Federal election priorities 2025



Introduction

There are approximately 453,000 Australians who are blind or have low vision¹. Vision Australia estimates that 70 percent of this group are aged 65 years or older. Based on ABS population projections, Vision Australia predicts that there will be more than 564,000 people in Australia who are blind or have low vision by 2030.

Vision Australia is the nation's largest blindness and low vision service provider, respected by the community as the experts in our field. For more than 150 years, Vision Australia, and its predecessors, have delivered services for our clients so they can live the life they choose. We support individuals at every stage of life, by providing a broad range of services, including: disability employment services, expert clinical advice, children services, Seeing Eye Dog services, orientation and mobility training, provision of vision specific equipment, and library services. We are also a leading provider of the National Disability Insurance Scheme (NDIS) and My Aged Care for people who are blind or have low vision.

We are pleased to present our 2025 federal election priorities. This election priorities document sets out four key priorities which are of significance to members of the blindness and low vision community, and the providers who serve this sector.

Foreman J, Keel S, Xie J, van Wijngaarden P, Crowston J, Taylor HR et al. 2016. The National Eye Health Survey 2016: Full report of the first national survey to determine the prevalence and major causes of vision impairment and blindness in Australia. Melbourne: CERA.

Vision Australia's key priorities are:

1. Aged care

- The provision of dedicated block funding for vision services delivered to aged care consumers.
- The implementation of a streamlined referral pathway for aged care consumers identified as having a vision impairment.
- The recognition of vision services as being akin to clinical care.

2. National Accreditation Scheme for assistance animals

 The establishment of a national register of assistance animals.

3. National Disability Insurance Scheme

 Implementation of a differentiated pricing model for therapy based services delivered by allied health professionals and other professionals under the National Disability Insurance Scheme.

4. Information Services

 Implementation of a longer term funding model to ensure the continued provision of information services.

Aged care

The majority of vision loss occurs later in life. For older Australians with vision loss, specialised early interventions, supports and equipment (collectively vision services) are a proven way to assist them to live independently for longer and stop the progression onto higher and more costly levels of care. Delivered or supplied by professions unique to the vision sector such as orientation and mobility specialists, orthoptists and assistive technology specialists, these vision services mitigate the risks associated with vision loss and also have a positive impact on quality of life and wellbeing by preventing loss of confidence and functional decline.

People who are blind or have low vision, and are aged care consumers, have more specific needs compared with the vast majority of consumers in the sector. The needs of this group are not necessarily linked to frailty, or focussed on daily living supports, but are instead or additionally to do with blindness and low vision rehabilitation. Most often, these consumers only access vision services periodically to assist with independence as their vision levels change.

The potential to prolong independence and reduce health expenditure are important factors in providing services to older Australians as part of a scheme that builds capacity at an early stage. The planned introduction of the Support at Home Program for older Australians, offers an important opportunity for Government to better connect older Australians with vision loss with necessary supports. However, Vision Australia is concerned that the vision services that enable independence and reablement for the aged care cohort have not been adequately considered in the implementation of the Support at Home program.

Vision Australia urges the Government to ensure that the Support at Home program takes account of older Australians who are blind or have low vision through the implementation of the following measures:

Dedicated block funding for vision services

The funding model for in-home care must cater for single need services such as vision services, which are highly specialised and often delivered on an episodic basis. The vision sector comprises a small number of organisations that service a low incidence consumer cohort. Without certainty of funding, there will be a significant operational impact on providers, with the subsequent risk that older Australians with vision loss will not receive the vital vision services they need. The nature of these services is such that they cannot be replicated by generalist aged care providers.

We request the government to directly fund specialist vision providers through a block funding process. This will allow such providers to deliver timely interventions that prevent further deterioration of vision in older Australians, achieve good outcomes for aged care consumers and reduce the overall cost to the health system.

Streamlined referral pathways

It is essential for consumers in the aged care system to be able to access single need vision services in a targeted and timely manner to prevent functional decline from vision loss.

We request the government to introduce a requirement that all participants in the Support at Home Program who have non correctable vision loss flagged during an aged care assessment be automatically referred for access to services from an accredited blindness and low vision provider of their choice. This approach will benefit aged care consumers with regard to the timeliness of their access to specialised services, and reduce the burden on generalist assessors in identifying potentially suitable services.

Recognition of vision services as akin to clinical care

Specialised service providers such as orientation and mobility specialists, orthoptists and assistive technology specialists possess unique skillsets which are important to the delivery of high quality vision services and the achievement of quality outcomes for consumers. Access to vision services is both time critical and instrumental in preventing functional decline. In this way, vision specialist services can be likened to clinical care services. Clinical care is generally differentiated from other forms of care based on its specialised nature, the level of training required of the individuals providing that care, and its ability to reduce adverse outcomes.

We request the Government to recognise and include vision specific services in the same category as clinical care, and thereby ensure that they are fully funded for aged care consumers who need to access those services. If these services were to attract a co-contribution fee, there is a considerable risk that aged care consumers will be discouraged from engaging with services that will make an appreciable difference in preventing loss of independence and functional decline. It would be a perverse outcome should an aged care consumer experience a loss in function and require a higher level of care due to an inability to afford an early and more cost effective option.

National Accreditation Scheme for assistance animals

Seeing Eye Dogs and Guide Dogs trained to assist people who are blind or have low vision are arguably the highest trained assistance animals in Australia. These dogs have been provided protections under Commonwealth and State legislation for many years, including the Disability Discrimination Act 1992 (DDA). They are generally well accepted by the community for the important role they play in increasing the independence of people who are blind or have low vision.

Assistance animals more broadly are also provided protections under the DDA. This recognises that people with disabilities (other than vision impairments) also benefit from the support of trained animals.

The DDA, however, currently lacks specificity around training requirements for assistance animals. In particular, it does now always require animals to be trained by an organisation that meets international accredited quality standards. Combined with the differences in State and Territory laws and policies regarding assistance animals, this can often result in confusion in the community about what constitutes an assistance animal. This in turn causes a range of issues for people with disability who use assistance animals in areas such as travel, accommodation and access to premises, particularly with regard to animal refusals.

It is necessary for assistance animals to have a consistent level of training and accreditation across Australia to ensure that positive public access for all assistance animals is maintained. Without a consistent approach to the registration of assistance animals, there will be continuing confusion in the community and the continuing negative impact of animal refusals on people with disability.

We urge the Government to establish a national register of accredited assistance animals to provide the wider public with greater assurance that assistance animals meet training and behaviour standards, and to address the lack of understanding about the legal access rights of accredited animals.

We recognise the work being done by the Government in this area through the recent consultation on draft National Principles for the regulation of assistance animals. We call on the Government to progress this work promptly to allow for timely action on this issue.

National Disability Insurance Scheme

Vision Australia provides services across Australia to participants of the NDIS who are blind or have low vision. This is a small cohort with specific needs, representing approximately 2 percent of the NDIS participant market. Whilst NDIS clients may remain connected with Vision Australia over a number of years, their service needs are generally periodic, rather than continuous in nature, being most relevant where there are changes to a participant's vision or circumstances. Services for this cohort are largely therapy based. The delivery of these services requires individual service providers to have specialist blindness and low vision skills. For Vision Australia, there is usually a high cost associated with the training and development of individual service providers at the commencement of their employment to ensure this skillset is present.

As is the case for many organisations in the disability sector, Vision Australia has significant concerns around sustainability, with NDIS therapy pricing having remained static since July 2019, despite the impact of inflation and increasing costs. For Vision Australia, in particular, the prices ascribed to therapy services do not reflect the costs of training providers in the requisite skillsets, nor the higher costs of onboarding participants having only sporadic service needs.

The current NDIS pricing structure represents a flat funding model. That is, all allied health professionals and other professionals (such as orientation and mobility specialists, orthoptists and assistive technology specialists) are ascribed the same value, regardless of expertise, specialisation or level of experience. This differs from other sectors such as health, where there is a graded model. The structure creates disparity and disadvantage for service providers who are investing in service quality, providing clinical governance and supervision, and building the professional skills of their workforce to meet specialised need, comparative to those service providers who are delivering services which are more general in nature.

In reviewing the NDIS pricing model, we would urge the Government to implement a system that differentiates and scales therapy prices for allied health professionals and other professionals (such as orientation and mobility specialists, orthoptists and assistive technology specialists) depending on provider expertise and specialisation. We believe that such a model would be fairer, more reflective of the true costs for service providers, and in the long term, incentivise investment in workforce capability building within the disability sector.

Information, advice and referral supports

The effective and efficient provision of information is an essential support for people who are blind or have low vision. This is particularly the case for people who have been recently diagnosed or who have experienced a sudden deterioration in their vision. As a specialist provider, Vision Australia is seen as an important source of information for the community in understanding vision conditions, and the strategies and supports available to assist.

To meet this community expectation, Vision Australia invests heavily in the creation of and updating of tools and resources to support information access for people who are blind or have low vision. This includes online toolkits to support development of generalised compensatory strategies around vision loss, as well as guides to assist in accessing funding and other government programs. We also provide important information to increase community awareness and improve community attitudes towards blindness and low vision.

In addition, Vision Australia invests significant time and effort in supporting people who are blind or have low vision to establish links with disability related and community services. Examples of this include: assisting parents to find an appropriate preschool or playgroup, referrals for counselling or behavioural support, and other therapies that are outside of our expertise or remit. The majority of this work is unfunded.

There is an ongoing need for specialist providers to support information and referral services, as generalised disability services rarely offer resources that are sufficiently tailored to meet the needs of low incidence cohorts such as blindness and low vision. The resources provide a high level of value to the community with whom we work, however their sustainability proves challenging unless there is dedicated funding for this purpose. Whilst information services are currently funded through the Information Linkages and Capacity Building program, it is unclear whether continued funding will be available on the conclusion of this program.

We urge the Government to implement a longer term funding solution to enable the continued provision of information services by specialised disability providers, which also supports the delivery of referral based activities. These services are low cost interventions which provide people with important knowledge and skills to manage their disability and maintain community participation. Funding which is certain, and consistent is necessary for such services to be viable and be effective for disability communities, and the community more broadly.



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