## Vision Australia Ltd

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30th November 2018

Joint Standing Committee on the National Disability Insurance Scheme PO Box 6100
Parliament House
Canberra ACT 2600

To the Secretariat;

## Re: Supplementary comment - NDIS AT Hearing 22nd November

I am writing to provide additional evidence following the appearance of NDIA representatives at the Public Hearing on the 22nd of November. At the hearing, Ms. Liz Neville stated:

The limited tender to establish the panel is currently out in the market. We are running a pilot of the panel in areas of New South Wales to begin with. We will be looking for that to be established in early 2019.

As we raised in our appearance on the 19th of October, we are concerned that the panel of assessors for AT will be a generic one, without specialist understanding or knowledge sufficient to determine the AT support needs of a participant who is blind or has low vision. Vision Impairment makes up between 2-4% of the NDIS market, and the AT support options are highly specialised, from braille devices to new technology such as Aira. Participants who are blind or have low vision, and other low incidence cohorts, will have limited confidence in a new system which does not recognise specialist need.

We are a leader in assistive technology, supports and programs that provide expert advice to people who are blind or have low vision across Australia to support their independence. Through the sector peak body, Australian Blindness Forum, Vision Australia consulted with the NDIA on Assistive Technology in April and July 2018. We raised these specific concerns and had received undertakings of continued engagement, and opportunity to submit for the tender. To our knowledge, this has not occurred.

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While a pilot, the track record for the Agency suggests that it will continue as designed through to full launch across the scheme. The Agency has published limited to no information about this new model, which will have substantial impacts on participant experience. Additionally, it undermines providers such as Vision Australia who are attempting to respond to changes in the rollout of the NDIS and redesign our services to best support NDIS participants. Based on our past experience nothing we have been able to establish indicates our concerns are not well founded.

I urge the Committee to continue the positive work examining the workings of AT under the NDIS, and to closely monitor this pilot and new model as it develops.

We hope this additional information is of use for the Committee as they complete their report.

Kind regards,

Scott Jacobs,

Program Manager, NDIS and Aged Care,

Vision Australia.