Vision Australia
Blindness. Low Vision. Opportunity.

Vision Australia Submission

NDIS Joint Standing Committee: NDIS Participant Experience in Regional, Rural and Remote Australia

Submitted to: National Disability Insurance Scheme Joint Standing Committee.

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Submission approved by: Chris Edwards, Director Government Relations, Advocacy, NDIS and Aged Care

Vision Australia submission to the NDIS Joint standing committee: NDIS Participant experience in Rural, Regional and Remote Australia

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Introduction

Vision Australia is pleased to provide this submission to the NDIS Joint Standing Committee regarding the experience of participants in regional and remote areas. Vision Australia provides services throughout Queensland, New South Wales, Victoria, Tasmania, the Northern Territory, the ACT and Western Australia, including to people living in regional, rural and remote areas. We endeavour to provide services to people who are blind or have low vision and their families in a responsive and timely way, regardless of where they live, and even if we do not have an office located nearby. In many cases, thin market factors mean that there will be no other service provider ready, willing or able to enter the market. The current funding environment will not, however, allow us to continue delivering services to the extent and on the terms we have historically provided them. Workforce pressures, along with the impacts associated with unfunded NDIS travel costs, will make it increasingly difficult to provide a comprehensive range of services in rural and remote areas.

Recommendations

- It is essential that appropriate funding be provided to enable services to be delivered in the location where they are needed. The importance of service provision in the participant's natural environment must be recognised, with appropriate funding provided to enable this to occur in remote settings.
- Policies and procedures concerning provider travel must accurately reflect the costs of service provision in regional and remote areas.
- The funding allocated for travel must be transparently identified in plans, while still allowing for flexibility in participant spending. The Agency must also disclose its process for calculating quantum of travel during the planning phase, to ensure this is understood by participants and providers.
- It is essential that quality of calculations, transparency of amount, and overall value of travel funding in participant plans must be increased. The funding allocated must be transparently identified in the plan (whilst allowing for flexibility in participant spending). The calculations detailing how provider travel is determined should be transparent and publicly available.
- NDIS pricing must reflect the challenges associated with employing and retaining a workforce with specialised skillsets in regional and remote areas. Without this, participants in these areas will miss out on vital services that have the potential to improve their economic participation, social engagement and quality of life.

Thin Market Conditions and Travel costs

A key barrier for Vision Australia is the high administrative loads and travel costs associated with regional and remote service delivery that are not covered by NDIS funding. It is essential that appropriate funding be provided to enable services to be delivered in the location where they are needed. For people who are blind or have low vision, it is often crucial that services be provided in the participant's own environment. For example, orientation and mobility services generally necessitate the teaching of specific local travel routes, to enable the person to navigate their community safely and independently. Similarly, occupational therapy services may often involve adaptations to a person's home environment that cannot be assessed or carried out otherwise than in person. While the NDIA has acknowledged that therapeutic interventions for children must often be delivered in the natural environment, it appears the importance of this has not been similarly recognised for adults.

The costs associated with delivering services to participants in rural or remote areas are extensive and NDIS plans seldom provide sufficient funding for these costs to be passed on without a significant impact on a participant's capacity to purchase other essential services and supports that they need. While generalist disability providers may have the facility to split large travel costs among several participants, this is not practical for specialist providers who are servicing a low incidence cohort in a thin market context. For example, Vision Australia is working with NDIS participants in Ampilatwatja (350 km from Alice springs), that require specialised vision services. Realistically, a service provider would see two clients per trip, due to the low incidence of vision impairment among the population in this area. The time and cost involved in travelling to this location is substantial. While the NDIS theoretically allows Vision Australia to negotiate additional travel costs for clients in very remote locations, the practical implication of doing so is that participants will expend the bulk of their plan funding on travel at the expense of valuable therapeutic interventions. There is a real risk of market failure if providers cannot operate in remote areas due to the costs of reaching participants, or lack of business prospects due to the issues associated with servicing low incidence cohorts.

The issues associated with the provision of comprehensive specialised services are not limited to participants in extremely remote locations. The MMM model that is used to determine NDIS travel caps also frequently fails to accurately reflect the costs involved in reaching regional and rural areas. It is not uncommon for a Vision Australia service provider to travel several hours to provide services to a client, with only a small proportion of the travel cost able to be recouped. For example, Vision Australia provides services to a client in Nanango, in regional Queensland. We have only one client with an NDIS package in this location. It is a 5 hour round trip for therapists to travel to appointments with this client from our nearest office in Maroochydore, however, because of the way in which Nanango is classified under the MMM model, we are only able to bill for 60 minutes of that travel time. There are

no other providers in the area, so the client is at considerable risk of not receiving services. We have investigated a range of options – from seeking to deliver multiple services per visit, to dual service provision with multiple providers – there is no combination of approaching break even with our costs. The costs of providing services considerably outweigh the expenses we incur in delivering them.

The increased non funded costs of providing services are likely to mean that our service offerings to people in regional and remote areas will be limited or stopped altogether, unless there are substantial changes to the way in which travel is funded.

The funding allocated for travel must also be transparently identified in NDIS plans, whilst still allowing for flexibility in participant spending. At present, there is no mechanism to know how much funding has been allocated in a participant's plan for provider travel, and no clarity of process in the way in which quantum of travel is calculated during the planning phase. This often leads to difficult negotiations between providers and participants around the division of services and travel funding. Clarity in the value and calculation process for travel at the planning stage would considerably decrease complexity for both participants and providers alike.

Providers are often asked to supply recommendations for inclusion of travel in participant plans, however, there is no consistency in how these recommendations are applied by planning delegates. When providing separate calculations for travel, Vision Australia has been advised by at least one delegate that we should include these recommendations as additional therapy hours tied to participant need, to ensure an appropriate amount is included in the plan. Some delegates have advised participants that the NDIS does not fund provider travel at all, and subsequently failed to include any allowance for this in plans. In addition to this rendering, it impossible for providers to deliver viable services, it creates significant confusion for participants, who are often left to wonder whether they will have to pay for this aspect of their service delivery themselves. For participants in remote areas, who rely on providers to travel to their location, this is a significant source of stress and worry. Additionally, even though the NDIA has allowed for modified loadings in very remote areas, it is not practicable for service providers to charge these prices where they have not been factored into plan funding by the NDIA.

Workforce Pressures

Many of the services that people who are blind or have low vision want to access must be delivered by skilled practitioners with knowledge and experience well beyond the capacity of mainstream service providers, especially when these services are required by a person who has recently become blind or acquired vision loss and who is at the start of their rehabilitation journey. These services include assistive technology training, orientation and mobility (O&M) (including training in the use of a Seeing Eye Dog), and the teaching of braille. The current recruitment market for specialised staff is challenging, with extremely limited supply. In some regions, for example, we have been seeking qualified orientation and mobility specialists for over a year. The challenge of recruiting allied health staff with the requisite skillsets is further amplified in regional and remote settings. This challenge, combined with the impact of unfunded high travel costs, will increasingly make it

harder to justify providing a comprehensive range of services in rural or remote areas when there is comparatively high demand in metropolitan and larger regional centres. The discrepancy between current pricing and the real costs of service provision, and the subsequent operational losses that occur, present a significant risk of market failure if no intervention is forthcoming. Vision Australia is the only national provider of specialised services to people who are blind or have low vision. If we reach the point where we cannot viably maintain our current level and quality of service, it is unlikely that other providers will be able to fulfil the current gap in supply.

System Delays

It is acknowledged that delays in the NDIS access and planning process are ubiquitous across the Scheme as a whole and appear to have been exacerbated in recent months as the NDIA transitions the primary responsibility for planning to Agency delegates. The impact of delays is felt particularly keenly in regional and remote areas, however, where participants are often at greater risk of isolation and diminished capacity for social and economic engagement if they cannot access the supports they need in a timely manner. For example, Vision Australia recently worked with a participant in regional New south Wales who was experiencing sudden onset of vision loss. It took six months for the participant to gain NDIS access, and a further two months for a plan to be approved. The participant felt that she was housebound during this time, as she did not have adequate supports in place. The application and planning process fell short of the timeframes listed in the NDIS Participant Service Guarantee, with the result that impacts on the participant's physical and mental well-being were significant.

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 further information about any of the issues discussed 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 150th 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.