1 February 2013

The National Disability Insurance Scheme Joint Taskforce

c/- The Department of Families and Housing, Community Services and Indigenous Affairs

via email: NDISTaskforce@fahcsia.gov.au

Dear Sir/Madam

Vision Australia welcomes the opportunity to provide our views on the Council of Australian Government’s Regulation Impact Statement (COAG RIS) on the National Disability Insurance Scheme (NDIS) released in December 2012.

Vision Australia supports Option 3 as outlined in the COAG RIS (with an expanded definition of ‘high risk services’) as we believe this option most effectively encourages a market that will support the principles of individual choice and control for people who are blind or have low vision, while still including protections for high risk services and more vulnerable participants that will be important to maintain while the market matures.

However the definition of ‘high risk’ services as provided in the COAG RIS (page 46) needs to be expanded to include Early Intervention programs (particularly for children), as well as Orientation and Mobility (e.g. to safely cross the road independently) services. Vision Australia strongly believes these services should meet a higher set of additional regulations and be provided by organisations that should be registered with the agency as, without these protections, individuals will be exposed to significant personal risks, and the scheme itself will be exposed to financial risks.

The change from block funding to Individual Support Packages (ISPs) presents a market impact to Vision Australia including current $15 million per annum in block funding received through disability portfolios being phased out with the introduction of the NDIS.

In the following pages, to assist the COAG RIS process, we provide an ‘outline of current situation’ (**Attachment 1**) as well as further details and information to support our preferred option.

Vision Australia is happy for our response, or part thereof, to be reflected in COAG’s consideration and be made public **subject to** sufficient consultation with us on the context prior to any release.

Please note that Vision Australia has also provided its support to both the Vision 2020 Australia and the Australian Blindness Forum responses to the COAG RIS (**Attachments 2 and 3**).

Thank you for the opportunity to provide our views. We congratulate COAG on your work this far and look forward with interest to the next stage of this important work.

Yours sincerely

Ron Hooton

Chief Executive Officer

**COAG RIS Consultation Questions**

1. **Costs, benefits and impacts (where possible in dollars) of options versus present situation.**

*Vision Australia Response*

Vision Australia broadly agrees with the costs, benefits and impacts of each of the options that have been outlined in the COAG RIS.

We believe Option 3 most effectively encourages a market that will support the principles of individual choice and control for people who are blind or have low vision, while still including protections for high risk services and more vulnerable participants that will be important to maintain while the market matures.

For Vision Australia this option provides opportunity to simplify current reporting and regulatory requirements through national consistency and focusing the use of more detailed regulation on higher risk situations where they are needed. There are specific impacts of Option 3 for people who are blind or have low vision and these are discussed in our responses to the subsequent COAG RIS questions.

We do not support Option 1 because we believe it does not achieve the objectives of the National Disability Insurance Scheme. In maintaining the status quo there will still be unmet demand for supports, particularly in regional, rural and remote areas.

We do not support Option 2 because we believe there should not be unreasonable barriers to choice and control for individuals to select services that best meet their needs in the most cost effective manner. We agree that there are circumstances where non-specialist service providers can provide effective services and ongoing support that is not reliant on specialist expertise and knowledge. Examples of these types of services often requested by people who are blind or have low vision are personal driving or personal reading supports.

We do not support Option 4 because it would pose a threat to quality of services for people with a disability and undermine quality service provision, particularly until a new disability support market matures. We believe the current generic protections would be insufficient to mitigate risk in every situation, particularly for specialist disability services that would fall outside these controls (e.g. orientation and mobility services which is equivalent to an allied health service but is not currently recognised under allied health).

1. **Ongoing benefits after change is implemented versus current situation.**

*Vision Australia response*

For people who are blind or have low vision, and Vision Australia as a service provider, the ongoing benefits of Option 3 include:

* It will provide greater choice for participants who are blind or have low vision while protecting participants in situations where the person is at higher risk. For people who are blind or have low vision, two key considerations of services or situations that represent high risk include orientation & mobility training and early intervention programs (particularly for children).
* As a service provider, Option 3 will promote the need for service innovation and greater efficiency to effectively participate in the new market. This in turn has the potential to lead to greater sustainability for the organisation and increased opportunity for people who are blind or have low vision.
* Vision Australia currently manages different regulatory requirements between health, disability and aged care portfolios; and between the various state jurisdictions we operate in. The standardisation of existing regulatory and quality standards across state jurisdictions will contribute to reducing the administration of our programs.

1. **Ongoing costs after change is implemented versus current situation.**

Costs of moving to Option 3 include:

* Total annual government funding at present to Vision Australia is $30.3 million. Of around $18 million received from disability portfolios, $15 million is block funding and is likely to move to Individual Support Packages (ISPs). We are uncertain how many of our existing clients would be deemed to be eligible participants in a NDIS, and are unable to assess what level of funding each participant would receive. We anticipate a significant number of our existing clients would not be eligible for inclusion in NDIS. We seek more information and certainty from decision makers on this important matter.
* To effectively participate in the new market, Vision Australia will need to invest in new capability around market intelligence and service innovation. This is seen as necessary to support the transformation of our operations to respond to client choice and the new market.

1. **The impact (in dollars and other ways) in the transition to a scheme as outlined in each the options (that is, in getting from the disability services currently in place to that outlined in each the options)? *For providers*, one-off costs (for example, to purchase equipment or ICT systems, to recruit new staff, to re-train existing staff), or benefits and/or costs that are different to those once the arrangements are fully operational (for example, staff may not be as productive in the short term).**

*Participants*

* Knowledge of the NDIS and its implications for people who are blind or have low vision varies across the areas Vision Australia provides services in. Consultation sessions that we have run with the blind and low vision community indicate most people have some level of awareness but also concern over their eligibility, the assessment process, and whether they will still be able to receive services. Continuing to invest in consultation and information is important to support participants through the transition and also empower them to maximise their ability to benefit from increased choice and control.

*Provider*

* Vision Australia currently manages different regulatory requirements between health, disability and aged care portfolios; and between the various state jurisdictions we operate in. In the short-term, the introduction of the NDIS is unlikely to reduce this and there is a risk it may add another layer of reporting and processes that will only be relevant for those clients operating under an NDIS.
* Vision Australia anticipates there will be requirement for a new service design that is more closely aligned to individual needs of people who are blind or have low vision, and the principles of a person-centred approach. The overall cost of this redesign of our programs is currently unknown; however we are three quarters of the way through a similar redesign of our Children’s Services program. This represents a $1.2 million project to design, development and implementation the new program including engagement with stakeholders, testing and review to ensure the new model is working effectively. The redesign of our Adult Services program to transition to a scheme as outlined in each of the options would represent a project of at least this magnitude.
* Our current ICT systems reflect existing government acquittal requirements where reporting is based on hours of service rather than service outcomes. Further there is currently no link between our client database and financial systems. Implementing a new client reporting system and integration between client data and financial systems will be required as part of the transition (e.g. linking payments to services and provision of invoicing and other information to participants so they can meet their acquittal requirements). Given the limitations in the functionality of our current systems and our current understanding of how the market will operate we are expecting to have to replace both our new client database and financial system. Our initial scoping of this activity estimates a cost in the order of $1 million for the procurement, installation, customisation and training required to implement these systems.

1. **Any other impact that governments and government agencies should be aware of in the design of a new disability service. In responding, please provide an outline of the sorts of things that would need to change for you in getting from the disability services arrangements now to that envisaged by the options, as well as the impact on you or your organisation of changes that would flow on to you.**

Vision Australia response –

**High risk services** must include the following services:

* **Orientation and Mobility services** – orientation and mobility services are provided to individuals who are blind or have low vision to maximise their independence and safety, for example, crossing roads. A variety of techniques and skills are taught by tertiary qualified specialists. Regulation is required as this expertise is not currently recognised under health accreditation or other professional requirements.
* **Early intervention services** (including for babies, children and young people who are blind or have low vision as well as people who have/are acquiring blindness) – early intervention services to be delivered under the NDIS require a robust evidence base. A team, usually consisting of paediatric specialists across orthoptics, therapy, early childhood development, and counselling backgrounds, assess the degree to which blindness or low vision is affecting each child's development and develop a tailor response that supports both the child and their families during the various early life stages. It would not make sense to have these high risk services able to be provided by people who do not possess the appropriate level of skill and expertise to maximise benefits and minimise potential harmful/ineffective services being provided.
* We seek more information from COAG on the spectrum of risk associated with service provision as Vision Australia believes it is essential that people operating in the disability services market have the appropriate skills for the service they are providing. The COAG RIS described low risk activities as including lawn mowing, and high risk activities including tube feeding. There is a significant spectrum of risk between these activities. Vision Australia seeks to better understand how the COAG views for example, services that are delivered by tertiary qualified personnel that adhere to professional standards – such as Occupational Therapists who are Allied Health professionals.

**Pricing benchmarks** –

The consultation paper indicates that where pricing benchmarks are required, these will be based on existing pricing in the market. Vision Australia strongly recommends that if pricing benchmarks are to be used these need to take into account the different aspects of sensory disability workforce compared to what is required for broader disability support services. It is also important to understand that existing pricing in the market is constrained by current government funding and programs. A limited amount of Vision Australia’s funding is derived from government sources and this is inadequate to cover the cost of delivering specialist disability services to Australians who are blind or have low vision.

**Costs of production of accessible materials** –

Access to information is integral to people’s ability to effectively exercise choice and control. This access is severely limited for people who are blind or have low vision through difficulties they experience accessing different forms of print and electronic media. To address this material is often provided in alternative formats such as large print, braille, audio and accessible versions of electronic documents. It is not clear how the cost of production of accessible format materials, including Braille, electronic and audio materials, for participants, for the agency as well as for the broader community will be covered under the NDIS. The production of accessible materials does involve specialist knowledge and expertise and equipment - we are unclear who will be responsible in a NDIS environment for ensuring this vital service is able to be provided.

1. **Do you agree with the assessment of the impacts outlined for each the option, particularly in view of the cost of the NDIS?**

Vision Australia response –

Vision Australia broadly accepts the impacts as stated in the consultation paper with regard to the various costs and benefits of the National Disability Insurance Scheme operating under different markets.

**Attachment 1**

**Vision Australia - outline of current situation**

*Organisational Profile*

* Vision Australia is a not-for-profit organisation operating in the non-government sector, as an income tax exempt charity. We meet the disability service standards in the various jurisdictions we operate in.
* Vision Australia provides services to people who are blind, deaf-blind, have low vision and a print disability. The services we provide have a higher proportion of early intervention and life stage transition programs rather than daily supports.
* Examples of the specific types of services that we deliver include: low vision clinics, occupational therapy, early childhood intervention, orientation and mobility including seeing eye dog services, assistive technology assessment and training, case management and co-ordination, recreation programs, library and information services including Vision Australia Radio, equipment provision, advocacy and peer support programs.

*Disability Users*

* In 2011-12 we provided services to 33,577 people of all ages who are blind or have low vision.

*Funding*

* We spend $90 million each year operating out of 27 locations across the eastern seaboard of Australia providing services to people who are blind or have low vision. 36% is sourced through government funding, and 51% through investments and fundraising.
* In 2011-12, of our current total government funding of $30.3 million (all governments – Commonwealth, State and Territory), the majority of this funding is received through block funded programs.
* $15 million of the total government funding amount is currently received through block funding programs which are likely to be channelled into the NDIS in the future.
* Aged portfolio funding for Vision Australia represents less than 5% ($4.3 million) of our total income but people over 65 account for approximately 65% of those people seeking our services.

*Workforce Profile*

* At 30th June 2012 we had a formal paid workforce of 678 FTE comprising of allied health professionals/therapists; planners, case managers and coordinators; management and administrative staff, and other roles engaged with activities such as See Eye Dogs, Accessible Library Services, VA Radio and VA Enterprises (support employment service).
* Vision Australia’s workforce is characterised by a higher proportion of full time staff (55% FT, 35% PT, 10% casual) with an average staff turnover (average staff length of service is 7.7 years) – in contrast to the broader disability workforce which has more casual and part time staff and high turnover.