

ASSOCIATION FOR THE BLIND OF WA INC.

**SUBMISSION INTO THE
PRODUCTIVITY COMMISSION INQUIRY ON
DISABILITY CARE AND SUPPORT**

27 APRIL 2011

Productivity Commission
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1. About the Association

The Association for the Blind of Western Australia (Association) is committed to maximising the quality of life for those people who are blind or vision-impaired in this State.

Established for nearly 100 years, the Association delivers services across the community of those Western Australians who are blind or have vision impairment. These services are delivered across all age groups and include:

- The training and provision of guide dogs
- The delivery of education and development activities to children (e.g. our reverse-integration kindergarten and Lotterywest Children's Centre)
- The assessment and provision of daily living products and assistive technology
- The delivery of a range of "Confident Living Programs" that provide seniors and younger people with opportunities to build confidence, wellness and connection
- As a Registered Training Organisation, the Association delivers courses and workshops that support our clients to succeed in further education and the workforce
- A Braille and talking book library that gives over 2000 regular users access to literature for enjoyment and education
- Orientation and mobility services that enable our clients to safely access their communities
- Regional services that ensure that all Western Australians have access to their required level of support
- Vision Management services that assist clients to maximise their vision and develop strategies for coping with vision loss
- Our Guide Dog Discovery Centre that provides a state of the art facility for the building community awareness of blindness and vision impairment

The Association has a diverse staffing group with 130 staff from a range of backgrounds. Staff work across four sites in Western Australia and include teachers, therapists, trainers, library staff, mobility instructors and technicians.

The Association is the only provider of specialist assessment, support and intervention for people with vision loss in Western Australia. Each year the Association receives over 2500 referrals for service. Approximately half of these are from people who have not had any previous contact with the Association. Over 80% of these referrals are from people aged over 65 who have experienced functional difficulties as a result of vision loss.

2. Aspirations

The Association congratulates the Australian Government on its initiative and its resolve to implement a national scheme. We welcome a financially and operationally sustainable, fair and efficient system that results in improved outcomes and tangible benefits for people with a disability. It is imperative that the introduction of this scheme does not disadvantage, or make worse off, any person with a disability either currently or in the future.

Consistent with the UN Convention on the Rights of Persons with Disabilities, such a scheme would be best served by relying less on a medical approach and instead, have regard for the social implications of disability. It should focus on the *functional* impact of a disability, regardless of a person's age and should also be cognisant of

the limitations or barriers imposed upon people with a disability by general society. A disability service organisation can provide equipment, training, activities, emotional and peer support and other essential services yet these are not in themselves sufficient if a person encounters attitudinal and institutional barriers within his/her communities.

The intent to place a person with a disability at the centre of the scheme and make it possible for each individual to determine which services (s)he will utilise is commendable. This flexibility and self-determination fundamentally recognises the uniqueness of every person with a disability and enshrines dignity of choice.

3. Functional Impact of Vision Impairment

There are many conditions that can result in vision loss and there are accepted definitions of blindness and low-vision / vision impairment. However, for many people with a vision loss, the medical definition is of less importance than the functional impact on their daily lives. In many cases, vision impairment has a significant and adverse impact.

Each person's personal circumstance is different and it cannot be assumed that all people with the same condition have the same support needs. This is why it is so important that each person receives a *specialised, appropriate, individual assessment*.

4. Financial Impact of Vision Impairment

Experiencing vision impairment has numerous financial implications. The high incidence of unemployment amongst people with a vision impairment significantly affects their socio-economic status – with lifelong consequences.

Aids and equipment specifically designed and manufactured for people with a vision loss typically sell at much higher prices than conventional equivalents. Yet owning and using such equipment can make the difference between being independent and relying on other people. As a consequence, the uptake of appropriate equipment can help to reduce support-related costs in the longer-term.

Being unable to independently perform certain daily living activities, results in personal expenses. For example, people with a vision impairment find it difficult to undertake routine home maintenance tasks, thus requiring the need to pay for such services. The inability to drive might force people with a vision impairment to use taxis or live close to public transport routes in areas where property attracts higher purchase or rental prices. Even being unable to carry out seemingly inconsequential actions such as browsing catalogues, reading advertisements and scanning items in shops for the best or sale prices limits a person's ability to make fully informed purchase decisions and compromises their ability to make savings.

Any new scheme must recognise and compensate people with a vision impairment for such additional, non-optional costs.

5 Access to Information

The Tier 2 model requires the capture and dissemination of *comprehensive* and *current* information and particularly in a range of formats *accessible to people with a vision impairment*.

6 Referral Pathways

Typically, people with a vision impairment are referred to specialised vision impairment agencies via an eye health professional. If the proposed scheme now requires that person to be referred from an eye health professional to an intermediary agent (the NDIA), whose case managers make an assessment and then refer the person onto a vision impairment agency, there are practical ramifications. This process requires case managers to be highly knowledgeable about the functional needs of people with a vision impairment and the breadth of services available. Furthermore, this involvement of case manager extends the referral pathway by adding another level of bureaucracy.

In certain cases it is imperative that people with a vision loss are assessed as quickly as possible, particularly if their eye condition has changed.

Any delay or frustration in the provision of vital services is regrettable and might be overcome if specialised vision impairment agencies were recognised and authorised to undertake the initial assessment and deliver services (within a rigorously constructed framework).

7 Specialised Assessment

The provision of appropriate services to people with a vision loss requires considerable specialisation. The Association recruits a range of professional staff and invests in their development to ensure their acquisition of relevant experience and knowledge. Our expert position sharpens concerns about the use of any standardised or generic assessment tools that are not designed to adequately determine the functional impact of vision loss. Such assessments also need to be holistic, recognising functional need within the context of a person's life circumstance. Without this knowledge and experience, it would be very difficult to make appropriate determinations about a person's support, equipment or training needs.

Given that eye conditions can change, re-assessments should be as easy as possible to arrange and not require a person to re-engage each time with bureaucratic processes that have been previously administered.

Notwithstanding concerns around "sympathy creep", specialised vision impairment service agencies would be best placed to undertake assessments under the proposed scheme and be accredited and funded to do so.

8 Type of Support

The Association's motto is "Confidence, Wellness, Connection". Our services seek to enable our clients' independence; to become functioning, competent, confident members of their communities. We make an investment in their potential.

To a large extent, the Association's service delivery model is based around episodic intervention. Early intervention is of paramount importance at the onset of vision loss – *irrespective the person's age*. It is at this stage that a person will benefit most from intense intervention. For adults this can include: emotional support; advice about benefits and entitlements; appropriate magnification aids; confidence-building by undertaking activities with peers; home visits to assist with lighting and other practical modifications to help with activities of daily living; orientation and mobility training; and enabling access to information in print-alternative formats. In children, early provision of intensive and significant therapy services will result in better functional outcomes for subsequent years. It is important to note that early intervention is not just about addressing current gaps; in the case of young children particularly, it is about being pre-emptive and helping to reduce the adverse impacts of a vision impairment before they become apparent.

Typically then, someone with a vision impairment will require relatively short-term assistance for example, the provision of a particular aid or item of equipment or training in the acquisition of a new skill. These short-term interventions are directed towards successfully enabling a person to live independently and continue his/her participation in community life. The episodic nature of such services mean that people with vision loss only seek the intervention required when their vision or circumstances change or when they have a need for something different. This might be: the uptake of a new piece of equipment or a software upgrade requiring further training; or moving house requiring orientation and mobility training in a different environment.

It could be argued that such service provision is not analogous with the ongoing, high personal care intervention envisaged for many people within the Tier 3 cohort. Yet without appropriate equipment and training, people with a vision impairment can experience profound difficulties in their daily lives. How might they: read correspondence or printed materials; move safely around their homes; cook their meals; know the time; find the right medication container in their cabinet; leave their home to visit a local shop or attend a medical appointment; know when a local bus is running; get to the bus stop; buy their groceries; identify cash; use an automatic teller machine; look for job advertisements; prepare a job application, etc. etc.?

How does this episodic-style service model fit within the proposed scheme? One solution might be for the National Disability Insurance Scheme to make particular arrangements with approved specialist agencies that can work more directly with individuals and deliver services within agreed constraints and in accordance with prescribed conditions that are reported and invoiced to NDIA.

There would be greater surety about how the proposed system will cater for the needs of people who are blind or vision impaired if the Commission's report not only referred more specifically to this group, but also acknowledged the supports, services and resources necessary to meet the specialised and diverse needs of its members.

9 Eligibility

The Association provides services to people of all ages and is focused on responding to their functional needs - as determined by their vision loss. This service model makes no differentiation between groups of people aged over and under the pension age. For example, an item of adaptive equipment will be just as relevant and useful to someone at 60 years as it will to someone aged 70 years. Tactile markers on a microwave will assist a 40 year person in the kitchen in much the same way that they will assist a 74 year old person.

The proposal for the Tier 3 level of the scheme to extend only to those people with a disability who are *under* the pension age is impractical, potentially limiting and treats people differently solely on account of their age. The Association contends that vision loss is not a natural and inevitable consequence of ageing. Certainly, ageing is a significant risk factor but it is one amongst others such as genetics, sun exposure, smoking and particular health conditions e.g. diabetes.

People who experience the onset of vision impairment at pension age would have their vision impairment-related needs best served by specialist vision impairment agencies. Provision for this group should be made in a fair and equitable way. These people should be able to receive the same services and benefits as those provided to people whose vision loss is acquired before they reach 65 years - without undergoing an income and assets test or being required to make the co-contribution proposed under the Caring for Older Australians Report.

10 Service Levels and Availability

A proposed scheme should deliver outcomes better than those already provided within any jurisdiction. For some years, the Western Australian Government has administered an innovative and progressive disability service model. People within WA should not suffer any degradation of service provision caused by the replacement of a local system with a national one.

A nationally administered scheme must recognise any additional challenges experienced by people with a disability because they live in remote and rural locations. Effort is required to ensure that sufficient local supports are in place so as to minimise expensive, time-consuming and disruptive travel to larger centres for assessment or service delivery purposes.

11 Quality, Efficiency and Effectiveness

In order that people with a disability receive the best possible care and level of service provision, it would be reasonable to assume that this scheme will require service providers to meet some form of recognised quality assurance program.

Staff who deliver services to people with a vision impairment require a high level of expertise and there is need to ensure appropriate workforce training and planning for this sector – particularly for the uniquely specialised professionals such as Orientation and Mobility Instructors and Guide Dog Instructors.

Will service providers require accreditation? How will service providers be monitored to ensure that staff are appropriately qualified or experienced and that the services delivered meet required standards?

It will be necessary for service providers to be accountable and demonstrate their compliance with regulatory requirements and other quality measures in an open and transparent way. Such processes however, need to be effective but also simple, streamlined and efficient rather than many currently imposed, counter-productive systems that are cumbersome, unreasonably time-consuming and financially burdensome.

12 Checks and Balances

Any new scheme must provide access to *independent* advocates. Such advocates would support individuals with a vision impairment, as needed, to navigate processes and pursue their rights.

Individuals also need to readily and easily access a grievance or appeal process in cases where they experience difficulties, barriers or exclusions. This process needs to be separately administered, transparent, efficient and supportive.

13 Broader Obligations

The proposed scheme is ambitious in its scope and coverage. Its broad applicability gives rise to a concern that it might discourage mainstream sectors and organisations from meeting their own legal obligations to provide for the needs of people with a disability –within the context of their own operations and service provision. Rigorous monitoring will be necessary to ensure the scheme's funds are expended appropriately and that the broader community does not resile from its obligations under the Disability Discrimination Act.

14 Data

There are concerns that the report's calculation of the number of people with a disability does not reflect those clients serviced by agencies in the not-for-profit sector. Generally speaking, such agencies are typically funded by a mix of limited government support augmented by purposive grants, donations, bequests and fundraising activities of the agencies concerned. Without reference to this sector and a capture of its costs, proposed funding models may not represent the full financial impact. This could result in an underestimation of the total amount required to meet both current and unmet need.

The Association has been participating in an important Western Australian study, the *Epidemiology of Blinding Eye Disease*. Study results have implications for the way in which the Association might follow up its clients and encourage further vision testing. From a broad perspective however, there has not been significant investment in research and data collection activities around rehabilitation services for people with a vision impairment – particularly within the not-for-profit sector.

There is a need to ensure comprehensive, timely data collection to inform and help shape future service provision and effect beneficial systemic change.

15 Complementary Systems

With respect to the two Productivity Commission reports (*Disability Care and Support* and *Caring for Older Australians*), there is a critical need to ensure that people with a vision impairment do not “fall down the cracks” that might arise due to any interface misalignments between the two proposed systems.

As detailed above, of considerable concern is the arbitrary age based criterion that determines whether a person who experiences vision loss is included within the NDIS system or the aged care system – and how this might impact on the services received and any financial implications for the individual. Whatever the structural outcome, individuals within either system should experience no difference regarding the manner and timeliness of their access to appropriate services, the nature and quality of services received and any costs to the individual.

16 Role of the Association for the Blind of WA

The Association is well positioned and looks forward to being a key player within the proposed system; to support the Australian Government by contributing its expertise and skills in the following ways.

16.1 Assessment

- Our organisation is capable not only of providing relevant and appropriate assessments to people with a vision impairment, but even more broadly to include people with a variety of complex needs including those with acquired brain injury.
- Last year the Association was recognised by Department of Education, Employment and Workplace Relations and gained the status of an authorised Job Access Workplace Assessor. Our services now include many worksite visits that result in the recommendation of appropriate modifications to make possible the participation of people with a vision impairment in open employment.

16.2 Training

The Association’s EyeLink Professional Training Service offers workshops and customised training to a range of professionals so that they are able to better meet the needs of people who are blind or vision impaired. Such training would be highly beneficial to anyone performing an Assessment role within the proposed NDIS scheme.

16.3 Consultancy

Our Access Consultancy Service assists organisations by ensuring that their premises, services and information are accessible to people with a vision impairment.

16.4 Accessible Information

Next month, the Association will launch its new, innovative, world-first library and information service. This service will provide library and other information resources to people who have a print disability for reasons that include, but extend, beyond those with a vision impairment (for example people with dyslexia). Books and other resources will be available via an online catalogue in downloadable form. Items may also be requested for production in audio and Braille formats.

16.5 Partnerships

We have a credible reputation and recognised for reliable, effective and efficient service delivery outcomes. We have a strong history of working in partnerships with a variety of Government organisations and agencies, including, but not limited to, the following –

- Department of Education, Employment and Workplace Relations (Aust.)
- Department of Health and Ageing (Aust.)
- Department of Families, Housing, Community Services and Indigenous Affairs (Aust.)
- Australian Electoral Commission (Aust.)
- Department of Veterans' Affairs (Aust.)
- Department of Training and Workforce Development (WA)
- Department of Education (WA)
- Department of Health (WA)
- Department of Culture and the Arts (WA)
- Disability Services Commission (WA)
- Department of Transport (WA)
- Curtin University of Technology (WA)
- Lotteries Commission (WA)
- Main Roads (WA)
- State Library of Western Australia

17 Conclusion

The Association is supportive of the *intent* of the NDIS. However, its concerns about the impact on and outcomes for people with a vision impairment render it unable to provide unqualified support overall. Our organisation looks forward to a final report from the Productivity Commission that adequately addresses these concerns.

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