



Blind Citizens Australia

NDS and NDIS Outcomes Frameworks: Introductory Paper Response

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1. Introduction

1.1 About Blind Citizens Australia (BCA)

Blind Citizens Australia (BCA) is the national representative organisation of people who are blind or vision impaired. Our mission is to inform, connect, and empower Australians who are blind or vision impaired and the broader community.

1.2 About people who are blind or vision impaired

There are currently more than 453,000 people who are blind or vision impaired in Australia¹ with estimates that this will rise to 564,000 by 2030.² According to Vision Initiative, around 80% of vision loss in Australia is caused by conditions that become more common as people age.³

Australians who are blind or vision impaired can live rich and active lives and make meaningful contributions to their communities: working, volunteering, raising families and engaging in sports and other recreational activities. The extent to which people are able to actively and independently participate in community life does, however, rely on facilities, services and systems that are available to the public being designed in a way that makes them inclusive of the needs of all citizens – including those who are blind or vision impaired.

2. Improving outcomes for people with disability under the National Disability Strategy and the National Disability Insurance Scheme

Blind Citizens Australia (BCA) would like to make a submission responding to the Introductory Paper titled Improving outcomes for people with disability under the National Disability Strategy (NDS) and the National Disability Insurance Scheme (NDIS). BCA would like to respond to the draft outcomes framework, based on consultations with our members, previous and current submissions, and advocacy work in the sector.

3. Submission context

This submission is based on existing legislation and frameworks, noting gaps in the fulfilment of requirements laid out in existing documentation. The pertinent acts and legislation are:

1. The Disability Discrimination Act 1992 (Cth) (Austl.)
2. National Disability Insurance Scheme 2013 (Cth) (Austl.)
3. United Nations Convention on the Rights of Persons with Disabilities (CRPD) 2006
4. The National Disability Strategy 2010-2020 (this strategy coordinates the implementation of the UNCRPD)
5. The National Disability Agreement 2008.

4. The NDA and Outcome Domains under the NDS

4.1 A new National Disability Agreement (NDA)

The National Disability Agreement (NDA) was formed in 2008, by State and Territory Governments, creating a framework for federal financial relations. The framework includes six National Agreements in areas of national interest, including disability. The NDA aims to facilitate implementation of reforms in national disability policy and, disability service delivery.

The NDA has a threefold purpose. First, “it promotes cooperation by stating the objective of disability policy, including outcomes and outputs to be achieved.” Second, “it enhances accountability through a performance reporting framework.” Finally, “it clarifies roles and responsibilities of governments in order to improve outcomes for people with disabilities.” ⁴

The NDA states that “the Parties [State and Territory Governments] are committed to supporting the vision of the National Disability Strategy, as agreed by the Council of Australian Governments, for “an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens”, and to the aims of the Strategy, which include driving “improved performance of mainstream services in delivering outcomes for people with disability”. Further, it stipulates that “In this Agreement, “disability services” encompasses services or initiatives specifically designed from time to time to meet the needs of people with disabilities (specialist disability services).”⁵

Therefore, this strategy both pertains to the outcomes of implementing a NDA that also encompasses performance measures for the operation of the NDIS.

The Productivity Commission released a report in 2019, which reviewed the NDA, concluding that:

“The current National Disability Agreement (NDA) no longer serves its purpose, has a weak influence on policy, and its performance targets show no progress in improving the wellbeing of people with disability. A new agreement is needed to promote cooperation, enhance accountability and clarify roles and responsibilities of governments.

The disability policy landscape has changed markedly since the NDA was signed in 2008. The National Disability Insurance Scheme (NDIS) commenced in 2013, focusing on supports for approximately 475 000 people with significant and permanent disability. [The] National Disability Strategy (NDS), which covers all people with disability (approximately 4.3 million), was endorsed by all Australian Governments in 2011.”⁶

Unfortunately, despite being earmarked for update in 2020 the NDA has not yet to be amended and strengthened.

Recommendation

1. BCA concurs with the position of the Productivity Commission that the NDA needs to be updated to meet the contemporaneous landscape which includes the operation of the NDIS. This will include the implementation of the renewed NDS, which will incorporate targets specifically relating to the NDIS.

4.2 Accessible communities outcome

The inclusive and accessible communities outcome aims for people with disability to live in accessible and well-designed communities with opportunity for full inclusion in social, economic, sporting and cultural life.

Inclusive and accessible communities may include ease of access to public buildings, moving freely about the local community using public or private transport and having access to communication and information networks.

The five policy directions under the accessible communities outcome are:

1. Increased participation of people with disability, their families and carers, in the social, cultural, religious, recreational and sporting life of the community.
2. Improved accessibility of the built and natural environments through planning and regulatory systems, maximising participation, and inclusion of every member of the community.
3. Improved provision and accessible and well-designed housing with choice for people with disability about where they live.
4. A public, private and community transport system that is accessible for the whole community.
5. Communication and information systems that are accessible, reliable and responsive to the needs of people with disabilities, their families and carers.

In terms of the first policy direction, the NDIS assists people who are blind, or vision impaired, to participate in community through funding under the category, Assistance with Social and Community Participation.

In addition, the fifth policy direction about transport directly corresponds to this first directive about community access.

Outcome monitoring under the NDS needs to ensure accessible transport options to work in conjunction with this funding. At present, there is a challenge to this continuity with attempts to remove state-supported Taxi Subsidy Schemes, with a view that people with disabilities will have access to transport funding to access their communities under the NDIS.

This is not the case. There are two major difficulties here:

1. Not everyone with disabilities is eligible for the NDIS;

2. Not everyone who is a participant in the NDIS is deemed eligible for transport funding.

Compounding this issue are the frequent, discriminatory refusals of service by both taxi and rideshare companies for people who are blind, or vision impaired, and are accompanied by a dog guide.

Additional concerns raised by members include way-finding accessibility features of physical environments, which corresponds with policy direction three under this outcome. These include directional tactile ground surface indicators (TGSIs), braille and large print signage on doorways and entrances, audible announcements, and braille and large print on lifts. Building and access practices to include these measures include adherence to the Disability (Access to Premises) Standards, 2010, to ensure these features are included in environmental design. Assistive technology (AT) like apps on mobile devices in addition to mobility aids like dog guides and white canes are used by people who are blind, or vision impaired to navigate their environment.

In recent years, another major concern has also been the shift to touchscreen technology, which excludes people who are blind or vision impaired from accessing lifts, and therefore, all parts of buildings and excludes them from participation in social and work activities located in these spaces.

Additional barriers to access physical environments and therefore, inclusive and accessible communities include the rise of silent vehicles, e-scooters and e-bikes crowding pedestrian areas.

Recommendations

BCA strongly recommends the following measures to be included in the NDS.

1. The NDS includes outcomes for ongoing support to state-funded Taxi Subsidy Schemes alongside NDIS transport funding allowances. This outcome would be measured through total number of NDIS participants who are blind or vision impaired that received transport funding, in addition to the amount of people who are blind or vision impaired accessing the Taxi Subsidy Schemes.
2. The NDS has measures for the removal of accessibility barriers, and implementation of measures for inclusion, in planning and building physical environments. This will also further enable effective use of NDIS funding to access communities. This would be overseen primarily at state, and local, government levels. State in terms of state-wide transport infrastructure, and locally for local transport, signage, tactile marking, and building developments. Further, the NDS needs to include outcome monitoring of practices, focusing on adherence to measures stated under the Disability (Access to Premises) Standards, 2010

4.3 Economic security outcome

The **economic security outcome** aims for people with disability to have economic security and suitable living arrangements, enabling them to plan for the future and exercise choice and control over their lives.

Economic security may include more people with disability have a job, have enough income for daily living expenses, are not living in poverty, and have somewhere suitable to live.

There are three policy directions under the economic security outcome:

1. Increase access to employment opportunities as a key to improving economic security and personal wellbeing for people with disability, their families, and carers.
2. Income support and tax systems to provide an adequate standard of living for people with disability, their families, and carers, while fostering personal financial independence and employment.
3. Improve access to housing options that are affordable and provide security of tenure.

In considering how many Australians with disability are participating in employment, the figures are startling. Data from 2019 indicates that 48% of working-age (aged 15–64) people with disability are employed, compared with 79% without disability.⁷ In other words, 52% of Australians with disability of working-age are unemployed.

In terms of data for people who are blind or vision impaired, the World Blind Union (WBU) conducted an employment survey which had nearly 3,000 respondents. Approximately 30% of respondents resided in Oceania, including Australia. Statistics indicated similar trends to Australian data from 2019. The employment percentages for respondents to the WBU survey were 62.39% currently employed, 14.32% not currently employed but employed within two years, and 31.67% unemployed long-term (not currently employed nor employed within two years). The respondents indicated that with their current level of vision or blindness they had the following amount of work experience; 42.79% had more than ten years, 22.39% six to ten years, 19.64% less than two years, and 15.27% two to five years. ⁸

Why are the unemployment figures this high? The barriers consistently faced by people with disability in receiving prerequisite education, finding, and maintaining employment have previously been documented. The Willing to Work report produced in 2016 identified that the major barriers are

negative assumptions and attitudes held by employers and the wider community. This includes misconceptions about the productivity and capability of people with disability, and that they present a higher risk for workplace health and safety.⁹

In terms of policy directions one and two under the economic security outcome, the NDS must address issues for people with disabilities in finding and maintaining employment. This will additionally allow policy direction three to be effectively implemented. The NDIS, particularly, must have measures for increased, ongoing support for participants to be equipped with the skills and capacity for employment, through their funding and the choices it enables. Supporting awareness and disability confidence training is welcomed, however alone, it cannot change the unemployment rates for people with disability; concrete employment skills funded by the NDIS, and increased opportunities for employment within the NDIS, are measures which can assist.

The National Disability Agreement (NDA), outlines several performance indicators, including the number of people with a disability participating in the labour force. While these figures are published regularly, the current data indicates that the targets are not being met.

The latest Productivity Commission review (2019) indicates that between 2009-2015 there was a 0.9% decrease in workforce participation by people with a disability. The NDA outlined an expected 5% increase by 2018.¹⁰

Consulting members about their employment experiences, the issue of failure to gain employment with for an NDIS Local Area Coordinator (LAC) role was one example of many of failure to make it past the interview stage.

“Last year in 2019, an organisation advertised for 200 NDIS Local Area coordinator (LAC) positions. The job advertisement stated that ‘If you are a woman, person with disability, or from an Aboriginal or Torres Strait Islander background, or, from a culturally and linguistically diverse (CALD) background, you are strongly encouraged to apply for these positions.’ I am a woman with a disability from a CALD background, with many years of work experience, working with refugees, migrants, and people with disability, in various positions. I believe five or six other people who were blind had also applied for the positions, but none of us were employed.”

People who are blind or vision impaired who are employed, often have issues in keeping their job, due to lack of flexible and accessible work and/or IT systems. This is despite Australia having adopted the Accessible Information and Communications Technology (ICT) Procurement Standards in 2016. This standard is meant to ensure that all Australian ICT systems will meet accessibility

standards. It also provides a benchmark for private enterprise to ensure that the systems they are procuring comply with a standard of accessibility, that ensures that people with a disability can utilise them. ¹¹

It is noted that the JobAccess scheme is a current tenet of this outcome within the NDS, however this does not necessarily mean a workplace will adopt measures for technology procured under the scheme to be compatible with their current workplace IT systems.

In the case that people who are blind or vision impaired keep their jobs, another major issue is being appropriately employed, and career progression. BCA has consistently received feedback that people who are blind or vision impaired have been offered job opportunities that are below their skill level and their capacity, after engaging with DES providers.

At present, quotas for employment generally exist for entry level positions, however these do not extend to middle and upper management roles. The promotion of people with disabilities into leadership positions is important in developing a culture of accessibility and diversity in a workplace. Research conducted in 2019 by People with Disability, Western Australia (PwDWA), involving over 90 organisations across WA, revealed low levels of representation of people with disability on boards and at management levels. Leadership representation, recognition and development is important in workplaces, for people with disabilities.¹²

Recommendations

BCA strongly recommends the following measures to be included in the NDS.

1. Extensive workplace training, including expert advice from people with disabilities and disability advocacy organisations, should be provided to all employers, especially to organisations with an NDIS focus. This can combat negative attitudes toward people with a disability within the workplace. This includes understanding indirect and overt discrimination and understanding the workplace's responsibilities under the Disability Discrimination Act (DDA) (1992).
2. Workplace disability awareness training for employees who are involved in recruitment processes for all roles, including NDIS roles is critical. People with disability and disability advocacy organisations can deliver training to assist recruiters understand the intricacies involved in employing people with disabilities. Further, people with disabilities who are employed should speak to recruiters in such training, to explain their experience of being employed, with a focus on best practices in the workplace.

3. Workplaces must ensure that ICT being used by their organisations are compatible with screen-readers and voice navigation software. Ideally, accessibility of all ICT products should be a mandatory requirement when tendering or purchasing. Additionally, online components of workplace environments should meet Website Content Accessibility Guidelines (WCAG) 2.0. Job Access and the NDIS should both be involved in the procurement of vital AT for employees. If any upgrades are required for compatibility, it is the responsibility of the workplace to ensure it happens, and that it is treated as an urgent task, to enable an individual to appropriately undertake their work.
4. Employment quotas for public service roles, including NDIS-related roles, generally target entry level positions. It is critical that people with disabilities are offered opportunities at all levels of employment, including management. At present, there is a distinct lack of representation of people with disabilities in higher leadership positions and on boards of organisations. This outcome would be measured in the NDS through a percentage target, which would aim to increase the percentage of people with disabilities employed at levels higher than entry level employment.

4.4 Health and wellbeing outcome

The **health and wellbeing outcome** aims for people with disability to attain highest possible health and wellbeing outcomes throughout their lives.

Health and wellbeing may include, interacting with health professionals who understand needs of people with disability, affordable health services and satisfactory mental health support.

The current NDS has four policy directions under the outcome of Health and Wellbeing.

1. All health service providers (including hospitals, general practices, specialist services, allied health, dental health, population health programs and ambulance services) have the capabilities to meet the needs of people with disability.
2. Timely, comprehensive, and effective prevention and early intervention health services for people with disability.
3. Universal health reforms and initiatives to address the needs of people with disability, their families and carers.

4. Factors fundamental to wellbeing and health status such as choice and control, social participation, and relationships, to be supported in government policy, and program design.

These outcomes are reflected in the Australian Charter of Health Care Rights (2nd edition 2019), produced by the Australian commission on Safety and Quality in Health Care. The Charter describes the rights that consumers, or someone they care for, can expect when receiving health care.

These rights apply to all people in all places where health care is provided in Australia. This includes public and private hospitals, day procedure services, general practice, and other community health services.

In terms of healthcare provision to people who are blind or vision impaired, the current NDS specifies that the NDIS is a major cornerstone of this particular outcome. It needs to be ensured though that this outcome is not simply underpinned by the NDIS but also extended to people with disabilities receiving support under Aged Care. Regardless of an individual's eligibility to receive supports under the NDIS or through Aged Care funding, every person with a disability must have equitable access to health care outcomes under the NDS.

In terms of the interface between NDIS and the NDS, there needs to be outcomes for participants of the NDIS to increase their health and wellbeing through participation in the NDIS.

Specialist support service funding can support physical and mental health wellbeing. People who are blind or vision impaired particularly benefit from specialist Orientation and Mobility (O&M) training to travel safely in physical environments, and AT equipment and training to be able to access health information, amongst other services. Additionally, social participation measures supported by the NDIS can improve wellbeing through facilitating social connection and reduce social isolation for people who are blind or vision impaired.

A major, current barrier to the health and wellbeing outcome under the NDIS are inaccessible communications by both NDIS providers, and health services. BCA members who are blind or vision impaired have reported difficulty in accessing information in preferred formats, like braille, large print, electronic or audio format. Further, NDIS providers, and health services similarly, often have inaccessible admission processes leading to the disclosure of sensitive health information in settings whereby others can either hear or see the information that someone who is blind or vision impaired is providing, without their knowledge that others can overhear.

The NDIS can provide a major support for patients of health care professionals, e.g., ophthalmologists or optometrists. Under the NDS, the NDIS should play a major role in information

provision about pathways for referrals to NDIS providers, to health professionals to discuss with their patients that have been diagnosed with progressive vision loss. This process has been captured in Vision2020's Adult Referral Pathway. ¹³

An additional major barrier is prohibitive cost. Data indicates that "1 in 5 people with disability delayed or did not see a GP because of the cost." ¹⁴

Recommendations

1. The NDS needs to have measurable outcomes, indicated by the amount of people with disability receiving NDIS services which directly attribute to improved wellbeing. Further, measurable outcomes of community participation as a direct consequence of NDIS funding are needed within the NDS.
2. The economic security outcome in the NDIS is a critical outcome for combating the correlation between low socio-economic status and access to healthcare.
3. The NDIS, and health care providers under the NDIS need to ensure alternative format production of information in the preferred format of people who are blind or vision impaired. Further, information needs to be provided in a manner which maintains confidentiality and privacy of sensitive health information.
4. The NDIS, directed under the NDS, needs to play a role in helping people to access healthcare through providing assistance for transport and community access, especially in navigating physically inaccessible health care settings, to enable participants to attend GPs and other health professionals.
5. People with disability in regional and rural areas are particularly disadvantaged when considering health care access. Mechanisms under the NDS and NDIS are needed to ensure people in these communities are supported, and further, that outcome monitoring assesses the level of access people with disability in these regions have to health care.
6. The NDIS under the NDS can play a vital role in ensuring that eye health care professionals receive information for their patients who are diagnosed with degenerative vision loss, to refer them to appropriate NDIS providers for support services.
7. The NDS needs to ensure that there are measures under the health and wellbeing outcome which cover outcome monitoring for people with disability who are not eligible for the NDIS.

4.5 Rights, protection, justice and legislation outcome

The **rights protection, justice and legislation outcome** aims for people with disability to feel safe and have their rights promoted, upheld and protected.

Rights protection, justice and legislation may include feeling safe, the ability to participate in democratic processes and being free from disability related discrimination.

There are five policy directions under the rights, protection, justice and legislation outcome:

1. Increased awareness and acceptance of the rights of people with disability.
2. Remove societal barriers preventing people with disability from participating as equal citizens.
3. People with disability have access to justice.
4. People with disability to be safe from violence, exploitation and neglect.
5. More effective responses from the criminal justice system to people with disability who have complex needs or heightened vulnerabilities.

Two bodies explicitly oversee policy direction four, namely, the current Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC), and the NDIS Quality and Safeguards Commission. Both have reporting mechanisms where information gathered can directly assist outcome monitoring under the NDS.

The DRC has handled over 1700 submissions including many about direct experiences with the NDIS and NDIS providers. The DRC Interim Report discussed the national reporting mechanisms under the Quality and Safeguards Commission. This Commission “regulate[s] quality and safeguarding in the delivery of all NDIS-funded supports and services to NDIS participants.”¹⁵

The Interim Report states: “Oversight and complaints mechanisms help prevent violence against, and abuse, neglect and exploitation of, people with disability, and help ensure appropriate responses when they occur. Each state and territory has primary responsibility for oversight and complaints mechanisms for systems and services in its jurisdiction. Nationally, the NDIS Quality and Safeguards Commission is responsible for the regulation and oversight of services and supports provided for people with disability under the NDIS.

We have been told about difficulties in reporting and complaining in a range of contexts, and that incidents are sometimes minimised, ignored or go unreported.

We have also heard that some people with disability have been punished for making complaints about the care or services they receive. Some people with disability described fearing retribution or not being able to access confidential complaints procedures.

We have been told that reporting and investigation processes are often insufficiently independent and are inaccessible or re-traumatising for the complainant.”¹⁶

It is important for all people with disability to have access to appropriate, and accessible reporting mechanisms regarding abuse, neglect, violence or exploitation in NDIS-related settings. In this vein, policy direction one oversees awareness and acceptance of the rights of people with disability. This includes a funding model which funds national disability representative organisation including BCA. A major service provision of BCA is advocacy support, especially in navigating complaint processes like those provided by the Quality and Safeguards Commission.

Policy direction two deals with societal barriers preventing people with disabilities participating as equal citizens. For people who are blind or vision impaired, a major barrier to participation in civic life is a lack of accessible voting. BCA believes that a system should be implemented which allows people with disability to exercise their democratic right of citizenship in voting in elections in a 100% secret, independent and verifiable system which is based on the iVote system used in both NSW and WA elections.

iVote provides voters with an option of telephone (with an automated key prompt system) and internet voting and is available outside of the polling booth.

Recommendations

1. The revised NDS could suggest a review of complaints mechanisms which incorporates the feedback from NDIS participants about difficulties encountered in reporting violence, abuse, neglect or exploitation. Further, it is recommended that outcome monitoring includes a measure of post-complaint follow-up communication with participants to gauge satisfaction with a revised complaints process.
2. Funding under the Department of Social Services (DSS) needs to be ongoing to support national disability representative organisations, particularly in the provision of advocacy services and supports to people with disability who have experiences violence, abuse, neglect or exploitation in NDIS-related settings.
3. The NDS targets participation in civic or political life through overseeing the adoption of accessible voting practices at federal, state and local levels. BCA recommends that iVote should be used in

conjunction with accessibility methods such as the provision of voting information and ballot papers in the voter's preferred format.

4.6 Learning and skills outcome

The **learning and skills outcome** aims for people with disability to achieve their full potential through their participation in an inclusive, high-quality education system that is responsive to their needs. It also aims for people with disability to have opportunities to continue learning throughout their lives in both formal and informal settings.

Learning and skills may include teachers who understand needs of people with disability, continued access to formal and informal learning settings, and preparation for transitioning from one level of education to the next, or from education to employment.

There are four policy directions under the learning and skills outcome:

1. Strengthen the capacity of all education providers to deliver inclusive high-quality educational programs for people with all abilities from early childhood through adulthood.
2. Focus on reducing the disparity in education outcomes for people with disability and others.
3. Ensure that government reforms and initiatives for early childhood, education, training and skills development are responsive to the needs of people with disability.
4. Improve pathways for students with disability from school to further education, employment and lifelong learning.

In terms of policy directions one and two, in BCA's 2017 NDIS Costs Submission to the Productivity Commission, we reflected upon a state of affairs in the education sector that is still prevalent. "The relationship between the NDIS and the education system is fraught with issues.

The matter of which Department or agency should take responsibility for what has become politicised and centred around costs. Consequently, children and their families are receiving mixed messages about different interventions and who is responsible for funding them.

Through our advocacy work, for example, we have observed a growing shift towards education departments refusing to take responsibility for the provision of services such as braille or equipment that children desperately need both at school and at home because they believe the NDIS should be responsible for these supports." Our recent submission into the Education Standards 2005 Review

identified similar issues, with sources for funding of support provisions in education being confusing to navigate, with the onus often falling onto the individual to fund their own education supports.

Traditionally, people with disability are encouraged to not access NDIS funding for education support e.g., Department of Education in different states or territories, rather turning to funding sources within the sector. The NDIS needs to be able to support people with disability to gain education, with broader application often a consideration e.g., AT software like screenreaders can both assist in helping someone to read information provided by educators, and it can also help them access the internet to find out information about activities in their local community, allowing them community access.

In terms of policy directions three and four, NDIS funding linked to this outcome can also assist people who are blind or vision impaired in making a transition between secondary education to tertiary education, vocational training or the workforce. For our recent submission to the Education Standards Review, a member who is vision impaired reported that in making “a transition from a small country town to the city, and [to greater independence moving from the family home to a residential college] that “Orientation and Mobility (O&M) training, and Assistive Technology (AT) training support from specialists at blindness service providers assisted in the transition.”

Recommendations

1. There must be a more holistic approach to the development of individualised education plans and NDIS personal plans to ensure plans account for all aspects of a student’s support requirements. Both plans must be developed and reviewed simultaneously in a planning meeting that brings together a student’s NDIS Planner or Local Area Coordinator, as well as appropriate professionals from the education sector to provide greater clarity around which service system will be responsible for providing each individual support.
2. Interfacing arrangements between the evolving NDIS and the education system must be discussed at all future meetings of the Council of Australian Governments’ (COAG) Education Council. This will help drive greater collaboration between state jurisdictions and will ultimately lead to a more nationally consistent approach to interfacing arrangements between the NDIS and the education system.
3. NDIS funding can support the learning and skills outcome under the NDS by providing people who are blind or vision impaired with access to critical AT which has broader utility, beyond meeting education needs. Additionally, NDIS funding can help with skills development and supports which

will assist people who are blind or vision impaired in making a transition between education sectors, or between education and the workforce.

4.7 Personal and community support outcome

The **personal and community support outcome** aims for people with disability, their families and their carers to have access to a range of well-coordinated and effective services and supports that are appropriate to their needs.

Personal and community support may include access to specialised disability services and supports, including NDIS for eligible participants, community-based services that are available when and where they are needed and services that are well coordinated.

There are four policy directions under the personal and community support outcome:

1. A sustainable disability support system which is person-centred and self-directed, maximizing opportunities for independence and participation in the economic, social and culture life of the community.
2. A disability support system which is responsive to the particular needs and circumstances of people with complex and high needs for support.
3. Universal personal and community support services are available to meet the needs of people with disability, their families and carers.
4. The role of families and carers is acknowledged and supported.

This entire outcome is underpinned by the NDIS and the measures to support personal and community access have been covered in the previous sections.

One thing to note is the fact that the Independent Advisory Council is noted to be consulted for NDIA co-design strategy. It is important that wide representation, including people who are blind or vision impaired, are included in the provision of feedback about how the scheme has assisted with improving their personal and community support.

Recommendation

1. Outcome monitoring under the NDS needs to extend to a broad cross-section of the community of NDIS including people who are blind or vision impaired i.e., the co-design strategy needs to include more people beyond the Independent Advisory Council.

5. Progress against outcomes reporting

How often would you like to see progress against the outcomes for people with disability in the National Disability Strategy and the National Disability Insurance Scheme reported?

The National Disability Strategy and NDIS Outcomes Frameworks will track progress over time to determine whether the lives of people with disability are improving. Reporting against outcomes will help to inform where to prioritise and target investments.

Ideally, quarterly tracking of progress would encourage ongoing commitment and focus and align with the NDIS quarterly reporting to COAG.

Tracking and monitoring outcomes must be transparent and publicly available, not only to hold us all to account, but to facilitate the continued discussion and broader public awareness of the importance of achieving the outcomes intended by both the NDIS and the NDS.

6. Recommendations

1. BCA concurs with the position of the Productivity Commission that the NDA needs to be updated to meet the contemporaneous landscape which includes the operation of the NDIS. This will include the implementation of the renewed NDS, which will incorporate targets specifically relating to the NDIS.

BCA strongly recommends the following measures to be included in the NDS.

2. The NDS includes outcomes for ongoing support to state-funded Taxi Subsidy Schemes alongside NDIS transport funding allowances. This outcome would be measured through total number of NDIS participants who are blind or vision impaired that received transport funding, in addition to the amount of people who are blind or vision impaired accessing the Taxi Subsidy Schemes.

3. The NDS has measures for the removal of accessibility barriers, and implementation of measures for inclusion, in planning and building physical environments. This will also further enable effective use of NDIS funding to access communities. This would be overseen primarily at state, and local, government levels. State in terms of state-wide transport infrastructure, and locally for local transport, signage, tactile marking, and building developments. Further, the NDS needs to include outcome monitoring of practices, focusing on adherence to measures stated under the Disability (Access to Premises) Standards, 2010.
4. Extensive workplace training, including expert advice from people with disabilities and disability advocacy organisations, should be provided to all employers, especially to organisations with an NDIS focus. This can combat negative attitudes toward people with a disability within the workplace. This includes understanding indirect and overt discrimination and understanding the workplace's responsibilities under the Disability Discrimination Act (DDA) (1992).
5. Workplace disability awareness training for employees who are involved in recruitment processes for all roles, including NDIS roles is critical. People with disability and disability advocacy organisations can deliver training to assist recruiters understand the intricacies involved in employing people with disabilities. Further, people with disabilities who are employed should speak to recruiters in such training, to explain their experience of being employed, with a focus on best practices in the workplace.
6. Workplaces must ensure that ICT being used by their organisations are compatible with screen-readers and voice navigation software. Ideally, accessibility of all ICT products should be a mandatory requirement when tendering or purchasing. Additionally, online components of workplace environments should meet Website Content Accessibility Guidelines (WCAG) 2.0. Job Access and the NDIS should both be involved in the procurement of vital AT for employees. If any upgrades are required for compatibility, it is the responsibility of the workplace to ensure it happens, and that it is treated as an urgent task, to enable an individual to appropriately undertake their work.
7. Employment quotas for public service roles, including NDIS-related roles, generally target entry level positions. It is critical that people with disabilities are offered opportunities at all levels of employment, including management. At present, there is a distinct lack of representation of people with disabilities in higher leadership positions and on boards of organisations. This outcome would

be measured in the NDS through a percentage target, which would aim to increase the percentage of people with disabilities employed at levels higher than entry level employment.

8. The NDS needs to have measurable outcomes, indicated by the amount of people with disability receiving NDIS services which directly attribute to improved wellbeing. Further, measurable outcomes of community participation as a direct consequence of NDIS funding are needed within the NDS.
9. The economic security outcome in the NDIS is a critical outcome for combating the correlation between low socio-economic status and access to healthcare.
10. The NDIS, and health care providers under the NDIS need to ensure alternative format production of information in the preferred format of people who are blind or vision impaired. Further, information needs to be provided in a manner which maintains confidentiality and privacy of sensitive health information.
11. The NDIS, directed under the NDS, needs to play a role in helping people to access healthcare through providing assistance for transport and community access, especially in navigating physically inaccessible health care settings, to enable participants to attend GPs and other health professionals.
12. People with disability in regional and rural areas are particularly disadvantaged when considering health care access. Mechanisms under the NDS and NDIS are needed to ensure people in these communities are supported, and further, that outcome monitoring assesses the level of access people with disability in these regions have to health care.
13. The NDIS under the NDS can play a vital role in ensuring that eye health care professionals receive information for their patients who are diagnosed with degenerative vision loss, to refer them to appropriate NDIS providers for support services.
14. The NDS needs to ensure that there are measures under the health and wellbeing outcome which cover outcome monitoring for people with disability who are not eligible for the NDIS.
15. The revised NDS could suggest a review of complaints mechanisms which incorporates the feedback from NDIS participants about difficulties encountered in reporting violence, abuse, neglect or exploitation. Further, it is recommended that outcome monitoring includes a measure of post-complaint follow-up communication with participants to gauge satisfaction with a revised complaints process.

16. Funding under the Department of Social Services (DSS) needs to be ongoing to support national disability representative organisations, particularly in the provision of advocacy services and supports to people with disability who have experiences violence, abuse, neglect or exploitation in NDIS-related settings.
17. The NDS targets participation in civic or political life through overseeing the adoption of accessible voting practices at federal, state and local levels. BCA recommends that iVote should be used in conjunction with accessibility methods such as the provision of voting information and ballot papers in the voter's preferred format.
18. There must be a more holistic approach to the development of individualised education plans and NDIS personal plans to ensure plans account for all aspects of a student's support requirements. Both plans must be developed and reviewed simultaneously in a planning meeting that brings together a student's NDIS Planner or Local Area Coordinator, as well as appropriate professionals from the education sector to provide greater clarity around which service system will be responsible for providing each individual support.
19. Interfacing arrangements between the evolving NDIS and the education system must be discussed at all future meetings of the Council of Australian Governments' (COAG) Education Council. This will help drive greater collaboration between state jurisdictions and will ultimately lead to a more nationally consistent approach to interfacing arrangements between the NDIS and the education system.
20. NDIS funding can support the learning and skills outcome under the NDS by providing people who are blind or vision impaired with access to critical AT which has broader utility, beyond meeting education needs. Additionally, NDIS funding can help with skills development and supports which will assist people who are blind or vision impaired in making a transition between education sectors, or between education and the workforce.
21. Outcome monitoring under the NDS needs to extend to a broad cross-section of the community of NDIS including people who are blind or vision impaired i.e., the co-design strategy needs to include more people beyond the Independent Advisory Council.

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