

Submission to the Department of Social Services

Consultation on Draft Lists of NDIS Supports

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# Introduction

Vision 2020 Australia welcomes the opportunity to comment on behalf of the blindness, low vision and eye health sector, on the Draft Lists of NDIS supports which will be introduced as a transitional rule following the passage of the Getting the NDIS Back on Track Bill No. 1.

There are some instances where supports which are frequently used by participants who are blind or have low vision may be unintentionally excluded, or where we anticipate confusion for planners and plan managers. We propose the draft lists be amended to:

1. Explicitly include veterinary and grooming costs for assistance animals.
2. Clarify that training in public transport is a therapeutic support for people who are blind or have low vision.
3. Explicitly include ocular prostheses as a transitional arrangement, while Governments develop a nationally consistent funding approach.
4. Clarify the description of the vision equipment category to include various additional product types and guidance for planners.
5. Include prescription glasses for participants with conditions that severely and permanently impact visual function.
6. Carve out smart phones and mobile phones which are specifically designed for people with disability.
7. Carve out smart phone accessories which are designed to help a person with disability independently and safely use their device.
8. Ensure that falls prevention monitors which take the form of watches are included, as well as watches specifically designed for people who are blind, vision impaired or Deafblind.
9. Provide examples of additional day-to-day living costs which result from disability and might be NDIS supports.
10. Clarify who should fund aids and equipment used by school students at home.

The reasons for our recommendations are detailed in this submission. Wherever possible, the below sections replicate the structure used in the original draft lists for convenience.

We accept that these lists are largely designed to retain and/or clarify current arrangements, pending a new inter-governmental agreement. We look forward to taking part in the planned co-designing process for more detailed inclusions and exclusions lists in the future.

# Assistance Animals

Rules around assistance animals appear contradictory, and thereby will create confusion for participants and decision makers. The description of the support category correctly includes “ongoing maintenance costs such as vet fees, transport and special diets for the assistance animal.” A later section on pet-related day-to-day living costs excludes “animals (other than approved NDIS funded assistance animals)” and “pet food for animals other than for approved NDIS assistance animals”.

This section also excludes “veterinarian costs, pet boarding, pet grooming, taxidermy, and pet cremations/funeral”. The exclusion of veterinarian costs without qualification contradicts their earlier inclusion in relation to assistance animals. Professional pet grooming is also crucial for maintaining the health, working consistency, and social acceptance of dog guides.

The third dot point under excluded pet-related daily living costs should be divided into several, with appropriate specifications where necessary. For example, veterinarian costs and pet grooming should be included as separate dot points with the qualification that they are allowed for assistance animals, where taxidermy and pet funerals/cremation can be excluded without qualification.

# Public Transport and Travel Training

The description for the “assistance with travel/transport arrangements” category refers to “transport assistance, including training.” Later, the description for the “development of daily care and life skills” category includes “supports that will enhance the ability of the participant to travel and use public transport independently.”

These descriptions encourage an already common misconception among planners. The transport training described in these categories is often delivered by disability support workers, and typically involves facilitating alternative learning approaches. We accept that there are some cases where support workers might assist participants in learning to access and use public transport, but this is not appropriate or safe for participants who are blind or have low vision.

To safely access public transport, a person who is blind or has low vision requires a range of skills and tools to help them navigate traffic, crowded areas, unfamiliar environments, and unexpected obstacles. These skills and tools are taught by orientation and mobility specialists, highly qualified professionals with the knowledge required to deliver the appropriate training.

We’ve heard of many instances where planners or generalist providers have erroneously assumed that support workers will be able to teach people with vision impairments to travel independently. Participants feel unsafe in these situations, and support workers quickly recognise they’re out of their depth. Even if insufficient training doesn’t directly result in accident or injury, some participants have been discouraged from independent travel by these bad experiences.

We therefore recommend that an explanatory note be added to the descriptions of both these categories, specifying that public transport and travel training for people who are blind or have low vision is a therapeutic support, to be delivered by orientation and mobility specialists.

# Customised Prosthetics (Including Orthotics)

The description for this category, “prescription and manufacture of customised prostheses or orthoses requiring specialist skills”, could include ocular prostheses for people who have lost one or both eyes, either through accident or from birth. A prosthetic eye includes an oval outer shell and a round central portion, designed to duplicate the appearance of a traditional eye.

Prosthetic eyes are manufactured by ocularists, who work over several sessions with patients to develop and test the product. Prosthetic eyes are expensive, and particularly in growing children, must be replaced regularly.

We’ve previously seen participants caught up in protracted arguments between the NDIA and health systems about who is responsible for funding the delivery of prosthetic eyes. For example, the Agency has argued that an ocular prosthesis is not an NDIS support because it doesn’t improve a participant’s functional capacity.

This is clearly incorrect. During the course of these arguments, which can take years, children in particular can be singled out by their peers thanks to their unusual appearance. This has a profound and lasting impact on their mental health, often leading them to avoid social activities, and resulting in later funding of therapy which otherwise might not have been required.

The Agency has also argued that other funding sources exist for the delivery of ocular prostheses. This is incorrect in most states and territories, and increasingly hospitals are guiding patients toward the NDIS for funding of prosthetics.

Ocular prostheses are not affordable for most people or families, and should be subsidised. Patients shouldn’t be caught up in complex bureaucratic delays and live for long periods without these prostheses, which massively improve their confidence. Federal, State and Territory Governments must agree and clearly articulate how ocular prostheses should be funded in future.

Whether or not the longer-term intention is that ocular prostheses should be a health support, explicitly excluding it now would leave no avenue available for people in most states and territories to access them. We recommend that Government:

1. Begins the process of creating a unified, national approach to funding of subsidising ocular prostheses, whether as a health or disability support, and meanwhile
2. Explicitly includes ocular prostheses as a disability support as part of this transitional rule.

# Vision Equipment

We assume that, particularly before the introduction of new framework plans, planners will make decisions about funding based on these support categories and their associated descriptions. This presents opportunities to help planners understand product types they’re less familiar with, minimising the need for plan reviews, which often stem from misunderstandings about specialist vision services and products.

The proposed description of the vision equipment category, “products for navigation, orientation, braille, magnifiers and note taking equipment,” covers many items frequently used by participants, but could nonetheless better illustrate the breadth of available options.

A planner might easily imagine that all the equipment described here is low-cost, and therefore a participant can acquire it using “consumables” funding from their core budget. While that is true of many products, like white canes for orientation and navigation, magnifiers, whether portable or desktop models, are usually mid-cost equipment and therefore can only be purchased using capital funds.

Similarly, Braille note takers are tablets with the equivalent of a small Braille screen instead of a visual display. Refreshable Braille is produced through small pins that rise and fall to simulate the dots in a Braille cell. This vital technology remains very costly, and thus “note taking equipment”, which for most people would be quite affordable, is usually only purchasable through capital funds.

To alert planners that some vision equipment requires capital funding, we’d suggest including the term “assistive technology” in the category description. Planners, particularly those who have spent significant time in the industry, associate this terminology with certain product types and will be more likely to facilitate the assessment, approval and purchase of these products.

Vision equipment also includes many aids for performing daily tasks which are designed specifically for people with vision loss. Some such products, like liquid level indicators or Braille measuring cups, might be considered “assistive equipment for household tasks”. But given the exclusion of “standard household items:”, we anticipate confusion regarding some frequently used products. Other examples include talking thermometers, scales, microwaves, and induction cookers, which verbalise information usually delivered via a visual display. This equipment is more costly than standard appliances but is frequently purchased and often leads to much greater independence.

We hope that including reference to “adaptive daily living devices” in the description for vision equipment will ensure these products remain purchasable as NDIS supports in future.

We therefore suggest the following as an updated description for this category.

“Assistive technology, aids and equipment to facilitate non-visual access to information and environments, including:

* Orientation and navigation
* Braille reading and writing technology (typewriters, note takers, displays)
* Magnifiers
* Text-to-speech, screen reading, and magnification software
* Adaptive daily living devices.”

## Carve outs that are Not NDIS Supports

The exclusion of “prescription glasses” in this section, as well as later under the “mainstream health” category, doesn’t account for the complexity of vision disabilities. We recognise that prescriptions that enable full vision correction, for example, for myopia or astigmatism alone, might be considered either a mainstream health support or a day-to-day living cost. But there are some instances where glasses are only required as a direct result of the *condition causing* a participant’s disability.

Some people who are legally blind, and thus automatically NDIS eligible under Access List A, require prescription glasses to maximise the usefulness of their remaining vision. Ideally, we would like to see glasses included in instances where they minimise the impact of disability, and excluded for people who, with glasses, would have perfect vision.

To illustrate our intent, we present two case studies:

1. A child with autism receives support at school from state education, and at home from the NDIS. After they report difficulty seeing the blackboard, it is discovered that they require glasses. Since glasses fully correct their vision, they are in this case a “mainstream health” support.
2. A child with albinism is *photophobic* (highly *light* sensitive) as *a result of their eye condition. This makes it difficult for them to participate in some activities both at school and at home.* Tinted glasses vastly improve *not* *only* their comfort but also their visual function, and maximise the usefulness of remaining vision., in this case, glasses facilitate participation in everyday life by addressing the impact of their disability and should therefore be included.

As a further illustrative example, a person with myopic macular degeneration can, through correction of the myopia, use the sight they have left more effectively. They remain legally blind even with correction, but would receive the kind of improved function the NDIS is designed to deliver thanks to this support.

To achieve our intended policy, we suggest that the carve out of prescription glasses be qualified, to read “prescription glasses, apart from to minimise impact of a condition that severely and permanently impacts visual function.”

# Day-to-day Living Costs

## Lifestyle Related

Among the exclusions listed here are “internet services, land line phone, mobile phones, mobile phone accessories, and mobile phone plans and smart phones.” There are several devices which have been designed specifically for use by people who are blind or vision impaired, which include telephony among their features. Popular examples include the BlindShell and SmartVision ranges.

These devices are invaluable for people who find it hard to operate the touch screens of modern smart phones, either due to difficulty with spatial concepts or additional disabilities. These devices also contain features such as voice dictation, portable document scanning, object recognition and GPS navigation optimised for non-visual use, allowing participants to rely less on more traditional disability support work, which is less timely and cost-efficient.

Similarly, there are a range of accessories that allow people who are blind or have low vision to use their smart phones safely and effectively. Some examples include:

* Stands which simplify the process of using a smart phone’s camera to read mail and other documents
* Chest harnesses which allow participants to walk with a dog guide or cane while receiving remote assistance via video call
* Bone conduction headphones which project sound directly into the skull, allowing the user to hear GPS navigation prompts or remote assistants, without diminishing their awareness of pedestrians, traffic, or other environmental risks.

While these items are all intended for use as smart phone accessories, their primary utility is clearly for people with disability.

We therefore suggest an additional carve out be included, which specifies that “mobile phones, smart phones, and mobile phone or smart phone accessories designed specifically for use by people with disability” could be included as an NDIS support.

## Clothing Related

This section excludes watches, including smart watches. There are a number of fall detection devices, or fall monitors, which take the form of watches. Some of these include internet connectivity and additional features which may make them hard to distinguish from smart watches.

Given that people with vision loss are three times more likely to experience falls than other Australians, fall monitoring is an important concern for some participants, particularly among those who have multiple disabilities.

There are also a number of watches which allow users to tell the time through Braille or tactile feedback. This provides better equivalency with the visual experience and is preferred by many participants. However, it is also essential for people who are Deafblind, and therefore must rely less on synthetic speech to receive information.

We’d therefore suggest an additional carve out to include “watches designed for use by participants who are blind, vision impaired or Deafblind” as an NDIS support.

## Carve outs that May be Considered NDIS Supports for Some Participants

This section describes the potential inclusion of “additional living costs that are incurred by a participant solely and directly as a result of their disability support needs.” Unlike in many of the exclusions, no examples are provided as to what these costs might include.

For example, lightbulbs might be considered a standard household item, as every home needs to be illuminated. People who have low vision often benefit from the installation of smart lights, which can be controlled through voice commands to a smart speaker. These lightbulbs, which are purchasable from mainstream retailers, cost many times the price of a traditional lightbulb. But they allow for hands free control of glare and brightness in order to maximise the usefulness of available vision. There are, for instance, participants who require different task-specific lighting levels to chop vegetables or read labels on food packaging. Controlling lights manually can make meal preparation much more arduous.

While not specifically designed for people with disability, smart lights are considered a vital piece of assistive technology for those who require them. The replacement of traditional lightbulbs with smart lights, to us, seems a good example of a disability-specific day-too-day living cost.

While it would be impossible to describe all the many additional costs that can arise from living with a wide variety of disabilities, the potential inclusions should be at least as specific as the majority of exclusions listed above.

In order to create clarity for participants and for other stakeholders, we recommend more examples be included to describe how this carve out might play out in practice.

# **Mainstream Education**

We have often seen participants caught up in protracted arguments over whether the NDIS or state education is responsible for providing certain supports. This has added to the difficulty students already face in keeping up with their peers. In both the inclusion and exclusion categories, we’re pleased to see attempts to clarify some of these interfaces.

We predict that complications may still arise from the exclusion of “aids and equipment for educational purposes (e.g. modified computer hardware, education software, braille textbooks)” in this category. For example, a student who is blind will require a Perkins Brailler, perhaps best described as a manual Braille typewriter, for use in a classroom environment. They also need to complete their homework using the same device. A traditional Brailler weighs six kilograms, and its shape and dimensions make it difficult to carry on long journeys, particularly when travelling with a cane via public transport, for example. It’s therefore usually necessary for a student to regularly use 2 Perkins Braillers, one at school and one at home.

It seems clear that state education funding is responsible for providing the Brailler in the classroom environment as a reasonable adjustment. Arguably, a Brailler is non-transportable by most of its users and is therefore also further excluded from being an NDIS support if it is used in the classroom.

The question of who pays for the Perkins Brailler which a student uses at home could inspire arguments about whether it will be used for educational purposes. The current wording could also be interpreted as excluding any device which is ever used for educational purposes, whether it has multiple uses or not.

The policy intent of these exclusions is unclear. If the intent is that devices used at home, whether for educational purposes or otherwise, should be NDIS funded, the exclusion could specify “aids and equipment entirely for educational purposes (e.g. modified computer hardware, education software, which are used in a school environment).” Braille, large print, and electronic textbooks could then be excluded as a separate dot point, since they are a reasonable adjustment in the school environment but should be portable to enable study at home.

If the intent is that all aids and equipment used by students, at school or for homework, should be funded by state education departments, the exclusion might read “aids and equipment required by students to participate in education either in classroom or home settings (e.g. modified computer hardware, education software, braille textbooks).”

The goal should be to mitigate the potential for situations where students aren’t able to complete their homework while they await the resolution of complex inter-governmental arguments.

# About Vision 2020 Australia

Vision 2020 Australia is the national peak body for the eye health and vision care sector. Working /with and representing almost 50 member organisations, we focus on supporting policy and funding changes to prevent avoidable blindness, enhance eye care delivery and better meet the needs of people who are blind or living with low vision.

Our members span a wide range of areas and engage in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance, and community support. This means that the work we do in developing sector-supported policy and advice brings a diverse range of expertise and perspectives to bear, and that the perspectives and experiences of both service users and service providers are at the heart of our work.

Avoidable blindness and vision loss in Australia, and our region, can be prevented and treated by working in partnership across government, non-government, private and community sectors. People of all ages who are blind or vision impaired will benefit from these partnerships, with improved access to services that support their independence and community participation.

For further information about this submission, please contact Vision 2020 Australia via email, policy@vision2020australia.org.au