



# **Vision Australia Submission**

## **Inquiry into scheme Implementation and Forecasting for the NDIS**

Submitted to: National Disability Insurance Scheme Joint Standing  
committee

Date: 28 October, 2021

Submission approved by: Manager Government  
Relations, Advocacy, NDIS & Aged Care

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## NDIS Joint Standing Committee: Inquiry into scheme Implementation and Forecasting for the NDIS

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### Introduction

Vision Australia welcomes the opportunity to provide this submission to the NDIS Joint standing committee, as part of its inquiry into the implementation, performance and governance of the scheme. In recent years, there have been a number of strategies such as improved data provision, a move toward flexible planning and simplification of the early childhood pathway that have improved the NDIS experience for participants and providers. There continue to be challenges associated with inconsistent planning decisions and lack of connection between State and Federal support programs that render the scheme difficult to navigate. We are hopeful that our honest discussion of these issues throughout this paper will serve as a mechanism for further improvement.

### Recommendations

- There is an ongoing need for properly funded programs to support people with disability of all ages who cannot access equipment and services through the NDIS. In the case of children, it would be worthwhile to increase the capacity of ECEI partners to assist families to access appropriate services. Alternatively, providers must be afforded sufficient funding to liaise with other organisations and make appropriate referrals.
- In general, ILC programs that focus on information provision or capacity building of mainstream services, tend to offer greatest value and return on investment. It is imperative that funding for these types of information dissemination must continue, because many services and community engagement opportunities will either be lost, or become substandard, if specialist providers such as Vision Australia are not financially supported to run them.
- It is important that the Federal Government commit to a national assistive technology program to support older Australians and other people with disability who cannot access the NDIS.
- Much greater collaboration is needed between the NDIA, its community partners, and state-based education systems. Currently, families are

navigating the complexities of two systems to achieve one goal, and are often failing to receive the supports they need from either.

- There continues to be a lack of clarity and certainty regarding the interface between NDIS transport funding, and the various transport schemes administered by States and Territories. Withdrawal of state transport schemes including taxi subsidy programs would have disastrous impacts for people who are blind or have low vision, particularly given that access to NDIS funded transport support continues to be both highly inconsistent and woefully inadequate.
- Vision Australia is not ideologically opposed to some form of independent assessment as part of the NDIS planning process. If implemented well, it will provide more transparent and consistent criteria for the assessment of funding, thus improving both sustainability of the Scheme and confidence in its operation. It is crucial, however, that any model being considered balances the need for standardised assessment with the capacity to cater to the diverse needs and circumstances of individual participants.
- Any new models for planning and assessment that are developed must be built on a system that does not require participants to represent themselves at their lowest level of capacity. If assessors have generalist knowledge only, participants must also be able to include evidence from assessment reports from therapists who specialise in the person's disability as part of the assessment process. Specialist therapy staff not only have high levels of expertise but commonly have in-depth knowledge about a participant's functional capacity formed over multiple years.
- It may be worthwhile to consider investment in a comprehensive and freely available pre-planning service that sits outside the NDIA. If such a service were accessible to all NDIS participants, this could potentially provide a more level playing field to support equitable engagement in the planning process.
- Vision Australia acknowledges the NDIA's increased commitment in recent times to the provision of useful and transparent data. The data released by the Agency as part of its Sensory Disability Report in 2021 was particularly valuable. We would ideally like to see more regular inclusion of data at this level as part of the NDIA's quarterly reports.
- In the context of the early childhood approach, it is important to ensure that children and families are not prematurely shut out of the NDIS because their need for support fluctuates.
- Vision Australia is broadly supportive of the model for personalised budgets and plan flexibility that has been proposed by the NDIA to date. It will continue to be important for planners to have conversations with participants about plan usage and the various ways in which funding can be spent. Relatedly, there must be greater clarity around what the NDIA considers to be everyday living costs, versus disability specific supports.

- Following the implementation of this model, it is our understanding that the Agency's intention is to provide draft plans prior to the planning meeting, such that time with the planner can be better spent in explaining how the plan budget can best be used for the provision of appropriate supports. It is therefore essential that participants are afforded adequate time prior to consider the draft budget and gather any additional information they may want to present during the planning meeting.

## **Terms of reference**

### **Part A: Impact of Boundaries of NDIS and non NDIS service provision on demand for NDIS Funding**

#### **Availability of Support Outside the NDIS**

There is an ongoing need for properly funded programs to support people with disability of all ages who cannot access equipment and services through the NDIS. Particularly in the case of children, Vision Australia currently does a great deal of unfunded work to establish links with both disability related and community services for families. Examples of situations where this is required include services that go above and beyond what Vision Australia provides, such as assisting parents to find an appropriate preschool or playgroup, referrals for counselling or behavioural support, and other therapies that are outside of our expertise or remit. It is often the case that the Early Childhood partners established by the NDIA to link families with these supports do not have the knowledge or capacity necessary to perform that role effectively. Moreover, without appropriate funding, service providers cannot, despite their best efforts, provide families with the level of support that they ideally need. It would be worthwhile to increase the capacity of ECEI partners to assist families to access appropriate services. Alternatively, providers must be afforded sufficient funding to liaise with other organisations and make appropriate referrals.

Vision Australia also has a number of current clients who would benefit from increased access to short-term early intervention supports outside the NDIS. For example, we work with several children experiencing delayed visual maturation. These children are generally aged under 3, and often do not qualify for access to the NDIS because their vision is able to be corrected, through contact lenses, removal of cataracts, and other treatment options. It is nonetheless important for us to work with these families so that they can understand how to provide the best possible environment to stimulate the child's vision. A child's vision will generally continue to develop until around 8 years of age, and the way in which they use it changes as they become more mobile and need to access visual information at greater distances. It is vital that they work with specialist providers such as vision Australia, to ensure that level of vision and its use in daily routines is monitored and is continuing to develop. Sometimes these children are later diagnosed with a permanent condition that qualifies for NDIS access, and sometimes they are not, but

in either case their access to short-term early intervention services is crucial in ensuring that they meet development milestones. Due to the impacts of vision impairment on all areas of development, it is essential that children are able to access services without delay and there must be a clear pathway to link families with appropriate supports. Parents often have limited knowledge of the services available at their child's point of diagnosis, and they need to be supported with a referral process that operates effectively across both the health and disability sectors.

## **The Future of the Information, Linkages and Capacity building (ILC) Program**

Since its inception, the ILC program has played a vital role in connecting people with disability, their families and carers, with broader systems of support. The ongoing need for this is demonstrable, as there is clearly much work still to be done in creating inclusive and accessible communities, as well as equal opportunities for economic and social participation. In our view, however, some of the prior funding rounds have been more efficacious than others in achieving the aims of the ILC program. In general, ILC programs that focus on information provision or capacity building of mainstream services, tend to offer greater value and return on investment. For example, the 2020 Mainstream Capacity Building Program, which focused on enabling people with disability to better utilise health services, was extremely worthwhile and offered considerable practical benefits. Similarly, the 2019 National Information Program presented an important opportunity for many organisations, including Vision Australia, to raise community awareness of disability, thereby facilitating greater inclusion and accessibility of mainstream services. Funding from this grant round has also been used to great effect in educating individuals and families so that they can best support people with disability to maximise their social and civic participation. For instance, Vision Australia has utilised ILC funding for activities such as creation of tip sheets, so that people who are blind or have low vision can be integrated into their local sports clubs. Funding has also been utilised to create informative and entertaining podcasts to educate the community around diverse experiences of vision loss. It is imperative that funding for these types of information dissemination must continue, because many services and community engagement opportunities will either be lost, or become substandard, if specialist providers such as Vision Australia are not financially supported to run them. Moreover, access to publicly available and disability specific information is pivotal in ensuring that people with disability can exercise informed choice and control over their own lives. As Minister Reynolds recently alluded to when speaking about the future of the ILC program, the NDIS should not be the only option for people with disability to access community-based supports. If we wish to create holistic support systems, both for people who can access the NDIS and those who cannot, provision of high-quality information services will continue to be critical.

Conversely, there are indications that some ILC programs, particularly those focused on generating employment pathways for people with disability, have not been effective in achieving their intended aims. Many of these programs appear to have been used by providers to offer pseudo service provision and to compensate for deficits following the decrease in availability of block funding. It is our view that ILC funding is not the best avenue to provide pseudo service delivery projects such as individual employment programs, because they provide minimal value to relatively small segments of the disability sector. They do not materially change community attitudes or perceptions of disability, or lead to improved access to mainstream services at a broad level, which is the overall intention of the ILC program. We consider that programs centred around individual goals are more effectively delivered through an NDIS plan, or through targeted block funding, in the case of people with disability who access services outside of this model.

## **Part B: Interfaces of NDIS Service Provision with other non NDIS Services Provided by the States, Territories and the Commonwealth**

### **Aged Care**

For older Australians with disability, there is ongoing disparity between the services that can be accessed via the NDIS, versus those available through the aged care system. In particular, access to assistive technology is often problematic for older people with disability who are excluded from the NDIS. Fundamentally, all people with disability, regardless of age, should have equitable access to assistive technology supports, irrespective of whether that support is provided through the NDIS or the aged care system. Provision of appropriate aids, equipment and services will ultimately promote independence for older Australians and allow them to live safely in their homes for longer. It is encouraging to see that these concerns have been reflected in the recommendations of the Aged Care royal Commission, which stated that people with disability should receive, through the aged care program, daily living supports and outcomes (including aids and equipment), equivalent to those that would be available under the NDIS to those aged under 65 with substantially similar conditions. It is important that the Federal Government work to implement this recommendation by committing to a national assistive technology program to support people with disability who cannot access the NDIS.

### **Education**

One of the key challenges concerning the education sector overall, is that systems are not well integrated. Consequently, the NDIS pushes people towards alternative funding that does not, in fact, exist. It is commonly emphasised that State education systems “should” fund certain supports, however, this does not occur in reality. For children engaged in school, there continues to be a high level of complexity and confusion in determining what is covered by NDIS, versus the State education

systems. It is important to recognise that while NDIS policy is clearly delineated into domains such as home, work, and school, people's lives, in practical terms, are not. Children who are blind or have low vision will, for example, often benefit from the same assistive technology to aid with tasks both at school and at home and it is frequently unclear as to whether this can, or should, be provided by the education system or purchased with their NDIS funding. Similarly, a child learning to navigate their school environment may also need to learn how to navigate between home and school. NDIS may fund the latter, but not the former, meaning that families are navigating the complexities of two systems to achieve one goal. This also causes a great deal of difficulty for service providers who will often work with the child in a number of different settings. Much greater collaboration is needed between the NDIA, its community partners, and state-based education systems. For example, assessments conducted by education providers are currently not shared with service providers that work with the child in their home and community environments. This renders it difficult to integrate strategies that are being used at school into the therapy that is provided at home. This creates complexity when teaching compensatory skills, because many of the supports that children need at home will cross over into education. For example, a child learning assistive technology skills might use those to complete school work and homework tasks, but could equally utilise the same skills for recreation, to connect with peers or use social media. Our greatest concern is that confusion and lack of connection between funding models often leads to poorer outcomes for children who are constantly vacillating between two systems and potentially failing to receive the resources and supports they need from either.

Similar challenges exist for older students who are transitioning to university study. It is commonly understood that technology required primarily for study is not funded by NDIS, on the grounds that universities should support their students in this regard. While this may be ideologically sound, the reality is that most universities do not provide this level of support and as such, there are no properly developed funding alternatives. Frequently, this means that people with disability are constructing their goals in a way that reflects the funding they are likely to receive, rather than the outcomes they really want to work toward.

## **Transport**

There continues to be a lack of clarity and certainty regarding the interface between NDIS transport funding, and the various transport schemes administered by States and Territories. Some states, such as Queensland, are persistently considering the option to withdraw the taxi subsidy scheme for NDIS participants, with access currently only assured until October 2022. If implemented, this policy would have disastrous impacts for people who are blind or have low vision, particularly given that access to NDIS funded transport support continues to be both highly inconsistent and woefully inadequate. Vision Australia raised this as an issue of concern during the Joint standing Committee's general issues enquiry in 2019, and there has been

little, if any meaningful progress since that time. Point-to-point transport is an important means of transport for people who are blind or have low vision, because it represents the closest equivalent to independent car travel and is often a key factor in maintaining employment, gaining an education and participating in recreational and community activities. If current state-based transport schemes were to be withdrawn entirely, even those receiving the highest level of NDIS transport funding would be able to make only 1 round trip of 15 kilometres per week. This figure is relatively optimistic, given that most participants receive lower levels of transport funding than those represented in the calculation above. If the current State based transport subsidies are to be subsumed into the NDIS, it is therefore imperative that some consistency be achieved in the application of transport funding in participant plans. Vision Australia is aware of numerous cases (some of which are detailed later in this paper), where people who are blind or have low vision have been denied access to personal transport funding as part of their NDIS plan, with no convincing rationale provided. Reasons cited by the Agency for failure to provide transport funding in plans have included:

- The fact that the participant is employed and can theoretically pay for their own transport (despite information from the NDIA specifying that participants working for more than 30 hours a week are eligible for level 3 transport funding);
- The fact that the Agency “prefers not to” provide transport support in a participant’s first plan; and
- The fact that the participant uses a dog guide as their mobility aid.

If the interfaces between NDIS and State and Territory transport schemes are not managed carefully going forward, many NDIS participants who are blind or have low vision will find themselves without the practical means to participate independently in their communities, travel to workplaces, or engage socially with family and peers.

## **Part C: Reasons for Variation in Plan funding for Participants with similar needs**

### **Inconsistent decision-Making by the NDIA Leading to Inequitable Variations in Plan Funding**

It is clear there are many circumstances where inconsistent decision-making by the NDIA has resulted in significant variations in plan funding. We have included case studies below as examples where participants with similar support needs received vastly different planning outcomes.

By way of general comment, one of the key challenges in the current planning model is that participants are effectively quarantined from the decisions that are made about their funding. In most cases, the participant has their planning conversation with a local area coordinator, who then provides information to the Agency planner,



who then approves the quantum of funding. This multilevel planning process has a high margin for human error and Arguably leads to inconsistency in funding decisions, because the planner has no direct access to the participant. The efficacy of the process is dependent on the calibre of information provided by the LAC, which in many cases, is highly variable. We recently encountered a participant who had requested supports in her planning meeting that were ultimately not included in the final plan. When the participant asked her local area coordinator about the reasons for this, he admitted that he had forgotten what she had said in the planning meeting, and hadn't captured an accurate record of the supports she had asked for and why. He said this meant he had probably misrepresented the client's situation to the planner, thus explaining the unfavourable funding outcome. The participant is now engaged in a review to provide the same evidence and information that the planner should have been given at first instance. We respectfully suggest that the relevance and efficacy of Local area coordinators within the NDIS planning model should be re-evaluated, and that there may be considerable benefit in investing in alternative support mechanisms that are better able to meet the needs of participants and facilitate consistent planning outcomes.

## **Case studies: Variation in Plan funding for Participants with similar Needs**

### **Case study 1**

Two Vision Australia clients recently applied to access the NDIS and have now received their first plans. The clients are a couple who both have the same eye condition and are totally blind. Both live in the same household, are employed full-time, and have largely the same level of access to informal supports. Overall, they consider that their support needs and levels of functional capacity are similar. Planning meetings for these clients were conducted separately by two different local area coordinators, based in different NDIA offices. During their planning meetings, both participants requested support with home and garden maintenance, community access, personal transport, low cost assistive technology and orientation and mobility training. their plans were subsequently approved with significantly different levels of funding. The variation in annual plan value is in excess of \$5,000.

### **Case study 2**

There are vast inconsistencies in the application of NDIS transport funding, particularly for participants who utilise a Seeing eye dog. In some cases, participants with a dog guide who are working for more than 30 hours per week are approved for level 3 transport funding, in accordance with NDIA guidelines. Conversely, there are many participants who, despite meeting the hours of work requirements, are not provided with any transport funding. The justification given is that a seeing eye dog should serve as an equivalent support. The NDIS guidelines are rarely applied consistently in these situations, with many participants in similar living and working

situations receiving markedly different funding outcomes. Participants who are denied transport funding often seek a review of the decision, and in many cases, will subsequently receive appropriate funding once the matter has been considered by a different planner.

## **Measures to Address Inequitable Variation in Plan Funding**

Vision Australia reasonably expects that even though the previously proposed model for independent assessments has been recently jettisoned, a more refined form of the process is likely to be developed in future. We are not ideologically opposed to some form of independent assessment. If implemented well, it will provide more transparent and consistent criteria for the assessment of funding, thus improving both sustainability of the Scheme and confidence in its operation. It is crucial, however, that any model being considered balances the need for standardised assessment with the capacity to cater to the diverse needs and circumstances of individual participants. This is unlikely to be achieved through standardised assessment tools alone, but will require reference to the participant's lived experience of disability as well as the specialist knowledge of their therapists and service providers. If assessors have generalist knowledge only, participants must also be able to include evidence from assessment reports from therapists who specialise in the person's disability as part of the assessment process. Specialist therapy staff not only have high levels of expertise but commonly have in-depth knowledge about a participant's functional capacity formed over multiple years.

Recent concerns have been expressed around data indicators that suggest a participant's functional capacity decreases as they spend more time in the scheme. This is perhaps unsurprising, given the deficit-based nature of the current planning process. Participants who have been part of the Scheme for any length of time often know that they must represent themselves as being as disabled as possible in order to ensure they receive appropriate supports. As an example, vision impaired participants are often told that they will not receive transport funding, unless they categorically state that they cannot utilise public transport at all. This inevitably leads to planning conversations that are polarising, rather than honest. A vision impaired person likely will be able to use public transport, on some occasions and with the right supports in place. There will likely also be a number of times when they cannot, due to factors such as weather conditions, unsafe elements of the built environment that make navigation impossible, or lack of available public transport services. These realities are unlikely to be reflected in the planning conversations however, because participants don't trust that they will get the supports they need under the currently arbitrary, and often undisclosed, funding criteria that are used by the NDIA to assess their needs. The purpose of this example is to demonstrate the pitfalls of a deficit-based planning system that does not readily reflect individual circumstances. Any new models for planning and assessment that are developed must be built on a system that does not require participants to represent themselves at their lowest level of capacity. There must be the facility for participants to have honest and

realistic discussions with the Agency about the supports they need, without fear that any independence or capability they demonstrate will lead to refusal of funding.

Participants who are well informed and have a highly developed understanding of NDIS processes are always likely to achieve superior planning outcomes. This could be partially addressed by increasing supports that help people from disadvantaged cohorts or low socio-economic areas to participate in the planning process. It may be worthwhile to consider investment in a comprehensive and freely available pre-planning service that sits outside the NDIA. It is noted that while LACs are theoretically able to support with this as part of their role, this rarely occurs in practice. If, as we have suggested elsewhere in this paper, the LAC model is re-evaluated, resources could instead be directed towards a fully funded pre-planning service that operates separately from the Agency. Many Vision Australia clients have provided feedback that they find it valuable to speak with third parties, such as LACs or other pre-planning services that are not necessarily connected with the NDIS but have experience of it and are skilled in guiding participants through the access and planning process. If such a service were accessible to all NDIS participants, this could potentially provide a more level playing field to support equitable engagement in the planning process.

## **Part F: Measures to ensure financial Sustainability of the NDIS**

### **Presentation of data, Modelling and Forecasting in Public documents about the NDIS**

Vision Australia acknowledges the NDIA's increased commitment in recent times to the provision of useful and transparent data. The data released by the Agency as part of its Sensory Disability Report in 2021 was particularly valuable to providers such as vision Australia. We would ideally like to see more regular inclusion of data at this level as part of the NDIA's quarterly reports. There is an ongoing need for the provision of interactive data that can be used by the sector to understand market conditions and demographic demand. This data is particularly relevant to our service provision, because people who are blind or have low vision constitute a "low incidence" cohort and are particularly vulnerable to the deleterious effects of thin markets. Ideally, market data should include a high level of detail for specific cohorts and their geographic spread, alongside the nature and quantity of supports included in participant plans. Access to longitudinal data sets for particular disability cohorts would also be valuable, as they could potentially provide useful insights into the value of particular services and supports over time. In our view, it is important that the NDIA focus its reporting efforts on meaningful data that offers value across the disability sector. Customer satisfaction data, which frequently accounts for a large proportion of the Agency's quarterly report, offers little insight into the performance of the Scheme as a whole, nor does it aid in identifying areas of improvement. While satisfaction data does of course have some relevance, it is respectfully suggested

that in general, efforts around data gathering and provision could be better focused elsewhere.

## **Part G: Ongoing Reform Measures**

### **Early Childhood Approach**

The Terms of reference for this submission encourage consideration of whether early intervention supports intended to improve a participant's functional capacity could reduce their need for NDIS funding. In the context of the early childhood approach, it is important to ensure that children and families are not prematurely shut out of the NDIS because their need for support fluctuates. Vision Australia works with many families with young children who access early intervention supports for a time and subsequently go through periods where fewer services are needed. Often, when those children commence a new life stage, such as preschool or school, however, their support needs, both in the home and education environments, will increase significantly. It is important that, even if these families are transitioned out of the scheme, that ongoing monitoring occurs to ensure they can continue to access relevant supports and that they have a pathway to re-enter the NDIS if required.

### **Personalised budgets and Plan flexibility**

Vision Australia is broadly supportive of the model for personalised budgets and plan flexibility that has been proposed by the NDIA to date. There are, however, a number of key factors and principles that must be considered prior to the implementation of these changes.

It will continue to be important for planners to have conversations with participants about plan usage and the various ways in which funding can be spent. Not all participants will readily absorb written material contained in the plan itself, and it is therefore crucial that a number of options are offered to present this information that cater to a variety of circumstances and learning needs. Any key restrictions on how funding can be spent should also be communicated within the plan itself, and not simply in the legislation, operational guidelines or factsheets on the NDIS website. While these are valuable resources, it is unreasonable to expect that all participants will know where to look for them, and many will not have capacity to search through this volume of information to understand their funding.

Relatedly, there must be greater clarity around what the NDIA considers to be everyday living costs, versus disability specific supports. This is currently confusing for many participants and in the absence of consistent and reliable support from local area coordinators, it often falls to service providers to assist participants in interpreting how their plan funding can be used. We note with some disappointment that clarity around everyday living costs was not considered as part of the recent review of the NDIS Act and its associated rules.

Vision Australia also considers that the simplification of funding categories, as proposed by the Agency in its recent discussion paper on this topic, is a positive step. One challenge that both participants and service providers currently experience in relation to the Scheme is that funding categories are described differently across NDIS plans, the Price Guide and the participant and provider portals. Simplification of funding types notwithstanding, it would be helpful to ensure these are described consistently across all platforms. Common language labels for categories could also be used, in order to aid participant understanding of what funding is intended for and how it can be used. Terms such as capacity building, for example, are highly clinical, and are not necessarily frequently utilised or well understood across the disability community.

Following the implementation of this model, it is our understanding that the Agency's intention is to provide draft plans prior to the planning meeting, such that time with the planner can be better spent in explaining how the plan budget can best be used for the provision of appropriate supports. It is therefore essential that participants are afforded adequate time prior to consider the draft budget and gather any additional information they may want to present during the planning meeting. For some participants, this may include time to work through the draft plan with a trusted support person to aid their understanding of the information presented, or to collect additional information from specialist service providers. It is also important that participant preferences around access to information are captured at the beginning of the planning process, so that draft plans can be presented to the participant in their preferred format. For people who are blind or have low vision, this must include, at a minimum, a choice between accessible electronic documents, large print, audio and Braille.

Finally, we understand that, despite a tendency toward flexible plan budgets, some supports are likely to remain fixed. It will be important to ensure that fixed supports are not provided in such a way that they have the effect, however unintended, of restricting choice and control for participants. Where outcome reports are relevant to funding reviews, Vision Australia would prefer to see funding for these included as fixed supports in the participant's plan. This would avoid the need for participants to set aside a portion of their budget to allow for progress reports to be completed by service providers, and would therefore give greater certainty about the hours available to be spent on support provision. Fixed supports would also be appropriate for purchase of and training with a Seeing Eye Dog. This would ideally include a prescribed amount of annual follow-up with an instructor and participant, because this is always required to ensure the ongoing safety of the working team. We are of the view, however, that ongoing costs provided for upkeep of dog guides should remain flexible. Fixed supports for high cost assistive technology may also be appropriate, particularly in circumstances where upgrades or replacements are likely to be needed to ensure ongoing viability of the technology throughout the life of the plan. It may also be worthwhile to provide fixed supports for provider travel. This

would be particularly valuable where the participant uses services such as occupational therapy and orientation and mobility, which must generally be provided in a natural setting such as the home or local community in order to be effective. It is noted that the NDIA has indicated its intention to consider fixed travel costs for this reason as part of its review of the ECEI approach, but there are also many circumstances where services delivered in a natural setting may be essential or represent best practice for older children and adults who are vision impaired.

## **Conclusion**

Vision Australia thanks the NDIS Joint standing Committee for its consideration of this submission. We wish you well in your deliberations, and would be happy to provide additional information about any of the matters detailed in this paper.

## **About Vision Australia**

Vision Australia is the largest national provider of services to people who are blind, deafblind, or have low vision. We are formed through the merger of several of Australia's most respected and experienced blindness and low vision agencies, celebrating our 150<sup>th</sup> year of operation in 2017.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families.

Vision Australia service delivery areas include:

- Allied Health and Therapy services, and registered provider of specialist supports for the NDIS and My Aged Care
- Aids and Equipment, and Assistive/Adaptive Technology training and support
- Seeing Eye Dogs
- National Library Services
- Early childhood and education services, and Felix Library for 0-7 year olds
- Employment services, including National Disability Employment Services
- Accessible information, and Alternate Format Production
- Vision Australia Radio network, and national partnership with Radio for the Print Handicapped
- Spectacles Program for the NSW Government
- Advocacy and Engagement, working collaboratively with Government, business and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has gained unrivalled knowledge and experience through constant interaction with clients and their families. We provide services to more than 26,000

people each year, and also through the direct involvement of people who are blind or have low vision at all levels of the Organisation. Vision Australia is therefore well placed to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant Client Reference Group, with people who are blind or have low vision representing the voice and needs of clients of the Organisation to the Board and Management. Vision Australia is also a significant employer of people who are blind or have low vision, with 15% of total staff having vision impairment.

We also operate Memorandums of Understanding with Australian Hearing, and the Aboriginal & Torres Strait Islander Community Health Service.