

August 2010

Disability care and support inquiry  
Productivity Commission,  
GPO Box 1428  
Canberra City ACT 2601

Email: [disability-support@pc.gov.au](mailto:disability-support@pc.gov.au)

## **Inquiry into the feasibility of a National Disability Care and Support Scheme**

<b>Submission to:</b>	<b>The Productivity Commission</b>
<b>Response Submitted by:</b>	<b>Michael Simpson, General Manager – Policy &amp; Advocacy</b>

---

### **1. About Vision Australia**

Vision Australia is Australia's largest provider of services to people who are blind, have low vision, are deafblind or have a print disability. It has been formed over the past six years through the merger of several of Australia's oldest, most respected and experienced blindness and low vision agencies. These include Royal Blind Society (NSW), the Royal Victorian Institute for the Blind, Vision Australia Foundation, Royal Blind Foundation of Queensland, and Seeing Eye Dogs Australia.

Our vision is that people who are blind 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. The service delivery areas include:

- early childhood
- orientation and mobility
- employment
- accessible information

- recreation
- independent living
- Advocacy, and
- 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.

Our knowledge and experience gained through interaction with clients and their families, and also by the involvement of people who are blind or have low vision at all levels of the Organisation, means that Vision Australia is 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 consultative framework, with people who are blind or have low vision representing the voice and needs of clients of the Organisation to the Board and Management through Local Client Groups, Regional Client Committees and a peak internal Client Representative Council. The involvement of people who are blind or have low vision and who are users of Vision Australia's services representing the views of clients is enshrined in Vision Australia's Constitution.

Vision Australia is also a significant employer of people who are blind or have low vision. We employ 192 people with vision impairment, or more than 18% of our total staff.

Given that Vision Australia is a national disability services organisation, that we provide services at a local level through 72 service centres and outreach clinics, and given that we work with over 46,000 people who are blind, have low vision, who are deafblind, or have a print disability each year, we understand the impact of blindness on individuals and their families. Of the 46,000 individuals we currently work with each year, just under 2,000 are children under the age of 18 years.

As a major service provider, we also understand the difficulties faced by people with a disability and service providers in finding the resources required to meet people's needs arising from disability.

Vision Australia believes that it is important for us, as Australia's largest blindness organisation, to submit comment on the proposed introduction of a National Disability Care and Support Scheme for people with a disability.

## **2. Couching a Scheme under a UNCRPD Framework**

Australia ratified the UN Convention on the Rights of Persons with Disabilities, UNCRPD, (the Convention) in July 2008, and thereby accepted responsibility for ensuring that the principles and Articles of the Convention are upheld. Along with

other organisations, Vision Australia believes that a national disability care and support scheme has the potential to making a significant contribution to meeting Australia's obligations under the Convention. For this to occur, however, any such scheme would need to be founded on the principles articulated in the convention and clearly recognise the broad spectrum of human rights that the Convention asserts. It is beyond the scope of this submission to provide a full analysis of how the Convention should inform the structure and arrangements for a national disability care and support scheme. However, some brief comments are provided below on some pivotal implications of the Convention for such a scheme.

The Convention includes a broad definition of disability that emphasises the socially-constructed component of disability and which also is not limited to a particular age group. Vision Australia believes that the definition used in a disability care and support scheme should reflect this inclusive, non-medicalised, definition of disability.

The Convention emphasises the right of people with a disability to participate fully in all aspects of community life. Any barrier to such participation is thus a limitation of human rights. A disability care and support scheme must therefore address societal and institutional barriers, as well as those that exist on an individual level.

The right of full participation includes the right to be involved in decision-making. A national disability care and support scheme should recognise the need for recipients to be able to make decisions about the nature and extent of services that they receive, and thus it should be tailored to the self-assessed needs of the individual rather than matching people with services according to a predetermined schema. Every person with a disability has unique needs, aspirations and life goals, and a care and support scheme must reflect the Convention by maximising individual choice in service delivery.

The Convention includes five references to braille, and thus strengthens Vision Australia's view that braille is a primary key to literacy and participation by people who are blind or deafblind. A national disability care and support scheme must include measures that promote the use of braille as a format for the distribution of government information (including information about the scheme itself). It must also support the right of people who are blind to have access to technology such as refreshable braille displays that provide a way of interacting with computers, reading information received via the internet, and managing appointments and correspondence.

### **3. Defining blindness and low vision**

Generally, blindness is regarded as total loss of sight or a degree of sight loss such that it results in a person having no more than light perception, or are defined as "legally blind". Legal blindness means that someone is not able to see at 6 metres what a person with normal vision could see at 60 metres (6/60). It could also be that

they have a field of vision which is less than 10 degrees compared to a visual field of 100 to 135 degrees for someone with a normal visual field.

Blindness, particularly total blindness, is relatively well understood by the broader community but the definition of legally blind, particularly where individuals seem to have some sight but are referred to as “blind”, is not well understood within the broader community.

Low vision and vision impairment are often used interchangeably. While there are some definitions around these terms it is generally agreed that the World Health Organisation (WHO) definition of 6/18 vision is widely used. This would mean that a person defined as having low vision or vision impairment could only see at 6 metres what a person with normal vision could see at 18 metres.

Some argue that a lower level of loss, resulting in a visual acuity of 6/12 vision should be used to define low vision. In Australia, under the Australian Road Rules, a person must have 6/12 or better vision to be eligible for an unconditional drivers license.

The ABS, Australian Bureau of Statistics, has indicated that in 2007/08 there were at least 412,700 people aged 65 or less living with blindness or vision impairment in Australia. Of these, it was estimated that approximately 61,000 are blind.

A recent Access Economics report, “Clear Focus - The Economic Impact of Vision Loss in Australia”, which used the 6/12 benchmark indicates that in 2009 there are over 575,000 Australians aged over 40 who have vision loss with around 70% of these being over the age of 70. The report also estimates that approximately 66,500 people of the above group would be defined as “blind”.

While some individuals lose sight as a result of injury, genetic conditions, or illness, the main conditions that lead to significant vision loss, particularly for adults, are:

- macular degeneration
- glaucoma
- Cataract, and
- diabetic/retinal disease

For children the main conditions that lead to congenital or early onset of blindness are different to the conditions that lead to sight loss for adults. The Australian Childhood Vision Impairment Register shows that causes of childhood vision impairment include:

- Cortical Vision Impairment
- Nystagmus
- Myopia
- Optic Nerve Hypoplasia
- Lebers Congenital Amaurosis
- Retinopathy of Prematurity

- Glaucoma
- Retinal Dystrophy and,
- Optic Atrophy.

The prevalence of blindness and vision impairment does increase with age, even though it is not considered to be an inevitable outcome of ageing. It is argued that the increased incidence of blindness and vision loss amongst older Australians is mostly due to the cumulative effects of exposure to risk factors. These risk factors include prolonged exposure to sunlight or smoking, and the long-term impact of other health conditions including obesity and high levels, for prolonged periods, of cholesterol.

Individuals over the age of 70 years currently make up the largest proportion of all people who are blind or have low vision. This group currently makes up 70% of the community of individuals with a significant vision loss which affects daily functioning. All indicators lead us to believe that this group will continue to grow with the ageing of the Australian population.

Based on current incidence rates, by the time a person is aged 60-69 they have a 1 in 20 chance of a level of vision impairment which prevents them holding a driving licence. By the time the person is aged 90, the chance of having vision impairment increases to 2 in 5. Accordingly, 3 out of 5 people at age 90 will have a 'natural' level of vision appropriate to their age, and while they may need glasses, they would not experience a significant functional impact as a result of their minimal vision loss as it is, by and large, corrected by glasses.

#### **4. Dual sensory loss and deafblindness**

For a relatively small number of younger adults and children, and for a growing number of older individuals, dual sensory loss or deafblindness compounds the impact of disability. For this group it is not simply the disabling affect of deafness or hearing loss added to the disabling affects of blindness or vision loss, it compounds the impact significantly.

While there are no reliable statistics around dual sensory loss and deafblindness it is estimated that there are 2,500 individuals in Australia that are either deafblind or have profound combined sight and hearing loss. For these individuals communication skills are key to providing a foundation from which to provide other skill development that can lead to a level of independence.

While children and adults who are blind or have low vision can use hearing to compensate for the sight loss, and while individuals who are deaf or have significant hearing loss can use vision to compensate, for those who have dual sensory loss or are deafblind, this is not an option. This compounding affect means that

independence in the home and in the community is much more difficult to achieve than it might be for someone who is solely blind or deaf.

While organisations such as Vision Australia work to provide individuals who are deafblind or who have dual sensory loss with services aimed at developing skills for independence, this client group is much more likely to require supported accommodation or assistance with daily living tasks than clients with a single sensory loss.

We are of the view that a disability care and support scheme must take into account the compounding affect of dual sensory loss and deafblindness, and therefore ensure that this group is given high priority for service access and resources. Also, to acknowledge that the disability service system, to date, has been under-resourced to meet the needs of this group, and that governments at both the Federal and State/Territory levels should urgently undertake planning to address the crisis in this area.

## **5. The functional impact of sight loss**

The functional impact of sight loss, total or partial, can be dependent on a number of factors. This can include the age of onset of the blindness or sight loss, other health factors, the individual's personal family and work situation, where the individual lives, and whether the person is in a frame of mind to access counselling and other services.

Even if an individual has a very supportive family, their frame of mind is positive and they have few health issues other than the sight loss, the impact of vision loss can be significant. For those who have been used to driving and who can no longer drive there is a significant sense of a loss of independence in addition to the fact that they can no longer drive. The functional impact is that they need to find other ways to get around which often means a higher level of dependence on others.

This sense of, and real, loss of independence and resultant reliance on others extends to many aspects of daily life including reading and writing personal correspondence, dealing with household bills, cooking, cleaning, shopping and managing finances.

It is not uncommon for people who suffer vision loss during their working life to leave employment even if, after some time and rehabilitation, they eventually go back to work. Employment is a significant area of impact however as Vision Australia's 2007 employment study showed. This study looked at the employment status of over 2,000 people who are blind or had low vision of working age. It showed that of those adults of working age and who were actively looking for employment over 63% were unemployed.

For those who acquire significant vision loss during their working life it is likely that there will be extended periods of unemployment or underemployment. This can have ongoing impact both on the individual and their family as there is generally a loss of income and a consequential affect on superannuation and retirement wealth.

Blindness and vision loss affects every aspect of an individual's life. The world is very much geared to function in a visual manner so for those who have little or no vision the functional impact of sight loss is understandable. While people who lose vision can learn to carry out many everyday tasks in other ways, and can compensate for the lack of vision, blindness is a disability which has a significant impact on the individual and their family.

We are of the view that a disability care and support scheme must recognise the disabling affect of blindness and sight loss on an individual's functional ability. Furthermore, that this cannot be measured by the degree of the vision loss alone but must take into account many other factors including the age of onset, the individuals personal circumstances including family and work situation, where they live and other health factors.

We are strongly of the view that a disability care and support scheme must include clear measures and assistance to individuals with a disability to minimise the functional impact of disability. We are also of the view that eligibility for those assessed as being blind or having low vision must extend to individuals regardless of the age of onset of the disability including those over 65 years of age. Furthermore that a policy and funding framework should be adopted to ensure that disability services are resourced and structured to meet the needs of people who acquire a disability.

## **6. The additional costs of blindness**

As a consequence of blindness or sight loss many individuals face costs that might otherwise be avoided. Many of these relate to minimising, or alleviating, the affects of the disabling environment, issues relating to this are covered in section 11, but many arise simply because a blind person does not have the life choices that people with sight have.

A person who is blind cannot drive, cycle or even use public transport as readily as their sighted peers. Given this, it is not uncommon for people who are blind to live close to work, places for shopping, and public transport routes they know and can use. A person who is blind does not have the same choice as others to live in outlying areas or areas not serviced by public transport where a person needs to drive. This often means that the cost of housing, for purchase or rent, can be at a premium price.

In order to get around many people who are blind regularly use taxis and even though there is a federally funded Mobility Allowance and state/territory funded taxi subsidy schemes, the cost can be significant. This is particularly the case for people who don't qualify for access to schemes such as the Mobility Allowance. This is only available to people with a disability who are employed, volunteering, job seeking or in training.

People who are blind also face additional costs because of the inaccessibility of everyday household appliances. This is partly because they don't have the same choice available as a sighted person and partly because of the cost of modification. A sighted person can pick and choose between models and price ranges, but a person who is blind is limited to either a model they can use or one that can be adapted for use.

It is possible to purchase some limited appliances such as a microwave oven that is fully accessible, where in addition to the visual display and touch screen it has audio output so a person who is blind can hear the instructions as they are entered. The cost of these microwaves, however, is around \$800 compared to \$250 for the equivalent off the shelf mainstream microwave.

Universal design has been applied to the development of some everyday items, for example Apple's new I-Phone has features that make it accessible off the shelf. Apple should be applauded for their inclusive approach and other whitegoods, browngoods, and technology manufacturers should be encouraged to build on this initiative. It doesn't negate the fact however that for a blind person if they want an accessible phone they either have to purchase a high end phone such as the I-Phone or purchase additional software for around \$300 that can be loaded on to a standard phone to make it accessible. People who are blind don't have the same choice as everyone else to purchase a cheaper end mobile as they are not accessible and they will not run the accessible software.

There are also many daily tasks in and around the home, and with activities such as shopping and personal care, where people who are blind don't have the same options as their sighted peers to minimise costs by doing things themselves. A person who is blind does not have the same option to do household maintenance such as painting, lawn mowing, minor repairs etc as their sighted neighbours. This often means that a person who is blind has to employ someone to do the work unless they are able to access a community service but this is the exception rather than the rule.

There are many other aspects of daily life where people who are blind or have low vision face additional costs. They cannot "shop around" by browsing so they do not pick up on bargains or "on sale" items. Many people who are blind tend to shop for clothing in smaller boutique sores where they can get assistance rather than larger- and usually less expensive, department stores. People who are blind usually get a tailor or dressmaker to do clothing alterations and repairs because these things are not easily done by someone who is blind. It is not unusual for a person who is blind

to get a technician to do finger and toenail clipping in preference to trying to do a task, that with sight, would otherwise be simple.

While many of these elements might in themselves, seem trivial, the fact is that they arise because of the consequence of a disability and the individuals concerned have no option but to meet those additional costs.

Vision Australia believes that a disability care and support scheme must acknowledge that people with a disability incur non optional costs that arise out of having a disability that people without disability generally have choice to avoid. We believe that an effective disability care and support scheme must provide resources including financial assistance to people with a disability to assist in meeting these additional costs. A disability care and support scheme should include direct financial support, in the form of a social security benefit, to offset the additional costs faced by people with a disability. We are strongly of the view that this support must be over and above any income support as the current level of income support does not allow for a person to meet general living costs as well as meet the additional costs of disability.

## **7. Need for specialist services**

Given that blindness, deafblindness and severe vision loss is a low incidence disability it is essential that individuals, and families with children, diagnosed as blind have access to services tailored to meet their specific needs. It is because blindness is relatively low incidence, in comparison to other disability such as physical or intellectual disability, that specialisation around providing services such as mobility training, living skills, Braille, assistive technology, and specialised early intervention for children, has evolved through service providers experienced in, and specialising in, working with people who are blind.

In addition to the critical importance of early intervention services for children it is also vital that services are provided to adults who acquire a vision impairment as soon after the onset of impairment as possible. The earlier the intervention the earlier, and potentially the more likely, the person will acquire a level of independence both in the home and in the community.

Essentially, for people who are blind the need is to adjust to doing things that you would normally use vision for, by using vision substitution techniques. For people with significant vision loss, but who still have some useable vision, it is about maximising the usefulness of the remaining vision by using a combination of vision enhancement techniques and vision substitution techniques.

A good example of vision substitution is how people who are blind move about using a long cane. For people with sight, moving about is essentially about scanning the environment with vision and making decisions as a consequence of the information

picked up. For an individual who is blind it is necessary to scan the environment by using touch, hearing and smell. A person who is blind is using the long cane to feel the path ahead, they are using sound to give clues to when it is time to move across an intersection or locate doorways, and using smell they can often tell when they are moving past a chemist, florist, café etc.

Teaching and instructing people in these techniques is a specialist field. People who are blind turn to agencies such as Vision Australia to access these services. Vision Australia recognises the specialist nature of this service and is committed to the professional development of orientation and mobility practitioners. Vision Australia conducts an accredited, highly regarded, Graduate Certificate course to build capability for Australia in this field.

Vision enhancement techniques are also specialist in nature. For a person who still has some useful vision it is essential that practitioners skilled in magnification, colour contrast and lighting and the way in which these can be used to maximise remaining vision, work with these individuals. Vision Australia is Australia's single largest employer of Orthoptists, practitioners who are trained in the area of low vision, but who also acquire expertise and professional development through Vision Australia.

While Vision Australia employs many specialists from disciplines such as Occupational Therapy, Orthoptics, Social Work, Physiotherapy, Early Special Education, Speech Pathology, Psychology, and Rehabilitation Counselling, it is not uncommon for practitioners in these fields to come to the Organisation with little to no experience with blindness or low vision. Vision Australia places significant importance on the specialist nature of services required by people who are blind so we commit time and resources to building the skill and experience of professional staff to meeting the needs of clients. Vision Australia is of the view that an effective disability care and support scheme will continue to recognise the value that specialist disability service providers render to the community through the professional development of staff and the development of innovative services.

## **8. Scope of current services**

Vision Australia is the largest provider of services to the community of people who are blind, deafblind, have low vision or other print disability. The services are tailored to meet the needs of individuals diagnosed with significant vision loss, and to families with a child who is blind. Services are provided through 72 local service sites and outreach clinics, and through outreach home based services where required.

The scope of service provided is:

- early childhood
- orientation and mobility
- employment

- accessible information
- recreation
- independent living
- Advocacy, and
- working collaboratively with Government, business and the community to eliminate the barriers people who are blind face in making life choices and fully exercising rights as Australian citizens.

Vision Australia's set of 15 core services which are enablers to life change for individuals who are blind fall into 3 key themes. These are:

## **1 Enhancing access to information**

- 1.1 Braille – braille proficiency enables a lifetime of learning for people born blind or who lose their sight at an early age. For adults who are blind or have low vision we want to provide them the opportunity to learn braille later in life and have access to the many benefits it provides.
- 1.2 Alternate Format Production – making available to people who are blind or have low vision information to go about their daily lives in the format of their choice such as Braille, audio, large print or electronic.
- 1.3 i-access® – a revolutionary digital service enabling instant access to educational, recreational and topical information according to the individual needs of the client.
- 1.4 Radio for the Print Handicapped – a community radio information and entertainment service which connects clients with the outside world keeping them in touch with current affairs, local activities and developments within the blindness and low vision community.

## **2 Making the most of technology**

- 2.1 Assistive Technologies – by evaluating, advising on and supplying a large range of enabling technologies from simple magnifying glasses to sophisticated Closed Circuit TVs, Vision Australia is able to minimise the impact of sight loss for each client.
- 2.2 Training – enabling our clients to use computers and assistive technology provides them greater opportunities for employment, learning and reading.
- 2.3 Leveraging Expertise – the knowledge, experience and expertise of our staff and clients enables Vision Australia to develop new accessible technology and provide consulting services to others enabling greater accessibility.

## **3 Being Part of the Community**

- 3.1 Peer, Emotional and Social Support – sharing concerns with an empathetic and experienced supporter enables the difficult first steps to be taken for any client, their family or carers, whatever their individual circumstance.

- 3.2 Children's Services – a range of services which prepares each child for key milestones in life such as school, sport, recreation, tertiary education – whatever – nothing is a barrier and anything is possible.
- 3.3 Facilitating and Maintaining Employment – providing assistance to a client in meeting their individual employment goals and ensuring their workplace and colleagues are understanding and supportive of their needs.
- 3.4 Low Vision Clinics: a rehabilitative program of activities developed for each individual client to enable the most to be made of their remaining vision. The client develops a greater understanding of the impact of their particular vision loss and what possibilities are available. Independence in the Home and Community: practical skills and tips which remove the challenges of day to day living for vision impaired people making things just a little easier!
- 3.5 Seeing Eye Dogs, Orientation and Mobility: the ability to move through out the community independently opens the world of possibility for each client – greater confidence removes many a barrier to being part of the community – whether it be at work or school, partaking in social activities or using public transport.
- 3.6 Recreation: social interaction, sporting activity and personal pursuits don't stop because of vision loss – Vision Australia puts our clients and their families and carers in touch with a variety of social and recreational activities.
- 3.7 Creating Social Inclusion: our advocacy for clients at an individual level and for accessibility for those with blindness or low vision at a broader community level ensures every individual is accepted and participates in a sighted world.

While Vision Australia has the most significant service footprint, in geographic coverage, range of services, and number of individuals and families assisted, there are also other organisations providing services to the blind community. In the main however there is very little duplication of service and all organisations face waiting lists for service access in many service areas.

In addition to accessing the specialist services provided by blindness agencies, such as Vision Australia, many people who are blind, deafblind, or have additional disabilities access other disability and mainstream community support services. For people who are blind but also have disability such as intellectual or physical disability, or conditions such as mental illness, diabetes or multiple sclerosis, that can result in additional support needs it is not uncommon for individuals to access a range of supports.

## **9. Intensity of service**

There is no question that for an individual who is blinded, or who suffers severe vision loss, at any age, requires intensive support and intervention from specialist disability services. For a person who has vision and then finds that they need to adapt to doing everything differently it is essential from both an independence and self esteem perspective that intensive support is available. It is for this reason that

Vision Australia is strongly of the view that eligibility for a disability care and support scheme must extend to people over the age of 65 years. For a person who loses their vision at the age of 66 in an accident the impact is as significant as it is for someone at the age of 64.

The need for access to specialist intensive services is also true for children who are either born with little or no vision, or who suffer sight loss in early childhood.

Early intervention can mean the difference between developing the blindness skills required for successful transition into school age education and then on to work and family life as an adult, or a continual struggle through life because they may not acquire the skills or foundation to build on for independence and social inclusion.

For children, services that are targeted at helping the child develop along the same learning milestones as sighted children are vital and must be intensive. If a child who is blind is not stimulated through the use of other senses there is a risk that the child could be months if not years behind the developmental patterns of sighted children. This includes developmental patterns for gross and fine motor activity such as crawling, walking, hand and finger dexterity.

It also includes developmental patterns around reading and tactile identification. Braille needs to be introduced early, and as it is for sighted children with print, it needs to become part of everyday life and the everyday environment.

For a child or teenager who suffers sight loss in their school years the need to become skilled in Braille, assistive technology, mobility and other vision substitution techniques, rapidly is vital. It is not hard to imagine how quickly a child can fall behind their sighted friends and peers when they can no longer access information, move about independently or even use social media such as facebook and twitter.

Michael, a client of Vision Australia who lost his sight at the age of 18 said:

“I was blinded as the result of an eye injury when I was 18 years old. I had a drivers license, I was living in a flat with a couple of other friends and I had a job. All of a sudden I was blind and couldn't really do anything independently. I couldn't cook, read, move about outside my home without assistance or do anything like shopping. Vision Australia put me through an intensive program which included Braille, keyboard skills for typing, living skills for cooking, cleaning and shopping, and mobility so I could get around using a long cane.”

Michael's experience is not uncommon for those who lose sight in adulthood. The loss of vision is lifechanging and can often result in loss of independence, social networks, and employment. Access to specialist intensive services are vital for minimising the consequential affects of sight loss. This also extends to access to specialised equipment and technologies.

A significant issue facing people with blindness or vision impairment is the barrier preventing the transfer of equipment when they are undergoing periods of transition, such as moving from primary school to high school, and from school to tertiary study or work. It is common for students who are blind to leave specialised equipment behind when they leave school to move into tertiary study or leave tertiary study to move into employment because the funding bodies have strict guidelines. This not only causes gaps in access to specialised equipment but also leads to inefficiencies in program delivery as the equipment might not be usable by the next individual.

Vision Australia believes that a disability care and support scheme must allow for individuals who suffer sight loss in childhood or adulthood to access intensive specialist services tailored to meet the needs of individuals who are blind. In our view, eligibility for access to these services must be available to children and adults regardless of the age of onset of the vision loss. Also, that such a scheme must provide significant support to families where a child is born with vision impairment or is diagnosed with sight loss at a young age so they can access specialist early intervention services.

## **10. Episodic nature of service Access**

For most people who are blind, deafblind or have low vision, access to specialised skill development services can be episodic in nature. That is, that once an individual acquires the compensatory skills required as a consequence of blindness, deafblindness or low vision, the need to access specialised services is not usually an everyday need but becomes periodic.

There is no question that with the onset of blindness, there is a significant need to access an intensive service in order to acquire skills including Braille, orientation and mobility, daily living such as cooking, cleaning, and home and personal care, use of assistive technology, and information access. There is often also a need to access supports for dealing with the emotional consequence of sight loss.

In the main however, once a person has acquired these skills, access to these services is usually triggered by something that results in a change of an individuals personal circumstances. A change in where a person lives or works can mean that they need to have new home or workplace modifications carried out. They can require orientation to new travel routes, their home and community surroundings, or local businesses for shopping and banking.

Other triggers such as a change in an individual's eye condition will result in a need to learn new compensatory techniques, new assistive technologies, and new ways of doing things at home and at work. Lynne, a client of Vision Australia said:

"I have a condition called Retinitis Pigmentosa. I could still see enough in my twenties to read normal print but when my vision started to deteriorate in my

thirties I started to use screen magnification software on a computer to read, and now I have to use Braille and a synthetic speech application on the computer to access information.”

It is also the case that for individuals who are blind and who use Seeing Eye Dogs they need periodic access to a specialist service. This can be to re-enforce training or skill technique, or to correct any problems that might arise, such as distraction from other dogs. It is also the case that dog guides have a limited working life so an individual could have several dogs during their life. Teaming with a new Seeing Eye Dog requires time and specialist intervention.

Individual advocacy services such as those provided by Vision Australia and Blind Citizens Australia are also accessed episodically by individuals who are blind and their families. It is not uncommon for people who are blind to face discriminatory practices such as utility providers, banks and other financial institutions, Government Departments and Authorities, not providing information or personal correspondence in a format that a blind person can access, taxis, medical centres and restaurants refusing to allow access for dog guides. In these circumstances many individuals who are blind turn to specialist advocacy services to assist.

Some specialised services such as transcription of print materials into accessible formats, information and library services, equipment solutions, peer and emotional support, can be ongoing by nature. Vision Australia’s library for example produces 2,500,000 pages of print information into accessible formats every month. It also distributes thousands of audiobook titles every day and makes 30 periodical magazines and 120 newspapers available in a digital format for daily download.

In our view an affective disability care and support scheme must provide for individuals who are blind, and families of children who are blind, to access services both ongoing and episodic in nature. Further that individuals and services are resourced appropriately so that the “right” service for the individual is there to meet their need as required and that specialist services are resourced to meet the need.

## **11. The disabling environment- home and community**

For many people who are blind, have low vision or are deafblind, the impact of disability is magnified by the inaccessibility of the environment- both home and in the community. This is partly a consequence of the built environment becoming more complex but also because little attention is paid to the access needs of people who are blind or deafblind when household appliances, traffic and pedestrian management systems, shopping centres and public transport access is designed.

Getting about in the community is much more difficult now than in the past given that roads, and road crossings, are not as simple as they were. There are many more multi lane highways and motorways, more shared spaces such as shared pedestrian and cycleways and shared pedestrian and vehicle zones that people who are blind

find to be a significant challenge to independent mobility. While road crossings might have become more negotiable with the introduction of audio/tactile traffic signals, the positive benefit has been negatively affected over recent years as it is much more common now to find roundabouts. Roundabouts are very difficult for blind people to negotiate for many reasons including the fact that vehicles continually flow through without having to stop, as with a signalled intersection. In some cases we've seen intersections that have been relatively accessible because they had audio/tactile traffic signals become inaccessible when these signals are taken out and a roundabout put in.

There are also many disabling consequences from the way in which public transport access points such as rail, tram, ferry and bus access points are built and managed. This is a particularly problematic issue because in spite of the best efforts, and, in many cases, the willingness of planners and authorities to address disability access needs, people who are blind increasingly find ways to avoid using complex bus interchanges, railway stations and ferry terminals because they are so difficult to negotiate. With some tram, light rail and monorail access points a person is required to move into vehicle traffic lanes in order to get to the access point. The consequence of this is that people who are blind often face higher costs of moving about in the community because they have to use taxis instead of a cheaper public transport option.

Everyday activity, such as doing your grocery shopping, banking, looking for clothes or household appliances, also presents significant challenges for people who are blind. The demise of the smaller local shopping strip and the growth of large multi level shopping centres has resulted in a loss of independent access for many people who are blind. A client of Vision Australia, Peter, said:

"I can't do my shopping in Burwood without help any more. Most shops are in the 2 large shopping centres and I simply can't get around them on my own. Even if I could find the shop or business I wanted it's almost impossible to get around them without help. The Medicare office for example requires you to enter a queuing system by identifying the service you want and taking a ticket. You identify the service on a touch screen which you can't find or use, it gives you a numbered ticket that you can't read, then when your number is called out you go to a numbered desk that has a light and number flashing that you can't see anyway."

The inaccessibility of everyday household appliances has also led to a loss of independence for many people who are blind. Most appliances, including microwave ovens, washing machines, fridges, standard convection ovens, entertainment equipment such as televisions, stereos and DVD players, and even security and fire alarm systems and controllable hot water systems use touch pads and visual display menus for operation. These are inaccessible without modification which usually results in people who are blind having fewer options when replacing household appliances or facing high cost for modification.

It has been recognised that applying universal design principles would go a long way to alleviating the disabling consequence of the way in which household appliances and the broader built environments are designed but the current situation is that many people who are blind face additional costs because the environment, both at home and in the community, is largely not accessible for people who are blind. The recently released draft National Disability Strategy (NDS), acknowledges that a lack of universal design exacerbates disability:

“People with disability may experience restricted access to social and cultural events and to civic, political and economic opportunities such as doing your shopping, banking, because of inaccessible attributes of the built and natural environment, and of services and programs. The way information is provided can also restrict the participation of people with disability in the community.”

A key first step in removing these barriers is to incorporate universal design into the design and build of community resources, from parks to houses, to shopping centres and sporting arenas. The draft NDS goes on to say:

“Some people with disability and their carers need specialist supports to be able to maintain everyday wellbeing at home, and to be involved in community life. It is important to have these specialist supports in place, and to work to improve their quality and accessibility. However, a key imperative is for the broader community and mainstream services and facilities that are part of ordinary Australian life to be available and fully accessible for people with disability. That is, people with disability need to be able to access and use local doctors, dentists, shopping centres, sports clubs, transport, schools, websites, voting booths and so on.”

Vision Australia is strongly of the view that in considering a disability care and support scheme the Productivity Commission must acknowledge the disabling consequence of both the built environment and the lack of universal design in everyday household appliances. We believe therefore that for a care and support scheme to be effective for people who are blind it must provide for the modifications necessary to make appliances and home environments usable, it must compensate people for the costs incurred which result from an inaccessible built environment, and it must require governments at all levels to adopt policy to ensure that universal design principles become common place.

## **12. Elements that we believe must be included in a National disability care and support scheme**

Vision Australia congratulates Government for giving serious consideration to how best people with a disability could be afforded access to resources and services to meet their disability needs. We acknowledge that this is a complex issue and that

there needs to be a balanced approach so that people with a disability can gain full social inclusion and as much independence as they wish, at the same time as ensuring that governments and disability service providers can meet the needs of people with a disability in a sustainable way.

We believe that an effective disability care and support scheme must include:

- eligibility that is not based solely on medical diagnosis but also takes into account the functional impact of the disability
- recognition and priority support for children and adults who are deafblind or have dual sensory loss
- Priority early intervention support for children who are blind, deafblind or have low vision,
- access to the scheme's programs of services and funding regardless of the age of onset of the disability
- Access, for people who meet the medical and functional eligibility criteria, to services and funding for home and workplace modifications
- Financial support, in the manner of a social security benefit over and above income support, to offset the additional costs of disability
- A policy and funding framework that not only ensures the sustainability of the disability services sector, but also fosters innovation and service access
- An acknowledgment of, and support for specialist services tailored to meet the needs of children and adults who are blind, deafblind or have low vision
- A commitment from governments to implement policies and programs to ensure that the principle of universal design is adopted across the built environment, including public transport, and all government programs and services
- A commitment from governments to implement policies and programs to ensure that the principle of universal design is adopted by non government providers of goods and services, including manufacturers of everyday household appliances

Michael Simpson  
General Manager – Policy & Advocacy  
Vision Australia