



# **Vision Australia's submission to the Education, Tourism, Innovation and Small Business Committee to address the National Injury Insurance Scheme (Queensland) Bill 2016.**

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**Email:** ETISBC@parliament.qld.gov.au

**Submission to:** Research Director  
Education, Tourism, Innovation and Small Business Committee  
Parliament House  
George Street  
Brisbane Qld 4000

**Response approved by:** Karen Knight  
General Manager, Queensland and Northern Territory

**Response submitted by:** Kate Begley, Policy Advisor

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## **Summary**

Vision Australia welcomes the opportunity to make a submission to the Queensland Education, Tourism, Innovation and Small Business Committee's inquiry to address aspects of the National Injury Insurance Scheme (Queensland) Bill 2016.

Social insurance schemes such as the NIIS and the National Disability Insurance Scheme (NDIS) are important social reforms that can help people who are blind or have low vision to live the life they choose.

It is essential that people who become blind as the result of a serious injury in a motor accident should be eligible for appropriate care and financial support under the NIIS for Queensland.

## **Eligibility**

It is important that the NIIS covers a person who becomes blind due to a serious and traumatic injury. See discussion regarding the definition of 'blind' below. When a person is confronted with sudden blindness they require support and care with their daily living in order to maintain independence, safety and dignity. We strongly believe that the NIIS should cover the costs of medical, allied health services and blindness rehabilitation services for people with a diagnosis of permanent blindness from an injury, including psychosocial support.

### **Meaning of treatment, care and support needs**

In the NIIS Bill 2016 it is stated that treatment, care and support needs must relate to the following:

- medical or pharmaceutical treatment
- dental treatment
- rehabilitation
- ambulance transportation
- respite care
- attendant care and support services
- aids and appliances, other than ordinary personal aids and appliances
- prosthesis
- education or vocational training
- home or transport modification.

We support the provision of the above services under the NIIS and believe that Counselling and Psychological Treatment must also be included as a funded support.

When coming to terms with permanent blindness resulting from a serious traumatic injury, and the many repercussions that often follow, participants in the NIIS must be offered essential psychological treatment or counselling as a funded care and support need. Estimates suggest that approximately 35% (or about one in three) people who are blind or have low vision experience depressive symptoms. This is double the rate experienced in the general population, where symptoms are prevalent in around 1 in 6 people.

We believe that psychological treatment as a funded care and support need would be beneficial to all participants in the NIIS, not just those with permanent blindness. The shock and grief of a major injury is often life changing, and chronic in nature which, according to research, leads to a greater risk of developing depressive symptoms.

Depression often impacts on a person's ability to function, for example, to engage in rehabilitation, employment and social activities. To minimise the impact of depression on participants in the NIIS, psychological treatment or counselling must be offered as a funded care and support need.

### **Necessary and reasonable treatments, care, and support**

We believe that the NIIS definition of 'reasonable and necessary' should align with that of the NDIS. By keeping the definition and criteria the same across both schemes, there will be comparable outcomes for people with a traumatic injury and the ongoing management of their loss of vision. In particular, section 4 of the NDIS Act is referenced below:

4. Reasonable and necessary supports for people with disability should:
  - a. Support people with disability to pursue their goals and maximise their independence,
  - b. Support people with disability to live independently and to be included in the community as fully participating citizens, and
  - c. Develop and support the capacity of people with disability to undertake activities that enable them to participate in the mainstream community and in employment.

The NIIS should maintain the same criteria for these supports, which are crucial for enabling the rights of people who have experienced loss of vision due to traumatic injury to fully participate in the community. This reinforces the need for the funding of supports such as psychological treatment or counselling as outlined above.

### **Initiating an NIIS claim**

We recommend that units within hospitals identify possible NIIS entrants and that a preliminary eligibility assessment be made for patients to claim under the scheme.

We would like to ensure that NIIS funding starts from the time of admission to hospital and that the patient has access to lodge a claim for NIIS cover while in hospital. We recommend that the NIIS provide assistance to patients who are unable to complete the claim form independently because of their injuries.

In the acute period immediately following discharge from hospital, when the reality of permanent blindness is being absorbed, it is critical that support services are received without delay under the NIIS. We believe that blindness rehabilitation must commence immediately to help the patient to maintain independence and to come to terms with their new reality.

### **When a person is not eligible to participate in the NIIS**

In Chapter 2, Part 1, Section 12, concerning eligibility, the Bill states in sub-section (3):

*“...a person is not eligible to participate in the scheme in relation to a serious personal injury if—*

*(a) before the motor accident resulting in the serious personal injury, the person suffered from another injury or condition.”*

We urge the Committee to exclude the word “condition” as there are eye conditions that can dramatically decline from trauma to the head, face or eyes.

One example of an eye condition falling into this category is pathological myopia (extreme short sightedness). Pathological myopia creates a higher risk of retinal detachment. People with pathological myopia are at much greater risk of blindness due to retinal detachment following the kind of head trauma that typically occurs in motor accidents.

We believe that a person who previously had an eye condition such as pathological myopia, who subsequently suffers a severe injury in a motor accident causing permanent blindness, must be eligible to receive NIIS cover.

### **Definition of permanent blindness under the NIIS**

In the NIIS Bill 2016 in the *Schedule 1 Dictionary*, under the “*serious personal injury*” definition, part (i) blindness means “*permanent blindness caused by a trauma.*”

We believe this term, which is based on the legal definition of blindness, should not be the minimum benchmark on which to base a person’s NIIS eligibility. We propose that the NIIS define permanent blindness caused by a trauma as based on a person’s functional vision after trauma, rather than being measured solely by the legal definition of blindness.

It is the functional impact of a person’s vision that is most important, as opposed to a technical definition of blindness. Vision Australia’s position on this important matter has been supported by consecutive alternate Australian Governments in the development of the National Disability Insurance Scheme. It would be unfair to proceed with different eligibility criteria between the NIIS and NDIS. Refusal to consider functional vision loss below legal blindness within the eligibility criteria of the NIIS, poses a grave concern to the blindness and low vision community.

### **Key definitional concerns:**

It is commonplace that the benchmark of legal blindness is applied as a first step to accessing a range of government programs. Legal blindness is defined in Australia as ‘a best corrected visual acuity in one or both eyes of less than 6/60 on the Snellan Scale or a visual field of less than 10 degrees’. This benchmark determines an individual’s access to the Disability Support Pension

(Blind), Mobility Allowance, State and Territory Travel Pass schemes, Mobility Parking schemes, and the Companion Card scheme.

In describing impairment and disability, the Productivity Commission has used the term “*severe and profound*”, whilst the Government and various Parliamentarians have used “*significant and permanent*” as key descriptors of disability. Alternatively, the NDIS Act under s.24 refers to “*substantially reduced functional capacity to undertake... activities*” as an indicator of disability. These criteria are based on the World Health Organisation’s (WHO) International Classification of Functioning, Health and Disability (ICF). WHO refers to the ICF as a classification of health and health-related domains incorporating body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation.

Since an individual’s functioning and disability occurs within a context, the ICF also includes a list of environmental factors. However, in essence the ICF provides a spectrum of impact based on both clinical and functional variables. The benchmark for vision related sensory disability in regard to “*substantially reduced functional capacity*” will be determined by whether the NDIS Rules or subsequent guidelines adopt the clinical or functional dimensions within the ICF.

The ICF and its accompanying assessment tools do not provide certainty as to the use of visual acuity as a starting point for assessing eligibility for the NDIS. However, Vision Australia assumes that some medical or clinical diagnosis must be set as a benchmark for establishing an individual’s impairment as a preliminary assessment measure.

The WHO International Classification of Diseases (ICD), which complements the ICF, measures the impact of vision related impairment on a scale from 0 (Mild) to 5 (Severe) with corresponding visual acuity benchmarks, as seen in the table below.

Category	Presenting distance visual acuity	
	Worse than:	Equal to or better than:
<b>0 Mild or no visual impairment</b>		6/18 3/10 (0.3) 20/70
<b>1 Moderate visual impairment</b>	6/18 3/10 (0.3) 20/70	6/60 1/10 (0.1) 20/200
<b>2 Severe visual impairment</b>	6/60 1/10 (0.1) 20/200	3/60 1/20 (0.05) 20/400
<b>3 Blindness</b>	3/60 1/20 (0.05) 20/400	1/60* 1/50 (0.02) 5/300 (20/1200)
<b>4 Blindness</b>	1/60* 1/50 (0.02) 5/300 (20/1200)	light perception
<b>5 Blindness</b>	No light perception	
<b>9</b>	Undetermined or unspecified	
	* or counts fingers (CF) at 1 metre.	

**Note:** The term visual impairment in category H54 comprises category 0 for mild or no visual impairment, category 1 for moderate visual impairment, category 2 for severe visual impairment, categories 3, 4 and 5 for blindness and category 9 for unqualified visual impairment. The term “low vision” included in the previous revision has been replaced by categories 1 and 2 to avoid confusion with those requiring low vision care.<sup>1</sup>

<sup>1</sup> Table taken from the ICD-10:Version 2010

Vision Australia is concerned that the “severe” visual acuity benchmark outlined in the ICD (category 2 or legal blindness in the Australian standard) will be used as the first step in the criteria to determine eligibility for funded supports under the NIIS. According to the ICD, we believe a “*moderate*” benchmark should be applied to assess vision related disability, which begins with a clinical assessment of acuity of less than 6/18 for what is commonly defined as “low vision”.

A traumatic impact upon a person’s functional vision that is assessed as permanent ‘low vision’, which if measured by a technical definition may fall outside ‘legal blindness’, can result in the need for significant blindness rehabilitation services. It would, therefore, be reprehensible to set the medical benchmark for NIIS at a legal definition of blindness.

The following rationale provides the basis for our position.

### **Comparable functional needs - same outcomes:**

Blindness and low vision can impact an individual in one or more of the following categories:

- communication;
- social interaction;
- learning;
- mobility;
- self-care;
- self-management; and
- Capacity for social and economic participation.

A person’s functional need cannot be determined by a medical or clinical assessment alone. The outcomes achieved by various services and supports can be the same whilst the nature, intensity and frequency of such supports differ. Examples include:

- Literacy aids – a person who is blind and uses a screen reader or a person who has low vision who uses a screen magnifier and portable CCTV, achieves the same outcome of being able to read and write. If you remove the technology, both lose functional literacy.
- Mobility aids – a person who is blind and uses a Seeing Eye Dog or a long cane and a person who has low vision and uses a long cane when outdoors, achieves the same outcome of mobility in the community. Remove the aids, both lose independent mobility.
- Adaptive technology training – a person who is blind and undertakes computer training for their screen reader over four terms, and a person with low vision who trains for one term to use their screen magnifier, achieves the same outcome of proficient alternative literacy methods. Remove the training, and both lose their access to literacy.

These comparisons apply equally across the spectrum of skills training for independence in the home, independence in the community, employment, education, sport and recreation, information access, and many more life stages and activities involving a range of aids and equipment.

The impact of loss of vision to a level below 6/60 can be as devastating as vision loss of 6/60 and above. A young person of school age, who suffers an injury that leaves them with permanent low vision as opposed to legal blindness, will still be impacted in terms of their access to literacy and learning. Further information and examples are provided below.

### **Definition of Functional Vision:**

‘Functional vision’ relates to how well a person uses their remaining vision. If a person has better vision than being legally blind, eligibility is determined by the functional impact of their vision loss, so long as the vision condition is permanent.

The functional impact of vision loss is based on what a person is unable to do because of their vision loss. For example, if someone had previously used their kitchen appliances by visually looking for power buttons or temperature controls and they can no longer do so because of their vision loss, the functional impact on them is that they can no longer cook and use kitchen

appliances. In this situation a person would require orientation training and kitchen modifications so that the person could return to doing their cooking independently.

The Australian definition of legal blindness, or an equivalent benchmark, should not be used as a minimum threshold in determining eligibility for NIIS funding, and as a starting point, low vision should be applied should any visual acuity threshold be used. Vision Australia believes that a consistent approach, across the two complementary schemes of the NDIS and the NIIS, is imperative.

Various government and community agencies find it helpful to use levels of vision loss to make assessments about an individual's eligibility for services and support. The most commonly recognised levels of vision loss are:

### **6/12 Visual Acuity**

- Mandatory loss of driver's licence (Australian Road Rules). Become reliant on public transport, walking, family and friends to access community facilities.

### **6/18 Visual Acuity**

- World Health Organisation (WHO) definition of "low vision".
- Become eligible to receive support under the Better Start for Children Initiative (BCSI). More than 4,000 Australian children with cerebral palsy, Down syndrome, Fragile X syndrome and vision or hearing impairment are registered for BSCI vital early intervention support.
- May need adjustments in the home, school or at work in order to maintain maximum independence – e.g. some home appliances with visual displays may no longer be accessible; printed materials may need to be enlarged or provided in other formats such as audio; various aspects of the workplace may need modifying.
- Access to community services and facilities may become difficult or less enjoyable without supporting facilities and services such as audio-enabled ATM machines, audio description in cinemas and at live events.
- Safety and independent mobility may become compromised without some specialist skills development, e.g., learning how to use audible traffic cues to cross the road more safely, making use of Tactile Ground Surface Indicators to assist safe walking.

### **6/36 Visual Acuity**

- Further adjustments in the home, school, workplace and community may be necessary to maximise safety and independence.

**6/60 Visual Acuity** (upper limit of legal blindness – can see at 6 metres what a person with normal vision can see at 60 metres)

- Approximately 30,000 Australians are estimated to be legally blind (as at September quarter 2011, there are around 26,000 people in receipt of the Disability Support Pension (Blind) and Aged (Blind) pension, including 12,000 under the age of 65). The definition of legal blindness used by the Commonwealth Government is 6/60 visual acuity or less in the better eye after best possible correction using glasses or other means, OR a 10-degree field of vision or less in the better eye after correction.
- Further adjustments in the home (such as tactile indicators on household appliance buttons, use of audible liquid level indicators, talking scales, etc.), school, workplace and community will most likely be necessary to maximise safety and independence.

### **Clinical versus functional need**

The critical question is, given the distinction between "more severe" and "less severe" assumed by designations of legal blindness and low vision, is it reasonable for legal blindness to be set as the benchmark for access to NIIS funding? Essentially, this is about determining whether a medical

diagnosis or clinical measurement alone can be attributed in a meaningful way to how and what impact that diagnosis will have on a given person's life.

Vision Australia believes a person's needs cannot be determined by a medical or clinical assessment alone. We recommend the definition of permanent blindness caused by trauma be defined by both clinical and functional measures based on the impact of the vision loss, due to injury, on the individual and the subsequent supports required for that person to function.

We further ask that the committee consider the impact of low vision on a person's long-term employment prospects. A Vision Australia survey conducted in 2012 found that 58% of respondents were unemployed, and not by choice. It was further found that one-third of those employed would like to work more hours, indicating that under-employment is another issue experienced in the blindness and low vision community. According to the Australian Bureau of Statistics the workforce participation rate for people with disability was recorded as 54.9% in 2012, compared with 82.5% for the remainder of the population.

People who have low vision experience greater difficulty in accessing information about job opportunities and the associated recruitment processes. They face attitudinal barriers, held by recruiters and employers, that they will cost more to employ, require substantial adjustments to the workplace, and increase occupational health and safety risks.

Jobs are critical to a person's independence and prosperity. Social exclusion increases disadvantage, isolation and discrimination, having far-reaching negative impacts across all aspects of life. When a person experiences a loss in their functional vision, impacting their employment prospects, it jeopardises their financial independence and can impact on their standard of living, can affect their physical and mental health, and their level of self confidence when job-seeking.

We urge the Committee to re-consider eligibility thresholds, beyond the legal definition of blindness, and amend the NIIS definition of 'permanent blindness caused by a trauma' accordingly.

### **Functional vision will not blow the budget**

Vision Australia contends that the cost to the NIIS to expand eligibility beyond the 'legally blind' threshold would be negligible – blindness and low vision remains a low incidence cohort.

The Productivity Commission report that led to the NDIS used a number of support streams and levels of intensity, with the vast majority of funded persons likely to fall within either the significantly reduced function in home-care, communication, mobility or self-management category or the early intervention category. The operation of the NDIS provides an indicative estimate that can test population and cost impact.

The ongoing quarterly reports to the COAG Disability Reform Council on the operation of NDIS indicate that the cohort of persons with vision impairment, comprise between 3% and 5% of the total disability population, including those who are below legal blindness. Additionally, those with vision impairment who are receiving NDIS support, receive packages at below half the average cost of NDIS participants (\$16,545 per annum for sensory loss compared to \$35,450 average participant cost).

### **Advisory Committees**

The NIIS Legislation provides for the creation of an advisory committee and the appointment of its members. We believe that this committee should require a minimum representation of consumer members. These should be drawn from the respective cohorts that are covered under the NIIS, including representation of people with blindness and low vision. This representation is crucial to achieve equality of both opportunity and outcome under the NIIS. Additionally, the benefits of including the lived experience of people who have experienced a catastrophic injury will bring a greater depth of understanding to the Advisory committees deliberations.

## **About Vision Australia**

Vision Australia is the largest provider of services to people who are blind, deafblind, or have low vision in Australia. It was formed through the merger of several of Australia's most respected and experienced blindness and low vision agencies.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families. The service delivery areas include:

- independent living
- aids, equipment and assistive technology
- early childhood
- orientation and mobility
- employment
- accessible information (including library services)
- recreation and social support
- Seeing Eye Dogs
- advocacy, and
- working collaboratively with Government, business and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has gained unrivalled knowledge and experience through constant interaction with our 27,500 clients and their families, and also through the involvement of people who are blind or have low vision at all levels of the Organisation. Vision Australia is therefore well placed to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant client consultative framework, with people who are blind or have low vision representing the voice and needs of clients of the Organisation to the Board and Management.

Vision Australia is an equal opportunity employer. We are a significant employer of people who are blind or have low vision, with 14% of total staff having vision impairment. We are leading advisors and developers of ICT systems to provide an enabling work environment, we practice affirmative action in employment of BLV candidates and we conduct regular research to build upon our evidence base.

Vision Australia also has a formal liaison arrangement with Blind Citizens Australia (BCA) through a Memorandum of Understanding for a number of purposes, including collaboration, so that Vision Australia's systemic advocacy and public policy positions are, wherever practicable, consistent with the programs and policies of Australia's peak body representing people who are blind or have low vision.