

Productivity Commission Inquiry into NDIS Costs

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OVERVIEW

Vision Australia is pleased to have the opportunity to provide input to the Productivity Commission's review of the National Disability Insurance Scheme (NDIS) costs. If the Commission requires additional information or would like to clarify elements of this submission, please contact Scott Jacobs, NDIS Lead .

Vision Australia was a registered NDIS provider in the initial trial sites of Barwon, Hunter and ACT. We continue to provide services in these areas, and our service presence has expanded in line with the rollout in Victoria, New South Wales, Western Australia and Queensland. We also provide NDIS services in the Western Australian trial sites. When we refer to 'participants' in this submission, we are primarily referring to participants who are blind or have low vision.

GENERAL COMMENTS

The Commission noted the National Institute of Labour Studies evaluation (p. 19, *Position Paper*). Two of the criteria for those likely to experience poorer outcomes under the NDIS are highly relevant for people who are blind or have low vision:

- 'Those who find it difficult to navigate NDIS processes': obtaining information, plans, and guidance in accessible formats is difficult or impossible for people who are blind or low vision, and therefore presents additional barriers to navigating NDIS processes.
- 'Those who are unable to navigate the NDIA website to find service providers': the Participant Portal is inaccessible for people who are blind or have low vision and use a screenreader such as JAWs, requiring that they rely on a support person to access the Portal.

Planning Process

The NDIS planning process, even with the new resources rolled out in the past few months, is opaque. Providers who already engage with the system and have a good understanding still struggle to explain it to participants. The NDIA website is confusing: something as simple as a '*the Six Steps to NDIS Success*' would be hugely beneficial, as the lack of a clear process or flowchart hampers participant understanding.

The Commission notes the value of leveraging the expertise already present in the industry, including 'getting specialist disability organisations involved in the planning process' (p. 29 *Position Paper*). Vision Australia supports this as a provider that delivers services to a low-incidence disability cohort with specialist needs. Participants often face barriers to communicating the functional impact of their vision impairment and the way that supports would overcome this.

Frequently, planners fail to recognise the value that some supports have, dismissing them as not reasonable or necessary. It appears that many planners apply a standard understanding of disability when relating to a specialist field such as vision impairment, leading to confusion and inappropriate plan inclusions or exclusions, especially the Assistive Technology space which is discussed below.

Preplanning

There are two aspects to preplanning support:

1. That where direct support is needed for a participant; and
2. That where the participant can conduct their own preplanning with appropriate information and tools.

At present, neither is adequate. The Commission accurately notes the role of cost for providers in offering preplanning support, and that the LACs are responsible for improving their preplanning supports (p. 173, *Position Paper*).

For people who are blind or have low vision, the greatest gap in preplanning is in high quality, accessible planning materials and tools. People who choose to conduct preplanning independently require accessible and intelligible materials if the principles of choice and control are to be met. As noted above, and reinforced on many occasions with the NDIA, much information produced by the NDIA is inaccessible – either not electronically accessible, or the print versions are not produced in either braille or large print, or information is provided in image or tables that cannot be read by text to speech software or is difficult with to navigate with magnification. Informed choice and decision making requires information: the current situation forces many people who are blind or have low vision to rely on supports of others, despite preferences for independence.

Phone planning

Phone planning is often unsuitable for people who are blind or have low vision and can compromise the quality of plan inclusions, as noted by Blind Citizens Australia (p. 3, sub. 130). A phone planning conversation relies on participants to have adequate information available to them to refer to, rather than rely on memory or be forced into making decisions on the run. It can also be difficult to accurately communicate needs and the functional difficulty of certain tasks. There have been numerous instances where a Vision Australia client has requested that their service provider be present for the planning conversation, yet phone planning sessions were conducted haphazardly: they were called without an appointment being booked, or had a conversation with the planner without realising this was the planning meeting that determines the level and type of support they will be provided. This has been exacerbated by the planner having been informed of the request for a support person, yet holding the planning session without them present.

Equally, there are a range of Vision Australia clients who have shared highly positive experiences of face-to-face planning meetings, where they have been able to demonstrate the functional impact of their vision loss on day-to-day activities. An NDIS participant in NSW, explained that having the planner come to her home was beneficial. It allowed her to go through the process in an environment that was comfortable for her, with the materials and evidence she had prepared in advance of the meeting. Where planners may not have a detailed understanding of vision impairment, a planning meeting of this nature can be one of the best ways to adequately communicate the goals, needs, and functional impairment of vision loss.

Consultation

Vision Australia fully supports comments by the National Disability Services (NDS) that 'participants should always have the opportunity to comment on their plan before it is finalised.' This allows the participant to clear up any misunderstandings or miscommunication that may have arisen during their planning conversation, ensure their goals have been accurately captured, and identify if there are any gaps in the proposed supports in their plan, before it is finalised. It is, after all, their NDIS plan.

Participants are at times unaware of their right to have a support person present at planning conversations, and at times the planner has expressed dissatisfaction when the participant proposes their service provider be that support person. The lack of clarity and of openness for participants about support people in the planning process is challenging for participants that can already feel overwhelmed about the nature of joining the NDIS.

Planners frequently refuse to provide any written guidance to providers or to participants. We have instances of contested plans where we have requested written approval to provide services, and repeated calls and complaints have resulted in no response – despite promises to deliver a letter or email confirmation. When seeking clarity on policies or the application of NDIA documentation, Vision Australia is given verbal advice by planners that often conflicts with the written policies. Planners then refuse to provide written confirmation of that advice. This reflects a confusion and lack of clarity about the NDIA's own guidance. It causes extra time to be devoted by the participant, the planner and the service provider in resolving the matter. It has additional impacts on national providers such as Vision Australia, as we are forced to re-litigate issues already addressed in one NDIA region across another and frequently several times in the same region. Consistency and clarity would provide efficiency gains to the NDIA and all stakeholders.

The speed of the rollout is creating problems...

Apportioning blame for problems on the speed of the rollout can obscure other, perhaps more fundamental disconnects across the scheme. By way of example: organisations who provide Support Coordination may have participants referred to them by the NDIA and are sent a referral form. The quality and depth of information on this form varies across each site, largely because there does not seem to be a consistent form or standard for this process to take place.

At a recent sector workshop for a NDIS site yet to rollout, an NDIA representative was asked why there is no consistency in these referral forms, and if they would be adopting one of the better versions currently used in North East Melbourne Area. The response given was: 'that we need to allow room for continuous improvement', and that 'we are still developing our forms for this'. Change and improvements are both necessary and inevitable at this stage of the rollout, but this can still occur (and arguably would be more effective) through a set of nationally consistent forms.

The same is true for the Progress Reports that Support Coordinators are required to complete and share with the NDIA Planners two months prior to a plans expiry. They vary from site to site, with different levels of complexity or information requested. This is affecting the quality of service we are able to provide to a participant, and we have no doubt that it contributed to the wide variation in quality of scheduled plan reviews and inclusions.

Packages by disability

The Commission noted that visual impairments have significantly higher than long term modelling assumptions (p. 106, *Position Paper*). In part, this may be due to the traditional reliance on philanthropic supports to provide services to the blindness and low vision sector, making it challenging to conduct accurate modelling of service demand and costs: much of this was not effectively captured by disability service funding. However, as noted above, the low incidence rate of participants with a vision impairment indicates that the current costs may not be accurate in the long term.

It is difficult to speculate on this issue. However, Vision Australia's experience is that people who have a vision impairment with higher needs are (at present) more likely to be accessing the NDIS. If the barriers and uncertainties that are deterring people with lower support needs from accessing the NDIS were addressed, the average cost per package may reduce over time.

Vision Australia supports the full disaggregation of reporting for the cohort of people whose primary disability is vision related. This would assist in understanding the number of packages, the types of supports being accessed and their value, across jurisdictions to achieve transparency and inform better decision making into the future for participants, providers, the NDIA and other relevant stakeholders.

Utilisation of supports

We note that the utilisation rate for participant plans is frequently low, and many participants have not accessed the full value of supports across the year of their plan. There may be many reasons for this, ranging from participant's confidence in accessing and using supports in their plans, through to a perception that the plan is 'their money' and a desire not to spend it all 'just in case'. Many of the issues relating to participant understanding of the NDIS discussed throughout this submission would influence the utilisation of supports.

When considering the impact of this on NDIS costs, Vision Australia has an area of emerging concern for people who are blind or have low vision. Many people who are blind or have low vision have stable support needs. This is most applicable to people who have lived with vision impairment for some time and have built the skills required for independence on a day to day basis.

However, there are certain skills which may require ad-hoc or unanticipated supports. The common example is for orientation and mobility (O&M) training or Occupational Therapist (OT) support when accessing a new environment. People who are blind or have low vision and change their job may not have accessed O&M services for a number of years, as they are confident in their daily navigation of the built environment. Upon commencement of a new job, they may request O&M to learn a new route from a different train station to the building they work in, and OT services to set up the workplace.

These are not always predictable service needs and will not be restricted to employment as it may be that a participant moves home, or takes up a new hobby. Having a stable level of supports in their plan allows participants to access them for these non-predictable service events.

There is a risk that participants who do not use the supports in their plan will have lower levels of support in the following year: for people with relatively stable support needs, there NDIA should recognise the value in having a certain base level of supports to account for needs of this type. The requirement to rely on a review to

access additional supports if the need arises is burdensome and deters people from becoming participants.

Economic Participation

Vision Australia's experience is that the NDIS is yet to reach the full potential on supporting the economic participation of participants. For people who are blind or have low vision, early plan goals may have focused on other areas, seeking to overcome other barriers that factor into low employment levels: community participation, educational attainment, independence, confidence and skill development. The footnote on page 123 of the Position Paper is particularly apposite for those who would be accessing supports for employment through the NDIS. Equally, many participants may still be relying on the Disability Employment Services framework for employment.

RESPONSE TO SPECIFIC AREAS OF THE PAPER:

Reasonable and necessary: Information Request 4.1

The scope of supports for an NDIS plan is defined as 'reasonable and necessary', a definition that Vision Australia supports. Not specifically defining this term can be beneficial, giving participants choice and control about what they deem to be reasonable and necessary and which supports they choose to access.

Our concern is in the way this is applied: it seems that a lack of specialist knowledge is brought to decision making in this area. The Commission identifies the role of court and tribunal decisions in shaping the application of reasonable and necessary. This is a reactive, costly and inefficient mechanism, and does not recognise the burden placed on the individuals required to pursue this action: stress, expense, and a heavy emotional toll.

It also fails to recognise that many people with disability are reluctant to pursue court or tribunal action, and that those who do are more likely to be seeking changes on larger issues or supports. Those issues that are on the margins that may affect people in small ways yet are not life changing – there will be limited interest to pursue court or tribunal actions in these cases, particularly where the NDIA firmly defends their position.

The Commission identifies that 'The NDIA has operational guidelines, practice guides, work practices and task cards to help planner exercise their judgement about what is reasonable and necessary' (p. 153 *Position Paper*). Assessors and specialist providers get very limited information about how these decisions are made: at times a device with a report that is near identical will be approved in one region, and denied in another, despite similar participant plans, goals, and needs. The issues are twofold:

- Having these decision making tools does not seem to be leading to an increase in consistency;
- There is limited communication about how these tools might be applied in any given situation, leading to confusion for providers and participants.

The issue that causes our clients the most confusion, and creates headaches for Vision Australia as a provider is that of everyday items. The two Assistive Technology items this has the most relevance for are smartphones and tablets. For a sighted person, a smartphone or tablet is considered an everyday item. However, for

someone who is blind or has low vision, these items have in-built accessibility functions that contribute to a participant meeting their goals.

In the weekly Question and Answer posted on the NDIS website (QandA, <https://www.ndis.gov.au/news/qanda-16june.html>, 16th June 2017), the NDIA highlighted iPads. We frequently receive the same advice for smartphones and other tablets:

‘Generally, the NDIS won’t fund the purchase of an iPad. If there are certain apps that relate directly to your goals and support needs, and are beneficial to reaching those goals, the cost of those apps can be funded by your NDIS plan [...] An iPad can be a great educational and communicative tool for a lot of people. Some people use certain iPad applications to help them overcome barriers they face in society because of their disability. The device is not what helps people reach their NDIS goals but rather the applications specific to the disability.’

For someone who is blind or has low vision, the iPad or smartphone device frequently is what helps people reach their NDIS goals. There are built in accessibility features not present in other devices, including:

- Voiceover (speaks items on screen and enables different touch functions to navigate a screen and apps without relying on sight)
- Zoom
- Magnifier
- Contrast and colour inversions
- Switch control

Many apps that the NDIS fund rely on these in-built accessibility functions to be accessible for people who are blind or have low vision, and on other devices would either be impractical or impossible to use. While a smartphone or tablet may have everyday applications, it also allows navigation of the built environment: relying on the accessibility functions of voiceover and text to speech to input information to the maps applications and output directions.

They can also act as a portable device which captures the functions of a range of other specialist devices: relying on the camera to act as a barcode scanner (and the inbuilt accessibility functions to activate and receive information from the barcode scanner app), colour identifiers, etc. These are functions that otherwise may require multiple devices to be carried outside the home, yet can be captured within a portable smartphone or tablet. Importantly, this contributes to independence – as a navigation aid, a smartphone is a specialist tool that can assist participants to meet goals around accessing the community or independently travelling on public transport, among other goals.

There is inconsistency around how different NDIS regions are making decisions in this space. Occasionally we have seen participants get smartphones or tablets approved; more commonly they are not. Sometimes the planner tells the participant they are able to get an iPhone: we have had instances where participants are told by NDIA staff (either helpline or planners) that their plan allows them to buy laptops or smartphones, where their applications for such devices are later denied. A lack of understanding about how Assistive Technology is approved, or miscommunication where they are told that laptops will be funded, has led some participants to take out loans in order to buy a computer, assuming they can get the NDIS to reimburse them once their plan is approved.

We acknowledge that the flexibility inherent in the ‘reasonable and necessary’ framework can be hugely beneficial and improve choice and control for participants; this flexibility can be to the detriment of clear application. The NDIA acknowledge the confusion in the sector and the community around the meaning, scope, and application of ‘reasonable and necessary’ as a definition (sub. 161, p. 92). This confusion is largely of their own making, as the guidance given to providers and participants is hazy or conflicting.

Balancing different considerations

The Commission comments on the challenge of finding a balance between individualisation and good outcomes for scheme participants, and ensuring equity among participants and the financial sustainability of the scheme (p. 159 *Position Paper*). Vision Australia agrees with this sentiment. Broadly, the intention of the new approach by the NDIA for the first plan process is the right one. Giving participants flexibility in how they use supports; and giving planners clear guidance and tools for reference – both aspects should be considered. From the perspective of an outsider to the NDIA, this has not been achieved: the issue could be one of implementation rather than a flaw in the approach, or it could be that the approach does not strike the right balance. It is critical that this issue is addressed to ensure confidence in the NDIS, positive outcomes for participants, as well as provide the service sector with a clear understanding of how to organise their business and service offerings to deliver an effective market.

Delegating plan approval authority to LACs: Information Request 4.2

Vision Australia does not support allowing LACs to gain authority to approve plans. Some LACs do not have the specialist knowledge or skills to work across all disability types and they are not perceived to have the same authority as the NDIA. As Support Coordinators, they have the ability to hold power over clients where across the life of the plan they:

- Plan and identify supports for the plan
- Approve the plan
- Deliver support coordination of the plan and allocate supports to providers
- Conduct the progress reports for the participant they are supporting
- Conduct the plan review for the participant they are supporting based on their own progress report
- Approve the new plan based on their own input

Conflict of interest policies and siloing each function may assist in managing the risks inherent in this approach: the surest way to do so is for the NDIA to retain the final plan approval authority. If authority were to transfer to the LAC, there is potential for choice and control for participants to be limited. There should be transparency in the performance of the LACs, so the sector and community can understand where good and poor performance exists locally and/or across the board.

A wide range of submissions to the Commission highlighted the ‘considerable variability in the skills, knowledge and competency across planners (including LACs undertaking planning functions), leading to uneven outcomes for scheme participants’ (p. 175, *Position Paper*). While the NDIA planners still have gaps in these areas, they are at the least under the direct oversight of the NDIA, which is seeking to improve the deficit. Vision Australia does not have confidence that handing LACs plan approval authority would result in positive outcomes, nor that the ‘considerable variability’ can be addressed suitably in such a framework.

Improving Planner performance: Draft recommendation 4.2

Vision Australia fully supports this recommendation, subject to a strong conflict of interest safeguard and a formal, transparent process for including industry knowledge and expertise. Without a clear and publically documented process, there is the risk that uncertainty and inconsistency seen in other areas of the NDIS would emerge in any attempt to incorporate industry and sector knowledge.

Early Childhood Partners

Vision Australia welcomes the opportunity to contribute to the Senate Inquiry into the Early Childhood Early Intervention approach taken by the NDIA (although the influx of Inquiries and reviews of the NDIS would benefit from greater coordination). We have concerns about the function of the Early Childhood Partners (ECP) in the rollout of the NDIS. While there are genuine benefits to having a direct link for supports available for children entering the NDIS (particularly for those who may exit in a number of years), there are conflicts inherent in this role.

The ECP effectively functions as a LAC, yet also provides direct services to children. To avoid conflicts of interest, Vision Australia recommends that children who meet the standard eligibility criteria for the NDIS, where their disability is permanent, should enter the NDIS through a pathway that recognises their needs as ongoing.

Continuity of support: Draft Recommendation 5.2

Vision Australia supports Draft Recommendation 5.2. There are a range of issues people who are blind or have low vision face relating to the continuity of support and boundary issues with the NDIS. The largest areas of concern are around the interface with the aged care system and ensuring an adequate aged care system geared to identify and respond appropriately to disability, and transport supports.

Taxis and transport

Vision Australia has serious reservations about the current transport supports offered to NDIS participants: at present, many people who are blind or have low vision are receiving lower levels of transport support than they may be eligible for outside the scheme.

The NDIA has stated that they will consider external transport supports when determining transport support levels in a participant's plan. All too frequently we are seeing limited difference in the transport supports allocated to an individual: within the NDIS, participants seem to be offered the same levels of transport support in their Individually Funded Package regardless of whether or not they can still access a taxi subsidy scheme in their state or territory.

We are extremely worried that people who are blind or have low vision will be worse off under the NDIS if Victoria limits the Multipurpose Taxi Program (MPTP) to non-NDIS participants. Queensland has already restricted access to the Taxi Subsidy Scheme for NDIS participants; Tasmania recently reinstated their taxi subsidy (temporarily) due to community backlash. NSW have retained the subsidy, although there are rumours this may change.

NDIS transport costs do not account for all supports required. As they are capped per year, and often at a lower amount, they make it difficult to plan for unexpected travel needs, or emergencies. The MPTP is open ended, which allows people who are blind or have low vision to have greater flexibility in their transport – increasing community involvement, employment and volunteering, and social connections.

Additionally, there are different qualifying criteria for transport supports under the NDIS and the various taxi subsidies. Despite this, the subsidies offer a clear and consistent level of transport support, which allows people who are blind or have low vision to plan and live independently.

This potential for people who are blind or have low vision to be worse off is likely to be exacerbated if the Federal Government restricts the Mobility Allowance to NDIS participants, and tightens eligibility requirements, as they have indicated. Specific cohorts would include people aged less than 65 years old who currently access Mobility Allowance supports but who do not become NDIS participants, as well as people aged over 65 years old who are engaged in employment and volunteering. Vision Australia is disappointed to see a patchwork of supports emerging across Australia, with a seeming lack of communication and coordination that is resulting in inadequate and inconsistent transport supports both within and outside the NDIS.

We would encourage all parties to work together to ensure consistency and suitability of transport supports across all levels of government. Transport funding needs to be clarified at the Council of Australian Governments (COAG), and NDIS transport supports need to genuinely take into account regional differences in determining appropriate levels of support for participants.

Interface between NDIS and mainstream services: Education

There appear to be substantial misunderstandings about the interface between NDIS and the education sector. The majority of schools or education providers have some knowledge of the NDIS, but may lack a clear understanding of how the NDIS support for students is broadly limited to developing life skills, daily living, and transport to and from school – and that specific supports on educational attainment and learning assistance (for example) are the responsibility of the education system.

This occurs across the system, from early childhood through to TAFE and University level schooling. In some ways, the NDIS may be a victim of its own successful promotion – where educators see the promise of the NDIS equating to responsibility for all aspects of a person's life. The 'Principles to Determine the Responsibilities of the NDIS and other Service Systems' adopted by COAG have not been adequately embedded in the daily practice and understanding of many education providers.

As a result, participants are frequently bounced around from education provider to the disability provider: and the participant may not realise where the responsibility lies. Providers face the inevitable task of seeking to explain (or in challenging cases, advocate on behalf of participants) to the education provider that they are required to provide equipment for learning that is specific to vision – a magnifier, for example, or a CCTV. One client faces ongoing problems with gaining a replacement braille display with their TAFE, as the TAFE is adamant that the NDIS should be covering these expenses now.

Expectations and roles need to be clarified, communicated, and embedded within mainstream service systems. This is challenging when accounting for the changes the NDIS is undergoing, yet greater connections between the mainstream systems and NDIS must be established now. Vision Australia would encourage the NDIA to develop consultations with the sector including providers, not limited to funded advocacy services, to better understand the range of issues impacting across mainstream services, and use this information to engage with the broader sectors and Australian community accordingly.

Pricing and price caps: Draft Recommendation 6.1

Vision Australia fully supports the Draft Recommendation 6.1. The current arrangements for determining, reviewing and implementing price levels are not transparent and lack accountability. It also frequently creates difficulties for providers:

- this year for the price review the NDIA released a truncated summary of changes a few weeks prior to the end of the financial year (despite this being promised in May);
- the NDIA provided the NDIS Price Guide 2017-18 only a day prior to the new prices taking effect;
- the NDIA released the full price list (CSV file) four days after the changes took effect;
- the NDIA failed to release any comprehensive overview of the changes, leaving it to providers to scour the various price guides to check for changes, new line items, discover if previous line items had been removed, and check for changes to policies.

This system is deeply flawed, and puts providers in a difficult position, where we are required to update our backend systems to account for the price changes without any appropriate guidance or clear information about what changes have been made. This creates confusion for providers, but also for participants, who may get mixed messages from different providers who have interpreted the price guides in a different way. That the NDIA rarely provides any clarification in writing (mostly preferring to give advice over the phone) makes this even more challenging.

Thin markets: Information request 6.1

We have included our response for the ILC discussion in this section. Vision Australia supports Draft Finding 5.1 and Draft Recommendation 5.1. In particular, we would draw the Commission's attention to the role of the original Tier 2 in supporting national services across thin markets.

The current thin market of specialised services that is able to provide specific tailored supports and services that respond to disability specific issues is at risk without there being a change in the current approach.

Vision Australia presently provides a range of crucial services to the blind and low vision community. These services are available to all, and are presently either free or will be funded to some degree by the NDIS. They include:

- Library services: braille books and music, audio books, information and news and training services in accessible format reading devices.
- Accessible print services: braille production and transcription services, audio produced documents, etc.
- Assistive Technology help desks: providing advice and troubleshooting in relation to tailored assistive technology.

These services assist people who are blind or have low vision access materials that sighted members of the community take for granted – library books, newspapers, etc. and could otherwise not access. They also aid in providing and translating material that would otherwise be unreadable into braille or other accessible formats of the person's choice – for example, sheet music. They also provide phone and remote support to enable a person to troubleshoot tailored IT issues.

Each service of this type reduces the overall burden of individual funding requirements: they are not properly accounted for and represent an essential support

that is rarely captured in funding models. These services are not sustainable under a purely individually funded model, and should not be subject to the cyclical nature of the ILC funding rounds.

Low incidence disability cohorts such as vision impairment are particularly susceptible to the risks of a thin market: primarily those of geographic restrictions. Participants who are in rural or remote areas will struggle to access mainstream or alternative services (who even if present will have limited specialist vision impairment knowledge or capability) and will frequently be limited in the social and community supports they can access.

For specialist vision service providers, delivering supports into remote or rural areas is challenging. Frequently the demand for service may be spread across distances that make group bookings impractical, and require providers to shoulder the burden of travel to deliver a service. While alternative models of service delivery (online or remote access) may be practical in some instances, for many people who are blind or have low vision, face to face services are crucial – orientation and mobility training to navigate the built environment, etc. Low technology uptake among older people who are blind or have low vision makes alternative delivery methods impossible in many instances.

This is exacerbated by the reliance on what classifications for remote and very remote: there are no regions classified as such in Victoria, despite some populations being distant from provider offices. Providers may need to travel two hours or further to deliver a service. We employ a range of approaches to mitigate these issues, including making group bookings where possible, delivering a number of services to a client in one day, or delivering services at a midpoint if suitable.

Service providers have been kept at arm's length from much of the development of the NDIS, including the opportunity to benefit from the Sector Development Fund and the Practical Design Fund. Providers are doing much of the heavy lifting in the transition to a national scheme, and much change is being developed and implemented without adequate support to make the required changes.

In some regions Vision Australia is forming partnerships with generalist providers to operate on a contract basis for delivering specialist vision services. In others, we are exploring alternative service delivery methods. Relying on mainstream service providers may be practical and cost effective, but ensuring quality of service will be challenging. Funding through ILC to provide training and support for mainstream organisations to deliver services for people who are blind or have low vision in thin markets may be a useful trial.

Provider readiness: Information Request 6.2

The changes introduced through the NDIS are having tremendous impacts on providers. This is to be expected and while not perfect, there are good resources and supports available for providers to aid them with this transition: responsibility to adapt to these changes falls on all areas of the system. Other areas are causing needless headaches.

The lack of reliable data due to the differences in trial sites and phasing schedules means that providers struggle to accurately project the full scheme impact for providers. Creating accurate cost models is a constantly changing process, leading to uncertainty and difficulty in business planning.

Specialist sector knowledge is required for specific disabilities such as blindness and vision impairment. With the current uncertainty of funding, it is very difficult for established service providers in the blindness sector to maintain this specialist expertise and skills – such as Braille Instructors and Orientation and Mobility Instructors – during the transition period.

This is increasingly challenging given the low price caps on services such as braille training or production – a lack of recognition of the specialist knowledge and skills required to deliver such a service. Instances such as these effectively require providers to cross-subsidise services, which undermines efforts by the disability sector to develop a stable transition and funding model. The independent price review and body discussed at Draft Recommendation 6.1 may help to address this.

Participant readiness: Information request 8.1

The comments above in regard to pre-planning are applicable to this information request. We would also highlight the lack of accessible information, and that the Participant Portal is completely inaccessible for a participant who is blind or has low vision and relies on JAWS. Scheme complexity is adding layers of frustration to the lack of accessible information.

More generally, our experience is that sections of the blind and low vision community are taking time to adjust to the new funding and service environment. While this is not universally true, participants are unused to allocating and accounting for their own funding to access supports. Common responses from participants can range from ‘I don’t want to use all of my money’ (an attitude which is a major contributor to underutilisation of plans) to an expectation that services will be provided for free, and that they don’t need to use their plans to access services.

Frequently participants may expect the same level of case management they have received in the past, without that level of funding in their plan for support coordination. This leads to difficult conversations that threaten the provider/client relationship: the client’s perception is often that the provider is refusing to provide a support, rather than engaging with the changed service environment. The responsibility to address this is manifold, yet all too often is falling on the provider.

Provider readiness: Information request 8.2

There is some scope for disability support organisations or providers to play a greater role in supporting participants to access services – in many ways they already are, and are filling a gap in current supports. Participants who are already clients of a provider are in some cases expecting that provider to manage each step of the NDIS process on their behalf.

Providers have a strong motivation to offer such supports already: it can be a way to ensure participants get the supports they need, at the same time as building client loyalty through strong customer service. Assisting participants to understand and navigate the NDIS forms a large part of this. It is especially the case for the transition period. Specialist disability providers are important in this space, as they act to fill knowledge and understanding gaps in the system relating to blindness and low vision needs.

The rollout timetable: Information request 9.1

Vision Australia recognises the challenge facing the Commission in providing recommendations to operationalise the slowing down of the NDIS rollout. While it

may allow time and resources to address many of the issues addressed above, it also presents substantial risk to the credibility of the NDIS. The perception in some quarters will be that the Government has denied access to the NDIS for people in areas which are delayed in joining, or where the timeframe for entering new people into the NDIS has been extended.

Any slowdown requires careful management of these issues, and should not disadvantage:

- Participants with urgent or complex needs;
- Participants who are approaching 65 years of age in regions that would have otherwise joined the scheme already.

Clear communication needs to occur where changes to NDIS rollout are to be implemented, and service providers need to be engaged to reduce the potential for confusion and disruption for participants.

ABOUT VISION AUSTRALIA

Vision Australia is the largest national provider of services to people who are blind, deafblind, or have low vision in Australia. 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 provider
- 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, of whom 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.

Vision Australia also has a Memorandum of Understanding with, and provides funds to, Blind Citizens Australia (BCA), to strengthen the voice of the blind community. We also operate Memorandums of Understanding with Australian Hearing, and the Aboriginal & Torres Strait Islander Community Health Service.