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# Response to the Consultation Paper: A New Act to Replace the Disability Services Act

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## 1. Introduction

### 1.1 About Blind Citizens Australia (BCA)

Blind Citizens Australia (BCA) is the peak national representative organisation of and for the over 500,000 people in Australia who are blind or vision impaired. For nearly 50 years, BCA has built a strong reputation for empowering Australians who are blind or vision impaired to lead full and active lives and to make meaningful contributions to our communities. BCA provides peer support and individual advocacy to people who are blind or vision impaired across Australia. Through our campaign work, we address systemic barriers by promoting the full and equal participation in society of people who are blind or vision impaired. Through our policy work, we provide advice to community and governments on issues of importance to people who are blind or vision impaired. As a disability-led organisation, our work is directly informed by lived experience. All directors are full members of BCA and the majority of our volunteers and staff are blind or vision impaired. They are of diverse backgrounds and identities.

### 1.2 About people who are blind or vision impaired

There are currently more than 500,000 people who are blind or vision impaired in Australia with estimates that this will rise to 564,000 by 2030. According to Vision Initiative, around 80% of vision loss in Australia is caused by conditions that become more common as people age.[[1]](#endnote-1)

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 can 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. Submission Context

BCA welcomes the opportunity to make a submission to the DSS’s Consultation Paper for the new and improved Disability Services Act. 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:

* The Disability Services Act 1986 (Cth) (the Act)
* United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
* The Disability Discrimination Act 1992 (Cth)
* The National Disability Strategy 2021–2031 (the Strategy, which coordinates the implementation of the UNCRPD)
* The National Disability Insurance Scheme Act 2013 (Cth) (the NDIS Act)

Australia’s formal commitment to the UNCRPD and the development of the Strategy have driven greater engagement by people with disability in determining how they live and are supported. The National Disability Insurance Scheme (NDIS) is the most significant example of this altered approach.

Having commenced its rollout in 2013, the NDIS can provide life-changing supports for people with disability, including people who are blind or vision impaired, and aged up to 65. According to the NDIS’s own statistics from 2022, only 518,000 of the estimated 4.4 million Australians living with disability, or about 12 per cent, are on the NDIS.[[2]](#endnote-2)

There are more than 500,000 people in Australia who are blind or vision impaired. Altogether, only around two per cent of NDIS participants are blind or vision impaired.[[3]](#endnote-3) Some well-resourced blindness service providers can offer supports and services to individuals who are ineligible for the NDIS or the My Aged Care program (for those aged over 65). Ineligible people relying on less well-resourced providers, however, are often required to self-fund their equipment and services.[[4]](#endnote-4)

Through consultation with members, BCA has produced a resource for service providers, in which we state our expectation that ‘No blind or vision impaired person will be out of pocket or denied a service they need because of their blindness or vision impairment.’[[5]](#endnote-5) Australia’s disability sector is clearly failing to meet that expectation, and is currently resulting in a system of ‘haves and have nots’, as BCA forewarned.[[6]](#endnote-6)

This submission addresses each of the seven sets of questions put forward in the Consultation Paper for the new and improved Disability Services Act, which will provide a basis for continued services and supports outside the NDIS for people with disability.

Our response is based on extensive consultations with members and other people who are blind or vision impaired, and our ongoing advocacy work in the sector.

## 3. Blind Citizens Australia’s Submission

### 3.1 – Question 1 – Do you agree with the proposed objects for the new Act? What other objects should be included in the new Act?

Object (a)
The objects set out the general aims or principles of the legislation.

Object (a) will, ‘in conjunction with other laws, give effect to Australia’s obligations under the Convention on the Rights of Persons with Disabilities [UNCRPD] done at New York on 13 December 2006.’

Much has changed in the disability services sector since the Act’s introduction in 1986. The Disability Discrimination Act was passed, and Australia signed and ratified the UNCRPD. Object (a) brings the new Act in line with these national and international instruments. BCA has supported members when they have been denied such rights, and so supports the inclusion of this first object.[[7]](#endnote-7)

Objects (b) and (c)
Objects (b) and (c) explain the need to support and increase the ‘social and economic participation’ of people with disability.

As articulated in our response to the Treasury’s Employment White Paper, BCA supports this.[[8]](#endnote-8) Access to appropriate employment enables people with disability to have more control over their lives, gain financial independence, enjoy a better standard of living, and attain better mental and physical health outcomes.

However, people with disability face barriers to employment such as negative assumptions, attitudes and misconceptions held by employers and the wider community about their productivity and capabilities. This results in people with disability being excluded from job opportunities and overlooked for promotions. BCA welcomes the DSS’s commitment to addressing this area.

Object (d)
BCA agrees with Object (d) that supports and services should be ‘planned, developed, implemented and reviewed in conjunction with people with disability’ and that those supports and services ‘are effective, innovative, and high quality.’

‘Nothing about us without us’ is a common refrain in the disability sector. BCA firmly believes that no policy or decision about a group should be made without significant consultation with that group.

Whilst not a service provider itself, BCA has formalised partnership agreements with several specialist blindness service providers. BCA’s mission statement calls for ‘high quality and accessible services which meet our needs.’

BCA also strongly believes in the power of lived experience to improve the knowledge of business, the organisational culture, and the quality of services offered by service providers. BCA's own board is comprised entirely of people who are blind or vision impaired.

Accordingly, BCA recommends that a majority of directors or members of a management committee of a service provider have lived experience of blindness or vision impairment, and that at least one director or member should be totally blind. Board and committee members without lived experience should receive an induction informing them about the lives of a diverse range of people who are blind or vision impaired.

Object (e)
Object (e) aims to ‘increase public awareness, understanding and acceptance of people with disability.’ This accords with BCA’s mission ‘to inform, connect, and empower Australians who are blind or vision impaired and the broader community.’

A Glaring Omission
Assistive technology (AT) refers to products which enable activities and participation, and the services which support their application and use. AT involves the use of specifically produced or generally available products to fill the capability gap for people with disability and/or people who are ageing.[[9]](#endnote-9)

AT has a key role in enabling each and every one of the proposed objects, and yet the term is not mentioned in the Consultation Paper. BCA strongly recommends that AT be specifically mentioned in the new Act.

**Recommendations:**

1. Include the proposed objects in the new Act.
2. Specifically mention AT as an enabler of each and every one of the proposed objects.

### 3.2 – Question 2 – Do you agree with the proposed approach to the target group? How do you think the target group should be defined?

A More Inclusive Approach
The language used in the current Act to describe people with disability is outdated and influenced by the medical model of disability. BCA strongly believes that any legislation pertaining to people with disability should be grounded in the social model of disability (which emerged during the 1980s) and the human rights model of disability (which emerged following the finalisation of the UNCRPD in 2006).

As explained in the Consultation Paper, to incorporate contemporary and inclusive language, the new Act ‘could define the target group for supports and services as people with disability who are experiencing one or more of the following barriers to full and effective participation in society: (a) attitudinal barriers, (b) environmental barriers, (c) institutional barriers, and (d) communication barriers.’ BCA notes that assistive technology is instrumental in addressing each of these barriers.

BCA’s submission to the Disability Royal Commission on Promoting Inclusion: Civic Participation detailed the systemic barriers to civic participation confronted by people who are blind or vision impaired.[[10]](#endnote-10) That people who are blind or vision impaired are routinely denied a service because they are accompanied by a dog guide, typically unable to serve on a jury, and not guaranteed the right to cast a secret, independent and verifiable vote at local, state and federal elections is indicative of their entrenched and ongoing societal exclusion.

Such barriers must be identified before they can be dismantled, and so BCA welcomes the proposed approach to the target group.

A New Name
The new Act provides an opportunity to place disability rights and inclusion at the heart of government decision-making. Naming the new Act the ‘Disability Rights and Inclusion Act’ instead of the ‘Disability Services Act’ would set the tone and ambitions for the next iteration of federal disability legislation.

Renaming the legislation would signal an unequivocal commitment to operationalising major human rights frameworks, particularly the UNCPRD, and would indicate an overarching commitment to drive inclusion of people with disability in all aspects of mainstream life – as distinct from inclusion only in disability settings. In so doing, the DSS would follow in the footsteps of New South Wales, South Australia and Victoria in their recent reviews of their respective Disability Acts.

Recognising Multiple Forms of Disadvantage and Discrimination
According to the Consultation Paper, the new Act could also ‘identify people with particular identities or characteristics who, due to multiple and overlapping forms of disadvantage or discrimination, may experience greater barriers to full and effective participation’, including ‘First Nations people, LGBTIQA+ people, and people from culturally and linguistically diverse backgrounds.’ BCA would again welcome this approach.

As we noted in response to the Treasury’s Employment White Paper in 2022, BCA recommended that intersectionality be ‘considered when undertaking diversity and inclusion training, and introducing diversity and inclusion measures into workplaces. This includes measures that appropriately support First Nations people, people with disabilities, people identifying as LGBTIQ, people from CALD backgrounds, and women.’

Similarly, BCA’s Disability Royal Commission submission on Promoting Inclusion: Civic Participation strongly encouraged blindness service providers and disability organisations to model best practice in relation to diversity on their boards: ‘There are very few current leaders with disability who are women and, beyond this, people with disability of diverse cultural and linguistic backgrounds and with a range of sexual and gender identities must take their places in senior positions.’

**Recommendations:**

1. Recognise that AT is instrumental in addressing each of the four barriers to full and effective participation in society.
2. Use inclusive and contemporary language when describing people with disability in the new Act.
3. Follow the examples set by New South Wales, South Australia and Victoria in naming the new legislation the ‘Disability Rights and Inclusion Act’ rather than the ‘Disability Services Act’.
4. Specifically recognise people with identities or characteristics who may experience multiple forms of disadvantage and discrimination.

### 3.3 – Question 3 – Do you agree with our suggested principles for avoiding duplication and requiring coordination? What other principles do you think should apply?

The Urgent Need for Support for Those Outside the NDIS
According to the Consultation Paper, the new Act should increase coordination between agencies and service providers, and avoid the duplication or substitution of services provided by the NDIS or state and territory programs.

However, while BCA acknowledges that the efficient allocation of resources is essential for effective and sustainable social policy programs, we note that for many people who are blind or vision impaired, a lack of services and supports and emerging thin markets present much greater challenges than a theoretical duplication or substitution of these services.

For someone to be eligible for the NDIS based on vision loss, they must be permanently blind in both eyes. They must be diagnosed and assessed by an ophthalmologist (an optometrist report is not sufficient for NDIS purposes) as having:

* Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale of less than or equal to 6/60 in both eyes; or
* Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e., visual fields are reduced to a measured arc of 10 degrees or less); or
* A combination of visual defects resulting in the same degree of vision impairment as that occurring in the above points.
* To be considered eligible based on deafblindness, the diagnosis must be confirmed by an ophthalmologist and an audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.[[11]](#endnote-11)

Consequently, only around two per cent of NDIS participants are blind or vision impaired. Many people who are ineligible for the NDIS or the My Aged Care program (for those aged over 65) are required to self-fund their equipment and services. This clearly fails to meet BCA’s expectation that ‘No blind or vision impaired person will be out of pocket or denied a service they need because of their blindness or vision impairment.’

In our submission to the Aged Care Royal Commission, BCA noted the inequity between the aged care and the NDIS systems. We also recommended the development of a Disability Action Plan under the Aged Care Diversity Framework to aid the development, planning and implementation of disability-specific support into the aged care system.[[12]](#endnote-12)

Furthermore, some young Australians have shared their stories of living with retinitis pigmentosa, a degenerative genetic condition. As one of them explains:

To the general public, I look ‘normal’. I don’t use a white cane and I don’t have a guide dog, so I don’t fit into the stereotype of what a blind or visually impaired person looks or acts like. [Several negative and dangerous experiences with the general public] have made me seriously consider using [a smaller, lightweight] identification cane … The problem is, you can’t just Google ‘ID canes’ and buy one from the first website you see. In Australia, you are legally required to undergo some orientation and mobility training before you can use and own an ID cane.

The process so far has been difficult. I rang several organisations for the blind and was told that I need to join the NDIS before they will offer me their services … This gatekeeping of blindness and visual impairment is distressing and prohibitive. There is a large community of people who are not considered legally blind, who desperately need support and aren’t able to access it because of the NDIS’s discrimination and backwards beliefs about blindness.

It’s like they’re asking, ‘How blind are you?’ And saying, ‘You’re not disabled enough.’[[13]](#endnote-13)

Falling Through the Gaps
As a participant in both the Assistive Technology for All (ATFA) campaign and the National Assistive Technology Alliance (NATA), BCA champions a single AT program to meet the needs of people with disability who are excluded from the NDIS.

As detailed in a recent ATFA report, many people with disability fall through the gaps despite a multiplicity of federal, state and territory programs.[[14]](#endnote-14) People who are eligible for one scheme may be ineligible for others, even though one scheme will not sufficiently meet their assistive technology/home modifications (AT/HM) needs.

As crosscutting supports, AT/HM underpin outcomes across health, housing, education, employment, leisure and other areas. Unless people with disability have access to the AT/HM they require, they will not achieve safety, independence, inclusion and participation in everyday life. The best way to remove the inequities for people with disability who are ineligible for the NDIS is through the establishment of a harmonised, nationally consistent AT/HM program.

**Recommendations:**

1. Recognise the broad spectrum of visual disability by providing much-needed services and supports to **all** Australians who are blind or vision impaired and not included in the NDIS.
2. Establish a harmonised, nationally consistent AT/HM program to meet the needs of people with disability who are ineligible for the NDIS.

### 3.4 – Question 4 – Do you think the new Act should include a definition for disability? Do you have any additional comments?

As explained in the Consultation Paper, ‘whether or not the new Act provides a definition for disability, the main concern is ensuring that the Act sets out who should receive support in a clear and meaningful way.’

BCA reiterates both the importance of contemporary and inclusive language and that any legislation pertaining to people with disability must be grounded in the social model of disability and the human rights model of disability.

The current consequences of not meeting the definition of legal blindness are ‘distressing and prohibitive’ (see reference in Question 3), and can result in the inability to access appropriate and timely services, which can impact a person’s independence and safety.

Some BCA members have had to pay significant sums to ophthalmological experts in order to qualify for the NDIS. Many others simply cannot afford to do so, and so receive no supports or services.

**Recommendations:**

1. Ground the new Act in the social model of disability and the human rights model of disability.
2. Consider the progressive visual impairment of people with degenerative conditions when defining disability to ensure access to appropriate supports and services as they lose their vision.

### 3.5 – Question 5 – How do you think quality and safeguarding arrangements should be managed by the new Act?

BCA wants whatever is included in the new Act to be robust enough to ensure quality and safeguarding, but flexible enough to respond to future disability environments without requiring a rewrite of the legislation.

Specialist blindness service providers exist to meet the needs of people who are blind or vision impaired and to help them achieve their aspirations, whatever their circumstances. Blindness service providers collect money from the public and accept government grants on this basis.

BCA’s expectation is that all services will be delivered to a high standard of safety and quality by suitably qualified, experienced and resourced staff. BCA also recognises that people who are blind or vision impaired are often compelled to continue receiving services from service providers with whom they are dissatisfied, due to the absence in many locations of any alternative.

Service users must be able to comment publicly (positively or critically) on the services. Such comments, when expressed appropriately, must not impact the service user’s employment or ability to access future services from the service provider.

Under the current Act, clauses in grant agreements are the only means to establish quality and safeguards for funded services. The NDIS Quality and Safeguards Commission’s recent Own Motion Inquiry into the abuse and mistreatment of people with disability utilising supported accommodation services highlights the need for a powerful independent regulator.[[15]](#endnote-15)

Aligning the requirements under the new Act with existing regulatory schemes may reduce regulatory overlap in some instances, but BCA reiterates that many people who are blind or vision impaired are not included in the NDIS.

The Consultation Paper does not describe how a regulator would interact with existing systems such as the NDIS Quality and Safeguards Commission and the Disability Discrimination Commissioner. As such, BCA can only talk in general terms and will have to wait until the legislation is tabled before offering more details.

BCA believes the new Act requires a new independent regulator, one which would have oversight for the entire disability sector so that there is no wrong avenue for raising issues. The new regulator should also be accountable to Parliament and able to hold its own inquiries.

**Recommendations:**

1. Include provisions for a new independent regulator to ensure service quality and investigate noncompliance.

### 3.6 – Question 6 – Do you agree with the supports and services listed above? What other kinds of supports and services should be included in the new Act?

Services and Supports for People Who Are Blind or Vision Impaired
The proposed supports and services listed in the Consultation Paper include:

* Accessibility.
* Accommodation support.
* Advocacy.
* Employment and training.
* Independent living.
* Information and education.
* Recreation.
* Respite care.
* Research, development and data collection.

There are many aids, equipment and technologies available to people who are blind or vision impaired, such as:

* Magnifiers.
* Screen readers for computers.
* Accessible mobile phones and software applications.
* Correct lighting.
* Tactile markers for household appliances.

BCA strongly recommends that AT be added to the list of supports and services in its own right. Moreover, in consultation with members, BCA has devised its own list of blindness-specific services:

* Information about and training in the use of AT.
* Orientation and mobility, including dog guide training, cane training and instruction in other relevant products and equipment.
* Braille instruction and transcription services.
* Library services.
* Occupational therapy as it relates to daily living skills.
* Rehabilitation counselling.
* Genre cooking classes.
* Social activities.

Underutilisation of NDIS Supports
BCA has observed that structural issues have led to the underutilisation of NDIS supports by people whose support needs are largely episodic.[[16]](#endnote-16) The new Act should have sufficient flexibility to cater to such people’s needs.

When it comes to services like orientation and mobility training, for example, it can be difficult for a participant to predict how much support they may require over a 12-month period. If an individual suddenly has to relocate or learn how to get to a new workplace, they may require intensive orientation and mobility training to enable them to navigate these new environments safely and independently.

Support for transport costs may also need to be increased for the period during which the individual is still learning how to use public transport to access their workplace, local shopping and other community services and amenities. Whilst these supports will not be ongoing, ensuring they are received in a timely manner is critical to the dignity, independence and wellbeing of the individual.

Without this initial investment in higher level support, the costs of supporting an individual who has not been supported to function to their full capacity will be significantly higher in the long term.

For example, the learning of new travel routes is a naturally stressful process, as it takes a high degree of concentration and is highly dependent on the nature of the relationship between the instructor and the learner for a successful outcome. To add financial pressure to that scenario by asking someone to predict how many hours will be needed to become competent at travelling a route is unhelpful. It could actually lengthen the amount of time it takes for a person to become confident in travelling alone because of the extra stress and anxiety added if they feel that they are under pressure to become competent at travelling within a certain amount of time.

Until such time that a more responsive process can be put in place, it is likely that many people who are blind or vision impaired will miss out on receiving the supports they need in a timely and effective manner, thus impacting upon their participation in social, cultural and economic life.

Failure to Account for Degenerative Conditions
BCA has also observed the unpredictable and complex support needs for people with degenerative conditions. Again, the new Act should have enough flexibility to accommodate the support needs of such people. A BCA member relates her experience:

In the past couple of years, I have lost my remaining sight. It seems to me that over this period especially, but probably for many years, life has been an almost continuous series of ‘episodes’ requiring new learning, new devices, and a lot of training. I’ve found that the transition from having a little sight to none at all has been the most intense in this way, although the degenerative nature of RP means that changes occur frequently and over a long period of time.

At the moment, I feel that my life consists of many different kinds of new learning – new guide dog, preceded by several months of cane training, almost a year of adaptive technology training, continuous work to develop Braille reading skills, and then there are just the many kinds of adjustment and reorganisation in order to live reasonably without sight.

I don’t even know how to begin to think about what is an ‘episode’ because the change is so global, and one period of adjustment and learning blends into the next one. I think that people with degenerative conditions don’t necessarily have neatly delineated ‘episodes’, but rather are in a continuous state of flux. So, somehow, this needs to be accommodated in the support for those fortunate enough to access the NDIS.

Consequently, when it comes to supports such as orientation and mobility training, there is currently a need for individuals to plan for over and above what they might actually need based on a worst-case scenario of the episodic needs that are likely to arise within any 12-month period, as an underestimation will mean they cannot access the support they need without requesting a full plan review – ultimately preventing them from accessing this support when they need it most.

This anomaly is sure to be contributing to the underutilisation of plans, as participants may not use all supports that have been committed in any 12-month period. Whilst this may be the case, it would also be a mistake to assume that people might require less supports in their plan the following year.

Personal plans and the availability of supports need to be flexible enough to accommodate for sudden changes which are likely to lead to sporadically higher costs. It is our understanding that the National Disability Insurance Agency (NDIA) will no longer approve any new supports without a full plan review – a process which can take several months.

Numerous scheme participants who are blind or vision impaired have already reported having to seek a review almost as soon as their first plan was in place, as new support needs had emerged that could not have been foreseen at the time of planning.

Additional Federal Funding for Eye Care
BCA would also like to raise awareness of the need for additional federal government funding for eye care, particularly early detection and intervention initiatives. In Australia, 90 per cent of blindness and vision loss is preventable or treatable if detected early enough. Unfortunately, many Australians continue to experience avoidable vision loss due to conditions such as cataract and diabetes eye disease.

First Nations people are disproportionately affected, experiencing blindness and vision impairment at three times the rate of other Australians. The social and economic costs are mounting, with Vision 2020 Australia putting the total national cost of vision loss at $27.6 billion annually or $46,950 per person with vision loss aged over 40.[[17]](#endnote-17)

According to the Australian Bureau of Statistics, approximately half of the Australian population has some vision problem that requires treatment.[[18]](#endnote-18) Whilst most people have refractive errors (such as short- or long-sightedness, astigmatism, and presbyopia) which can be corrected with contact lenses, spectacles and/or surgery, some eye problems can be improved by optometric vision therapy.

Medicare currently provides a yearly bulk billed eye test for people over 65, and a bulk billed eye test every three years for people under 65. Not all optometrists bulk bill, however, resulting in out-of-pocket costs.

Contact lenses and spectacles are not presently covered by Medicare, meaning that those who can afford to do often utilise a private health fund that includes optical benefits in order to reduce vision costs. There are narrow state- and territory-based subsidies and concessions to cover some of the costs of basic spectacle frames and lenses for pensioners and/or financially disadvantaged residents.[[19]](#endnote-19)

Optometric vision therapy programs – which treat conditions such as amblyopia (lazy eye), eye alignment and coordination problems (including turned eyes or squints), poor focus, inadequate eye-hand coordination, and the visual effects of acquired brain injuries – are not covered by Medicare or private health insurance.

Vision therapy is particularly beneficial for children and young adults, and can markedly improve focusing, handwriting and reading comprehension and potentially forestall costly surgical interventions at a later date.

Increased funding for eye care, especially for early interventions, would make Australia a healthier and more equitable nation. It could also reduce eye care costs in the long term, and allow ophthalmological experts to focus their efforts on creating innovative new treatments rather than perform surgeries on people who could have otherwise avoided them.

**Recommendations:**

1. Include AT as one of the supports and services in its own right, and incorporate the full range of blindness-specific services and the numerous aids, equipment and technologies available to people who are blind or vision impaired.
2. Rectify the structural deficiencies that have led to an underutilisation of NDIS supports. Provide more flexible support for people who are blind or vision impaired, including those with episodic needs and those with degenerative conditions.
3. Consider the many benefits, especially for children, young adults and First Nations people, of additional federal government funding for eye care.

### 3.7 – Question 7 – Do you consider it necessary to retain separate provisions for employment services and rehabilitation employment program, or could they be combined?

Disability Employment Services Reform
In a seminar facilitated by the DSS, it was explained that Disability Employment Services (DES) reform is a separate piece of policy reform that will occur at a later date. The new Act merely seeks to accommodate future reform.

BCA believes DES reform is much needed for people who are blind or vision impaired. There is currently only one organisation in Australia that is both a blindness service provider and a Disability Employment Services (DES) provider. Many other DES providers have little understanding of how to best support a person who is blind or vision impaired, and so most people are effectively stuck with the one organisation. In order to provide people who are blind or vision impaired with genuine choice, we believe the government has a role to play in creating incentives for other DES providers to receive specialist technical training on the needs of people who are blind or vision impaired.

Separate Provision Systems for AT
As with Question 3, there is evidence that people with disability need to use their AT across many life areas (work, school, home, travel, leisure etc.) and separated provision systems create silos and difficulties with holistic provision. Again, the best way to remove the inequities for people with disability who are ineligible for the NDIS is through the establishment of a harmonised, nationally consistent AT/HM program (see Recommendation 8).

**Recommendations:**

1. Create incentive for staff at other DES providers to receive specialist technical training, or have ready access to information, about the needs of people who are blind or vision impaired.

## 4. Summary of Recommendations

BCA strongly recommends the following actions:

1. Include the proposed objects in the new Act.
2. Specifically mention assistive technology (AT) as an enabler of each and every one of the proposed objects.
3. Recognise that AT is instrumental in addressing each of the four barriers to full and effective participation in society.
4. Use inclusive and contemporary language when describing people with disability in the new Act.
5. Follow the examples set by New South Wales, South Australia and Victoria in naming the new legislation the ‘Disability Rights and Inclusion Act’ rather than the ‘Disability Services Act’.
6. Specifically recognise people with identities or characteristics who may experience multiple forms of disadvantage and discrimination.
7. Recognise the broad spectrum of visual disability by providing much-needed services and supports to **all** Australians who are blind or vision impaired and not included in the NDIS.
8. Establish a harmonised, nationally consistent assistive technology/home modifications (AT/HM) program to meet the needs of people with disability who are ineligible for the NDIS.
9. Ground the new Act in the social model of disability and the human rights model of disability.
10. Consider the progressive visual impairment of people with degenerative conditions when defining disability to ensure access to appropriate supports and services as they lose their vision.
11. Include provisions for a new independent regulator to ensure service quality and investigate noncompliance.
12. Include AT as one of the supports and services in its own right, and incorporate the full range of blindness-specific services and the numerous aids, equipment and technologies available to people who are blind or vision impaired.
13. Rectify the structural deficiencies that have led to an underutilisation of NDIS supports. Provide more flexible support for people who are blind or vision impaired, including those with episodic needs and those with degenerative conditions.
14. Consider the many benefits, especially for children, young adults and First Nations people, of additional federal government funding for eye care.
15. Create incentive for staff at other DES providers to receive specialist technical training, or have ready access to information, about the needs of people who are blind or vision impaired.
1. Vision 2020 Australia, “Eye Health in Australia,” accessed 31 January 2023,
<http://www.visioninitiative.org.au/common-eye-conditions/eye-health-in-australia>
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