability.*

Reasonable and Necessary Supports: S.4 (11) describes the intent behind the term reasonable and necessary supports. ABF has significant concerns, as addressed below in this document, regarding the application of this term. Recognising and addressing the specialist needs of people who are blind or vision impaired has not been appropriately met through the application of any current generic assessment tool currently in use in any jurisdiction in Australia. ABF is concerned that without appropriate safeguards, this Section could be utilised in a manner that is anathema to the overall goals of the NDIS.

Recommendation 2: *ABF recommends that the NDIS include an automatic offer of specialist assessment for any person applying to enter the NDIS that is identified as having a vision impairment and that the specialist assessment is undertaken prior to any development of the person’s individual plan. Furthermore, before any person who is blind or vision impaired is denied access to services or financial support through the NDIS, the default position should be that a specialist assessment based on functional capacity is provided.*

By way of example, without extensive knowledge of the impact of vision impairment and the specialist services available to meet the needs of people who are blind or vision impaired, a generic assessment could recommend that personal care support be provided to read a person’s mail to them, as opposed to the provision of an optical or electronic magnification device and associated training, which could allow the person to access printed material (eg bills, correspondence, etc) independently at a fraction of the ongoing costs associated with personal care.

ABF is therefore committed to pursuing the inclusion of necessary aids and equipment and training to successfully utilise remaining functional vision, that enable people who are blind or vision impaired to optimise their participation in all aspects of the Australian community as reasonable and necessary supports

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under an NDIS. Aids and equipment, including adaptive technology and aids to daily living, range from small items of almost negligible cost through to major items of technology costing several thousand dollars. In many cases, funding is not available to fund necessary and potentially life-changing equipment.

Regardless of cost, equipment and aids serve an important function in enhancing quality of life and participation for people who are blind or vision impaired, and should be provided under the reasonable and necessary supports functions of the NDIS.

Recommendation 3: *ABF recommends that all aids and equipment that enable the full participation of people who are blind or vision impaired are accommodated in the ensuing NDIS rules and regulations as reasonable and necessary supports, in accordance with a specialist assessment as discussed at Recommendation 2.*

Provision of Notice: Clause 7 provides that information given under this Act must be given orally and in writing if reasonably practicable. Whilst, it is further stated that the contents of any notice must be delivered in a mode of communication that the person is most likely to understand, the ABF believes that the provision of information in accessible formats should be elaborated within this section of the Act.

Chapter 1, Part 3 – Simplified Outline

No comments.

Chapter 1, Part 4 – Definitions

No comments.

Chapter 1, Part 5 – Ministerial Council

No comments.

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Chapter 2 – Assistance for people with disability and others

ABF acknowledges that the basic architecture of the NDIS, as articulated in the Act, will be fleshed out in accordance with S.17, ***National Disability Insurance Scheme rules***. The ABF reiterates its concerns, prior to the development and release of those rules, that the Act in its current form provides little or no comfort to people who are blind or vision impaired that they will receive adequate support under an NDIS.

Chapter 3 – Participants and their plans

The services provided for people who are blind or vision impaired vary greatly in substance from those generally provided for people seeking personal support or residential care. This is the primary reason why the majority of generic assessments systematically fail to identify or meet the needs of people who are blind or vision impaired.

CASE STUDY

Eve was admitted to hospital with acute vision loss that left her functionally blind. Hospital staff using a generic assessment process, combined with a compelling desire to make a hospital bed available, determined that Eve should be placed into residential accommodation on a permanent basis, particularly as she had no immediate family support available.

Funding approval was obtained and an ABF member was asked to transition Eve into residential care. On initial investigation by the ABF member, it was determined that Eve's preferred option was to continue living in her own home.

Despite substantial opposition from hospital staff, a specialist assessment was conducted with Eve in her own home. This assessment immediately demonstrated Eve's capacity to live independently with minimal ongoing support. An enablement program was provided, entailing skill development in mobility (eg use of a long cane) and instrumental activities of daily living (eg safe preparation of food, independent shopping, and general skills and safety in the home).

Eve was returned home and received a program of instruction over approximately six weeks. At the conclusion of the program, Eve was

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successfully undertaking all household duties, including developing her cooking skills and travelling independently in her local environment.

Eve subsequently received support to extend her independent mobility skills to include travelling to a local shopping centre and undertaking her own shopping. Eve now receives minimal ongoing HACCC support to assist with cleaning.

*Despite the fact that funding was approved for Eve to move to residential care for the rest of her life at approximately \$100,000 per annum, no funding was available for the training provided by the ABF member that enabled Eve to remain in her own home. Had Eve been admitted to residential care, she would potentially have been assessed as being a high falls risk and been **forcibly limited** in the scope of her independent activities.*

Despite the lack of government funding, ABF members continue to provide services that enable people to live independently, assist them to participate in education or employment, and maintain a substantially improved quality of life.

ABF contends that for people who are blind or vision impaired the NDIS generic assessment process has the potential to add a layer of complexity, frustration and uncertainty to the existing process. Further, generic assessments may result in a person being rejected on the basis of a clinical diagnosis, without due consideration of their functional capacity. As stated above, the ABF believes that a person should not be denied services and supports from the NDIS purely on the basis of a generic assessment and that, as a default, any Australian who is blind or vision impaired should be offered a specialist assessment prior to any decision to deny access to the NDIS.

The contrast in quality of outcomes between generic and specialist assessments is marked for people who are blind or vision impaired. People who are blind or vision impaired firstly want comfort that they will be eligible to become participants in the NDIS and secondly, that they will receive specialist services and supports appropriate to their needs.

Part 1 – Becoming a participant: Vision impairment and blindness significantly impacts on the functional capacity of a person across all of life's domains, including, but not limited to mobility, communication and self-care. Without

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specialist intervention, a person who is blind or vision impaired could potentially require significant support in terms of personal care or perhaps even residential care to meet their needs. Personal support or residential care are rarely effective solutions **or the preferred outcomes** for people who are blind or vision impaired.

These solutions are expensive and ineffective in restoring a person's capacity to function at an independent level within their community. It is the experience of our membership, that when applied to people with vision impairment (for example, through motor accident insurance schemes) these supports more regularly engender dependence and limit participation.

As discussed above, this is where generic assessment tools applied by generalists systematically fail people who are blind or vision impaired. Generic assessments focus on what a person with a disability is **incapable** of doing for themselves and seeks to provide with solutions to functional limitations (ie someone to do something for the person with a disability). For example, a person assessed as being unable to travel independently to do their shopping; as a result a paid carer is employed to drive them to the shops and assist them to do their shopping, or in the worst case, to do their shopping for them.

Specialist vision assessments by qualified professionals seek to identify what the person who is blind or vision impaired is **capable**, or **could be capable**, of doing for themselves. Services provided are not substitutes for a lack of functional capacity, but rather skill development to enhance functional capacity in order for the person to enhance their own independence.

This is a subtle, but important difference. For a person who is blind or vision impaired to become a participant of the NDIS and obtain access to funding in a competitive environment, ABF is concerned that they will be forced to overstate the impacts of their impairment and artificially limit their functional capacity in order to meet the generic criteria required to access a prescribed level of funding. This funding will then have to be used to purchase external supports to perform tasks that they might otherwise be more than capable of undertaking of their own accord.

This has significant cost implications for the NDIS. Enablement services are cost effective services. They are generally episodic in nature, based on individual aspirations and specific outcomes, and generally result in the development of permanent skills that enable higher participation rates in education, employment, as well as social and recreational environments. They engender physical and mental wellbeing, and result in significant self-reports of increased levels of independence and, most importantly, quality of life.

S.28 (2) (a) & (b) refer to the NDIS rules regarding who may conduct assessments and the kind of assessments that may be conducted. As stated above, ABF recommends that any person identified as being affected by

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significant loss of vision should be automatically referred for a specialist assessment to determine eligibility and service structure.

This returns to the question that is proving most vexatious for people who are blind or vision impaired and the sector that supports them. It also leads to important questions of equity and probity in relation to the NDIS.

How is the impact of vision loss at 45 years of age different from the impact at 55 years of age? The assessment requirements are no different and the service structure for two people with a similar diagnosis, functional presentation and lifestyle is likely to be equally similar. How then do the needs of a person who is 65 years of age differ so substantially to those of a person who is 55 years of age, such that the older person will be required to have their needs assessed and met by the aged care system that currently categorically fails to meet their needs?

The aged care system is neither structured, equipped nor funded to meet the specialist needs of people who are blind or vision impaired. This is in many ways evidenced by the existence of our membership base, which collectively provide services across the entire age range. Prior to the release of the Productivity Commission Report into Disability Care and Support, the majority of our membership have had limited or no engagement with the aged care sector.

The generic assessments relating to aged care also comprehensively fail to capture and address the needs of people aged over 65 years of age **who are blind or vision impaired**. There is a lack of appropriate referrals from aged care assessment processes through to vision impairment agencies resulting in many people being admitted to residential care prematurely or receiving services for functions that they might otherwise have been able to undertake themselves.

Any suggestion the aged care system is currently equipped to cater for the needs of people who are blind or vision impaired or will be able to cater for their needs in the future without appropriate investment is firmly rebutted by ABF.

In excess of 75% of the client base of most ABF member organisations are aged over 65 years. Their primary service providers are neither aged care providers nor generic disability providers, but rather specialist vision impairment services with high levels of expertise regarding the functional impacts and specialist strategies to overcome vision loss. Their assessments of need are not conducted by aged care gateways or disability local area coordinators. Rather, assessments are conducted by highly skilled specialists with extensive knowledge of vision impairment, coupled with the provision of comprehensive education for those who are newly blind or vision impaired and their support networks. Information is provided regarding the raft of specialist services available across a variety of life domains.

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The result is the cooperative development of service delivery programs that utilise the specialist skills of ABF members to deliver programs of choice for clients.

The exclusion of people with disability over the age of 65 is discriminatory and, as stated above, inconsistent with the UNCRPD and the draft Human Rights and Anti-Discrimination Consolidation Bill. It is important to note that no additional funding to meet the specific needs of ageing Australians with a disability has been allocated as part of the reforms to the aged care sector resulting from the Productivity Commission's Report into Caring for Older Australians. Further, ABF's discussions with the ageing portfolio have reinforced our concern that there is no budget to meet the needs of ageing Australians who experience the impact of disability after reaching the age of 65.

People who are blind or vision impaired have full control over the suite of services they access, and regularly engage and disengage with service providers to ensure they have their needs met as and when they are required.

Given the limited training institutions offering the requisite post-graduate qualifications to undertake this level of specialist assessment and training, combined with the attendant shortage of qualified professionals, it would be foolhardy to separate a functioning system into two disparate components (ie the NDIS and aged care). This would result in the effective exclusion of older Australians from any form of appropriate support across the two systems ultimately responsible to meet their needs.

Recommendation 4: *ABF strongly recommends, in descending order, the following:*

- (a) Section 22.1 of the NDIS Bill must be amended to provide people aged 65 years and over must be provided with full access to the NDIS.*
- (b) In the event that (a) is not accepted, the NDIS must recognise and accommodate the specialist needs of sensory impairment and clearly articulate in the NDIS Act that Australians over the age of 65 years who are blind or vision impaired have legislated access to the NDIS.*
- (c) In the event that neither (a) nor (b) are accepted, that the Government immediately enact legislation to fund services, aids, equipment and technologies for age-related disabilities, including vision loss, through the aged care system, for those people aged over 65.*

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Impact on Philanthropy and Volunteering: The NDIS Act has further potential to create a class of people that are marginalised by the NDIS.

One of the primary reasons that the blindness and vision impairment sector has been successful in providing services to meet the needs of their client base has been due to their success in the development of non-government income streams. Philanthropy, including donations, sponsorships and bequests, and other non-government income (eg investment and commercial income streams) are the predominant sources of income for the majority of ABF member organisations. Organisations have therefore not been forced to provide services in accordance with government imposed departmental silos.

The NDIS poses a very real threat to philanthropy at all levels and subsequently a significant threat to the services provided to people over the age of 65 who are blind or vision impaired, particularly if they are excluded from access to funded NDIS support.

It is broadly anticipated that the introduction of an NDIS may create a collapse in philanthropy and volunteering in support of blindness and vision impairment service providers. **What incentive is there for the community to donate in support of our member organisations when the overwhelming public perception will be that an NDIS will cover all the needs of people with disability?** This is a perception that is bound to be strongly reinforced through the introduction of a major social reform during an election year.

Further, the exclusion from the NDIS of people aged over 65 years who experience total or partial loss of vision is anathema to the essence of any insurance scheme.

It is acknowledged that an insurance scheme is based on the payment of a premium to offset a future potential risk. The insured pays a premium on the basis that they will be covered for future risk; whereas the insurer accepts the prescribed premium (via actuarial analysis), on the basis that the person may or may not need to call upon the policy in the future. Both parties in essence hope that the insured never calls on the policy, and the insurer accepts a premium in order to cover the risk if they do.

It is further acknowledged that there must be a starting point for this Scheme, which the Australian government is required to underwrite, where people will call on their "insurance" despite having perhaps never made a contribution (ie an entrant commencing on Day 1 of the Scheme). This is indicative of the first days, months and perhaps years of the Scheme. As the Scheme progresses and matures, however, there will be people who will make lifelong premium payments to an NDIS only to be excluded from further coverage on reaching the milestone of their 65th birthday. This will be exacerbated for those who continue to work

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beyond the age of 65 and continue to contribute to the taxation base that funds the NDIS.

When commercial insurance organisations tried to abrogate their responsibilities to those who lost their homes and livelihoods in the Queensland floods, governments at all levels decried their behaviour. Who will hold the government to account for abrogating their responsibilities to a person who has been an active contributor to the government's taxation base throughout their working life, only to be told they should have saved some extra money along the way to cover the costs associated with losing their sight at age 66?

If aged care fails people who are blind and vision impaired over the age of 65, and an NDIS is currently seeking to exclude them, who will meet their needs when those organisations represented by ABF fall victim to the collapse of their philanthropic income base? This important question needs to be answered both in terms of this legislation and more broadly.

People in their 50's and beyond make up a rapidly increasing percentage of the engaged voting fraternity. The likelihood of being affected by vision loss increases threefold with every decade lived over the age of 40, meaning that there is a significant proportion of the voting public who are likely to be affected by this arbitrary exclusion as they age. Currently people aged over 65 years represent approximately 14% of Australian voters. This is expected to increase to almost 17% by 2015.

Early Intervention: ABF acknowledges the inclusion of an Early Intervention Requirement in the Act. ABF and its members have been strong advocates for the inclusion of early intervention as its benefits are demonstrated on a daily basis through the services of our membership. It is evidenced that people affected by vision loss are, without appropriate interventions, at significantly increased risk of depression, social isolation, a range of co-morbidities, falls, fractures, premature entry to residential care and early mortality. The cost-effectiveness of early intervention in the form of **enablement services represents considerable savings to NDIS** by direct comparison to the long-term costs associated with personal attendant care and residential care.

ABF argues that the benefits of Early Intervention are, however, equally applicable to those aged over 65 as to those aged under 65.

Part 2 – Participant's plans: Part 2, Division 2 – Preparing participant's plans elaborates on the concept of reasonable and necessary supports at S.34. ABF reinforces its views that this must be based on a specialist assessment for people who are blind or vision impaired and that reasonable and necessary supports should include equipment appropriate to overcome the functional implications of

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vision loss (including mobility aids, aids to daily living, adaptive technology, optical and electronic magnification, etc).

Part 2, Division 4 – Reviewing and changing participant’s plans states that

Chapter 4 – Administration

No comments.

Chapter 5 – Compensation Payments

No comments.

Chapter 6 – National Disability Insurance Scheme Launch Transition Agency

No comments.

Chapter 7 – Other matters

S.208(1) states that the Minister must implement an independent review process of NDIS commencing on the second anniversary of the commencement of Chapter 3 – Participants and their plans, which would be taken to mean that the review is to occur two years after services under the NDIS commence being provided to people with disabilities. It is unclear whether this is two years from the date at which the NDIS commences providing services or the date at which the Launch Sites commence providing services, which it is intended will commence on 1 July 2013.

In either case, it is the opinion of ABF that this is too long a period. It is acknowledged that this reform is of such magnitude that it requires adequate ‘settling-in’ time in order to accurately gauge the benefits of the Scheme. It could equally be argued that it is a reform of such magnitude that it is bound to have unintended and unforeseen consequences.

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If the review is to commence two years from implementation and the report is due six months later, followed by a period where the review is then considered by Parliament, it is possible that many ABF members and other organisations impacted by those unintended consequences, such as the collapse of philanthropy, may cease to exist prior to the completion of the review period, let alone the review itself.

Recommendation 5: *ABF recommends that an interim review be commissioned 12 months from implementation of Chapter 3, specifically to examine the impact of the NDIS on the Not-For-Profit sector, with the findings presented to Parliament no more than 3 months from commencement of the review. This may assist in ensuring that the unintended consequences of the implementation of the NDIS do not undermine the viability of the sector being relied upon by governments to deliver NDIS services.*

Recommendations

1. *ABF recommends that the NDIS legislation, in its entirety, be reviewed to ensure that the Act gives effect to all of the obligations that Australia has as a party to the Convention of Rights of Persons with a Disability.*
2. *ABF recommends that the NDIS include an automatic offer of specialist assessment for any person applying to enter the NDIS that is identified as having a vision impairment and that the specialist assessment is undertaken prior to any development of the person's individual plan. Furthermore, before any person who is blind or vision impaired is denied access to services or financial support through the NDIS, the default position should be that a specialist assessment based on functional capacity is provided.*
3. *ABF recommends that all aids and equipment that enable the full participation of people who are blind or vision impaired are accommodated in the ensuing NDIS rules and regulations as reasonable and necessary supports, in accordance with a specialist assessment as discussed at Recommendation 2.*
4. *ABF strongly recommends, in descending order, the following:*
 - (a) *Section 22.1 of the NDIS Bill must be amended to provide people aged 65 years and over must be provided with full access to the NDIS.*

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(b) In the event that (a) is not accepted, the NDIS must recognise and accommodate the specialist needs of sensory impairment and clearly articulate in the NDIS Act that Australians over the age of 65 years who are blind or vision impaired have legislated access to the NDIS.

(c) In the event that neither (a) nor (b) are accepted, that the Government immediately enact legislation to fund services, aids, equipment and technologies for age-related disabilities, including vision loss, through the aged care system, for those people aged over 65.

5. *ABF recommends that an interim review be commissioned 12 months from implementation with the findings presented to Parliament no more than 3 months from commencement and that the review specifically address the impacts on the Not-For-Profit sector as a priority to ensure that unintended consequences of the implementation of the NDIS do not undermine the viability of the sector being relied upon by governments to deliver the services impacted by the NDIS.*

Summary

ABF acknowledges the importance of the reforms that are culminating in the implementation of the NDIS. Our contention is that it is a Scheme that should cater for the needs of all Australians with disabilities, including those who are blind or vision impaired and those aged over 65 years of age. Where people are actively excluded from the NDIS, it is imperative that the current supports they receive are not diminished or removed through unintended consequences of the NDIS, such as the collapse of philanthropy or that they are referred to another sector (eg aged care) that is patently unable to meet their needs.

NFPs who lose significant income from established sources as an unintended consequence of the NDIS will require compensation if they are to continue to provide valuable services within the Australian community. At the very least, any person who currently enjoys services that are jeopardised through the introduction of NDIS should be entitled to appropriate funding via an alternative avenue to ensure continuation of vital support services. Ultimately the services provided by ABF members are enormously cost effective for government, both due to their emphasis on enablement and the heavy subsidies achieved through philanthropy.

The issues raised in this response relate to the service provision as provided today. It cannot fully encapsulate the implications of an aging population, combined with the correlations between aging and vision loss. It is predicted that the requirement for specialist services relating to vision loss will double by 2020.

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The NFP market is a crowded market with increasing demands on the community to donate funds to support a broad range of initiatives. The Australian community is increasingly under pressure to maintain philanthropic support, despite rising unemployment and a constrained economy. Significant questions exist as to how ABF member organisations continue to fund the services provided today. The implications of the NDIS Act and the many questions it leave unanswered create critical questions about how services can be sustained in the face of increasing referrals as we move forward.

There is a need to ensure timely review. There will be many unintended consequences of this reform despite the best of intentions to the contrary. It is important that these are identified and addressed early. The NFP sector has been increasingly relied upon by governments at all levels to provide services, often much more cost effectively than can be done by governments. It is imperative that NFPs who are relied upon to provide important social programs are not lost before the value of their services is realised.

In summary, ABF is of the view that Australians who are blind or vision impaired are at great risk from this legislation, and many may fall between the cracks of two concurrent, significant social reforms:

- an NDIS designed to support people with profound intellectual or physical disability; and
- an aged care system designed to support people who are aging, not those who are blind or vision impaired.

An inclusive system that recognises the unique needs of people with sensory impairment, regardless of age, that provides options for specialist assessment and puts enablement at the forefront of service delivery would be the NDIS of choice for Australians who are blind or vision impaired.

Australian Blindness Forum

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