# Vision Australia: Submission to the Joint Standing committee on the National Disability Insurance Scheme – NDIS Independent Assessments Inquiry

Prepared by Caitlin McMorrow, NDIS and Aged Care funding specialist Lead and Chris Edwards, Manager Government Relations, Advocacy, NDIS and aged care

## Introduction

Vision Australia is pleased to have the opportunity to provide this submission to the National Disability Insurance Agency regarding the introduction of independent assessments for NDIS participants. We understand that the implementation of independent functional capacity assessments is intended to deliver a simpler, faster and fairer approach to access and planning decisions. While we acknowledge that independent assessments may allow for greater equity of access to the scheme, Vision Australia has significant concerns that people with disability, as well as organisations with specialist knowledge of particular cohorts, have not been adequately consulted in the design of the assessment process, or in the selection of standardised assessment tools that are utilised. There has, to date, been no data to indicate the efficacy of the independent assessment process for low incidence disability cohorts such as people with blindness or low vision, who make up approximately 2% of scheme participants overall. While we believe the independent assessment process has the potential to lead to positive reform, this is only likely to be realised if there is extensive and ongoing consultation with participants, families and providers across the disability sector. It is vital that detailed information be provided by the Agency in order to clarify how assessments will work, how standardised tools will account for individual circumstances, and how information gathered as part of the process will be used to determine access and planning outcomes. It is likewise imperative that participants have a legislative right of review in relation to the independent assessment process specifically. Without this in place, participants will be subjected to a largely untested system that is supported by an unacceptable lack of accountability and evaluation.

## Recommendations

* Reforms to the scheme of this scope and magnitude should be based on a clear commitment to co-design, involving people with disability, their families, service providers and representative bodies.
* Both prospective and existing participants must have access to clear and sequential information about the steps involved in an independent assessment, so that they are informed and comfortable about what will happen at each stage of the process, who will be present, and the level of preparation they may be required to undertake prior. It is also essential that participants understand what level of choice, if any, they have around the organisations and individuals who conduct their assessments.
* If access lists are removed, Vision Australia would be supportive of integration between Government systems, such that if legal blindness has already been proven for access to other services, this would also be sufficient to satisfy NDIS requirements concerning evidence of disability.
* Expertise and knowledge around the impacts of vision impairment is a key trait that assessors must have. Even though the assessment tools themselves are standardised across disability types, it is necessary that assessors should understand the intersection between those tools and the common impacts on functioning which they are being asked to consider.
* If assessors have generalist knowledge only, participants must also be able to include evidence from assessment reports from therapists who specialise in the person’s disability as part of the assessment process. Specialist therapy staff not only have high levels of expertise but commonly have in-depth knowledge about a participant’s functional capacity formed over multiple years.
* It is crucial that all aspects of the independent assessment process are accessible. This includes access to information in the participant’s preferred format, accessibility of the venue and environment, and a clear understanding about the level of control that participants have over the assessment process.
* Transparency of process and an approach that supports ongoing participant engagement and feedback will be key in ensuring that both quality indicators and participant expectations are met. Independent assessments must be reviewable, in order to build trust and confidence in the framework. If a review process related to the independent assessment itself is unachievable, there must at least be independent and transparent monitoring of both independent assessors and the organisations that employ them, to ensure that quality standards are met.
* It is imperative that participants have access to the same information that their planning delegate receives about them through the assessment process. This should be provided to the participant and the planner at the same time, so that both parties can participate in planning discussions on an equal footing.
* The requirement for participants to complete an observational task during their independent assessment should be dispensed with. Data gathered from these tasks is unlikely to be representative of functional capacity overall and should not be used as a determinant of plan funding. A contextual discussion with the participant about their needs alongside use of the standardised assessment tools would be more appropriate.
* The requirement for a nominee to complete parts of the independent assessment on the participant’s behalf is inappropriate and should only be mandated where it is necessary due to the participant’s age or capacity, or where it is their preference to elect a support person for this purpose. Adults who are equipped to answer all questions about themselves in their own right should be afforded the opportunity to do so.

## Terms of reference

### The development, modelling, reasons and justifications for the introduction of independent assessments into the NDIS

The introduction of independent assessments is arguably one of the most significant NDIS reforms since the Scheme’s inception. In view of the scope of its application and the significant impacts for participants around access, planning and funding outcomes, the lack of consultation and transparency surrounding these reforms has been unequivocally disappointing. While independent assessments were recommended by the Productivity Commission in 2011 and supported by the Tune Review in 2019, the modelling for these assessments that is currently proposed seems vastly different from what was endorsed, particularly by the latter report. Although people with disability and the organisations that represent them have had opportunities to contribute to submissions since the reforms were announced, they have not been afforded opportunities to contribute to design of the proposed model. Reforms to the scheme of this scope and magnitude should be based on a clear commitment to co-design, involving people with disability, their families, service providers and representative bodies. The engagement that has occurred might also be considered somewhat superficial, given that contracted independent assessment providers were announced in the same week that submissions responding to the NDIA’s independent assessment consultation paper closed. This indicated a clear intention to plough ahead with the proposed model, in spite of the significant concerns raised by participants and the disability sector more broadly.

While the aim of ensuring fair and equitable access to funding has been put forward as a key justification for the proposed assessment model, it is questionable as to whether this can be achieved with tools that are so standardised that they do not allow for variability in individual participant circumstances. The assessment tools may be standardised, but disabilities are not, meaning that participants will also vary widely in terms of how they perceive and respond to questions. A one size fits all approach seems directly contrary to the principles of choice and control that are enshrined across existing NDIS legislation and policies.

Finally, a key factor of concern is the lack of participant protection inherent in the independent assessment model. Without a clearly stated right to challenge assessment results, participants are subject to the risk that errors in judgment of their functional capacity will adversely affect their planning and funding outcomes, potentially for years to come. It seems inconceivable to suggest that a stranger forming a view of the participant in the course of a three-hour assessment, will infallibly gain an accurate representation of their needs and functioning across several different life domains and environments. If the Government and the NDIA wish to build participant confidence in the assessment process, and strive for its continuous improvement, a right to review of results must be considered as part of the impending legislative reform.

### The independence, qualifications, training, expertise and quality assurance of assessors

Vision Australia acknowledges that even for staff with allied health experience, it is likely to be challenging to assess participants with a broad range of disabilities, and to understand each person’s individual needs and the support options available to them. Blindness and low vision is a low incidence disability cohort, constituting approximately 2% of Scheme participants overall. Consequently, there is significant concern from both participants and organisations across the sector that independent assessors may not possess the requisite knowledge and experience to effectively engage with people who are blind or have low vision. Expertise and knowledge around the impacts of vision impairment is a key trait that assessors working with this disability cohort must have. This would include knowledge of how to interact appropriately and respectfully with people who are blind or have low vision, awareness around common conditions and their likely progression, and an understanding of how particular vision characteristics are likely to impact functional capacity and daily living. The NDIA has suggested that specialist knowledge is not necessary and is obviated by the use of standardised assessment tools. Even though the assessment tools themselves are standardised across disability types, however, it is necessary that assessors should understand the intersection between those tools and the common impacts on functioning which they are being asked to consider. If assessors do not have this level of knowledge and experience, there must be the facility to include evidence from other professionals with relevant expertise. The impact of lacking specialist knowledge is likely to be compounded where the participant experiences dual sensory loss. For example, an assessor with expertise in blindness or low vision would not necessarily have extensive knowledge of hearing impairment, as it relates to deafblind participants. If assessors possess generalist disability knowledge only, there is also a risk that they may be biased towards the areas of interest associated with their allied health profession. For example, a deafblind participant who recently took part in the independent assessment pilot was assessed by a physiotherapist. The questions asked of her throughout the process related primarily to physical mobility, which, while somewhat relevant, didn’t reflect the primary nature of her disability. The participant’s main area of support need was communication, and only one question relating to this was explored during the assessment. It is not unreasonable to suppose that, however unintentionally, the assessment may have been conducted in this way because it reflected the provider’s area of interest and professional expertise, rather than the participant’s situation and need.

Regarding Quality assurance, transparency of process and an approach that supports ongoing participant engagement and feedback are likely to be key in ensuring that both quality indicators and participant expectations are met. It is essential that the NDIA and its contracted assessment organisations work together to develop a continuous improvement model that is not simply driven by complaints. Participants must have the opportunity to provide meaningful feedback about the assessment process, and must be confident that there is a framework in place for that feedback to be considered and acted upon. All of the assessment pilot participants that we sought input from as part of this submission said they had been given no opportunity to provide feedback. One participant had called the Agency in order to do so, but was left with the distinct impression that it was not considered important and wouldn’t be passed on. A rating system that allows participants to review the quality of their assessment provider may also serve as a transparent indicator as to whether participant expectations are being met.

### The appropriateness of the assessment tools selected for use in independent assessments to determine plan funding

Vision Australia has grave concerns that some of the standardised assessment tools that have been identified are unsuitable for use with people who are blind or have low vision. This will have particularly significant impacts in the early childhood access pathway, however, our concerns are not limited to this age group.

In the case of early childhood access, the PEDICAT tool in particular, tends to result in poor outcomes for children who are blind or have low vision. Children assessed under the PEDICAT may appear to be within normal developmental limits, particularly if we have already been providing services. It is not until the child would typically start to become more mobile and access visual information beyond arm’s length that we would start to see developmental delays widening and the significant impact of the child’s vision impairment on their learning and development. These children will still require early intervention supports in order to develop foundational skills so that they do not present with a developmental delay at a later time. It is problematic if assessment tools only look at the child where they are now, rather than considering the foundational skills they need to develop to prepare them for changes in their condition and functioning. The PEDICAT tool generally fails to pick up vision specific issues and assessors who have only generalist knowledge of developmental markers are unlikely to either. We are aware of several children who have been refused NDIS access through the use of this assessment in the early childhood pathway to date.

Considering how independent assessments may apply to this cohort generally at a much broader age range, people who are blind or have low vision tend to be antagonistic towards the concept of deficit, and have often developed daily living and independence strategies over a significant number of years that become second nature. Unless older children and adults are coached that they must approach the standardised assessment tools under the assumption that none of the current supports or strategies that influence their capacity exist or apply, the framing of the questions in those tools is likely to lead to overly optimistic assumptions being made about functional capacity and resultantly poorer funding outcomes. As an example, many older children and adults who are blind or have low vision would answer in the affirmative if simply asked whether they can read, however, questioning in this way does not capture the detail that they need continuous and ongoing adaptations in order to do so, such as Braille, accessible documents or assistive technology. Regarding the questions contained in the standardised tools, all of the participants we spoke with said that they felt the need to provide additional comments to explain their situation in relation to many of the assessment questions. All felt that the standard rating scale did not give sufficient context to their situation and the various disability related supports and strategies they use in daily life. Most participants also said the questions were ambiguous and poorly worded. Although participants were permitted to provide additional comments, all said they received no feedback or acknowledgement to indicate whether the assessor included this information or took it on board.

### The implications of independent assessments for access to and eligibility for the NDIS

Vision Australia understands that it is the NDIA’s intention to remove the current NDIS access lists, as part of the introduction of independent assessments. We remain unconvinced that this will result in a fairer, or more streamlined access process for people who are blind or have low vision, particularly for legally blind participants who have thus far been exempted from certain evidential requirements under Access List A. People who are legally blind and have been for some time, often do not regularly visit a specialist in relation to their eye condition, because there are no mitigating treatments available or periodic checks that are beneficial. If removal of the access lists results in these participants being required to seek specialist advice to provide evidence of disability, they will either have to wait for extended periods of time to be seen through the public health system, or incur costs of obtaining relevant reports. This seems counterintuitive, given that the onus and expense of providing evidence is cited by the NDIA as one of the complexities that the introduction of independent assessments was designed to avoid. If access lists are to be removed, Vision Australia would be supportive of integration between Government systems, such that if legal blindness has already been proven for access to services through Centrelink, or a state-based transport scheme, this would also be sufficient to satisfy NDIS requirements concerning evidence of disability. People who are blind or have low vision who qualify for the disability support pension, for example, will already have undergone a number of processes to establish proof of their disability, including reports concerning their eye condition from an ophthalmologist. If proof is provided that they are legally blind, they are deemed automatically eligible by Centrelink, and are paid a specific type of disability support pension referred to as the DSP Blind. We would therefore suggest that if an NDIS applicant is already in receipt of the DSP blind, the access component of the independent assessment should be automatically satisfied, with no requirement for additional medical evidence. At the very least, it is essential that General Practitioners should still be able to certify legal blindness, in order to guard against unreasonable cost and delay for participants. Similarly, given the challenges often associated with accessing an ophthalmologist through the public health system, evidence from only one specialist should be required for vision impaired participants who are not legally blind.

### The implications of independent assessments for NDIS planning, including decisions related to funding reasonable and necessary supports

Both prospective and existing participants must have access to clear and sequential information about the steps involved in an independent assessment, so that they are informed and comfortable about what will happen at each stage of the planning process, who will be present, and the level of preparation they may be required to undertake prior. The information provided should include details about:

* How, when and by whom the assessment will be arranged;
* Who the assessor will be (including information about their professional qualifications, their employing organisation, and any choice the participant has to choose an alternative provider if they wish);
* Any preparation the participant may be required to do prior to the assessment, including details about how the process will work, the time taken to complete it and the types of questions the participant is likely to be asked;
* Any third parties who are required to participate in the assessment, along with details of the types of questions likely to be asked, so that the participant can make an informed choice about their nominee;
* Any support people that the participant may elect to attend the assessment with them;
* The impact the assessment has on the participant’s planning budget and options to review this if it is unsuitable;
* The level of access that participants have to the information recorded about them, including the ability to challenge it or seek an alternative assessment; and
* Additional documentation, such as reports from treating allied health professionals, that may be appropriate to provide, along with information about how this is likely to be taken into account when determining a funding outcome.

Participants will need to have a clear understanding of how the standardised assessment tools are used to measure their level of functioning, as well as how the information gathered using those tools will influence access and planning outcomes. The term “functional capacity” and its application in a practical context will also require explanation, in order that participants are able to understand how the questions asked of them throughout the assessment process reflect the ways in which they manage daily tasks or implement support strategies across the various life domains. Many people are unlikely to be used to quantifying their disability and level of functioning based on a rating scale, and this is likely to present a number of challenges for assessors in terms of gauging accurate responses. Additionally, if the observational component of independent assessments is to continue beyond trial phase, (although it is our firm view that it should not), participants must be given clear information about how this will impact assessment results and consequent funding outcomes. Some Vision Australia clients who have participated in the independent assessment pilot have advised that the intended purpose of the observational task was not explained to them by the assessor. They were, therefore, unsure as to whether they should choose an activity with which they felt competent, or a task with which they would ordinarily require some level of support. If participants choose a task that they know they can do well, there is a risk that the assessor may form an overly optimistic view of their level of functioning that would not necessarily apply to every situation in which the participant may find themselves. A vision impaired person’s capacity to make a cup of tea, for instance, gives no indication of their ability to navigate effectively in crowded or unfamiliar environments. Conversely, if the participant chooses a task they know they cannot complete successfully, this is demeaning and erodes self-confidence and may have mental health impacts, particularly for those who are adjusting to and grieving recent changes in their level of vision. The observational task as it currently exists within the assessment framework judges a person’s capacity based on only one, usually quite trivial task, in only one environment, on one given day. the use of this information as a key determinant of the participant’s plan budget could have catastrophic implications for funding outcomes and access to relevant supports.

It is also essential that participants understand what level of choice, if any, they have around the organisations and individuals who conduct their assessments. It would be beneficial, for example, to profile individual assessors on the basis of their qualifications and experience, so that participants can make an informed choice about the providers they work with.

It is crucial that all information provided both prior to and during the independent assessment be made available in as many formats as possible. Suitable options for people who are blind or have low vision must, at a minimum, include Braille, large print and audio. The participant’s communication preferences must be observed; a blind participant should not be forced to have materials read to them, for example, where their preference is to access the information in Braille independently. It is likewise important that assumptions about a person’s preferred information format are not made based on disability category, and should be confirmed with each individual prior to commencement of the assessment process. One participant who took part in the pilot found that it was presumed their vision impairment meant they would require materials such as prompt cards in large print. The participant in question was, in fact, a Braille reader, and failure to capture this data beforehand meant she did not have full and equal access to all of the information required during the assessment. Another participant was sent information by email prior to the assessment, which he was unable to access. No other effort was made to confirm key details with the participant, who therefore felt ill prepared on the day and was stressed by the assessment process before it had even commenced.

It is important that participants should be able to complete an independent assessment in an environment that is comfortable for them. While it may be the preference of many participants to have an independent assessment in their own home, it should be noted that this is also the environment that is likely to be best adapted to the participant’s needs, and where they will potentially exhibit their highest level of functioning. This would need to be appropriately reflected in assessment results and in the determination of subsequent plan budgets. To the maximum extent possible, participants must have a choice about where an assessment is conducted. This does not appear to have occurred consistently during the pilot, with some of the Vision Australia clients we spoke with identifying that they were given no option as to where their assessment would take place. If participants choose somewhere other than their own home, alternative venues must be both physically accessible and able to be reached via the participant’s preferred mode of transport.

It will also be necessary for participants to understand how much control they have over the assessment process. This may include factors such as knowing whether the assessment can be postponed if the participant is unable to continue, the potential implications on their plan funding if they cannot, understanding how the assessor will record information throughout and ensuring there is adequate time to clarify the process where needed. It is important to be aware that in many circumstances, participants may be inviting an unknown assessor into their own environment and this must be managed respectfully. One vision impaired participant who took part in the independent assessment pilot stated they were uncomfortable with how the provider managed the observational components of the assessment in their own home. The participant had chosen to take the bin out as her assigned task, but the provider, advising that he did not wish to accompany her outside to observe it due to his choice of attire for the day being unsuitable for the weather, requested that she choose something else. The participant felt uncomfortable completing the activity that was ultimately nominated, but given the nature of the assessment felt nonetheless compelled to comply. This is an example of how a participant, knowing that an independent assessment is the key determinant used to quantify funding in their plan, may be compelled to submit to requests to perform tasks or provide information with which they are uncomfortable. Participants must maintain control of the assessment process to the maximum extent possible, particularly where it occurs in their own environment, and there must be clear measures in place to avoid coercing or intimidating participants, whether intentionally or otherwise.

Subsequent to an assessment, it is imperative that participants have access to the same information that their planning delegate receives about them through the assessment process. This should be provided to the participant and the planner at the same time, so that both parties can participate in planning discussions on an equal footing. The NDIS is based on the admirable principles of choice and control and it is important to ensure that these are not undermined by providing other parties with information about a participant that the participant themselves does not have, or cannot easily access. We do not consider it acceptable, for example, that participants may receive only a summary of their independent assessment, whilst the planning delegate has access to a full report. There is currently a lack of clarity in the information presented by the Agency as to whether participants will automatically be able to access their independent assessment results, or whether specific requests for this information will have to be made. This must be clarified before assessments are introduced, but Vision Australia would be supportive of the former option, so as not to increase stress and administrative burden upon participants. It is concerning that, of all the participants we sought feedback from as part of this submission, none have received a copy of their independent assessment results, and most were specifically advised that these would not be provided to them at all. Additionally, if participant consent is given, it may be valuable to make independent assessment results available to service providers, to avoid cost to participants and duplication of data when assessing need for access to appropriate services.

### The circumstances in which a person may not be required to complete an independent assessment

It seems reasonable that if the assessment process is likely to be traumatising to the participant to the extent that an effective result cannot be achieved, or if there is a reasonable risk of harm to the participant or the assessor, an exemption should be granted. Greater clarity must be provided, however, to detail how planning outcomes and overall quantum of funding will be dictated where an assessment cannot be undertaken. Vision Australia would prefer to see an assessment process which, although standardised, can nonetheless be adapted sufficiently to cater to a variety of client needs and situations. Participants must not be disadvantaged by their lack of capacity to engage with certain aspects of the access and planning process. If it transpires that there are high numbers of participants for whom the standardised assessment tools cannot be appropriately adapted, we respectfully suggest that more work to refine the assessment framework may be required.

### Opportunities to review or challenge the outcomes of independent assessments

Vision Australia believes that a transparent and reviewable process is key to ensuring that independent assessments meet the expected level of quality and result in the outcomes they are intended to achieve. We have grave concerns that, based on the information provided in the NDIA’s consultation paper, it appears that there is no intention to provide a review process related to independent assessments, or to give participants an avenue to seek input from an alternative assessor if they feel their needs have not been accurately captured or represented. This gives participants a clear indication that the agency sees the work of independent assessors as being beyond reproach or review, and this is likely to erode confidence in the process as a whole. If independent assessments are to be considered the key metric that determines the personalised plan budget, there will be limited value in participants having access to a plan review if the initial result that led to the determination of their quantum of funding is flawed, but cannot be rectified due to there being no facility for re-evaluation or appeal. Even with standardised tools and consistency of process, independent assessors will not be above human errors of judgment when considering a participant’s circumstances, and although it is noted that the NDIA has committed to a rigorous monitoring process, it is not clear how this will translate to fair outcomes for participants where there is no right of review. The NDIA’s justification that independent assessments are not reviewable because they do not constitute a “decision” for the purposes of the NDIS rules seems a semantically perverse interpretation of the legislation, given the significant flow on impact those assessments will have upon plan budgets and funding outcomes. Given that legislative reform is required to introduce independent assessments in any event, a revised definition of the term “decision” that could incorporate assessment reviews ought to be readily achievable. If a review process related to the independent assessment itself is impossible, there must at least be independent and transparent monitoring of both independent assessors and the organisations that employ them, to ensure that quality standards are met. Data should also be published by the Agency to provide statistics around the average levels of funding that various disability cohorts receive once independent assessments are introduced. If these levels of funding exceed or are equal to those participants receive currently, this would help to build trust in the process and demonstrate that access to the Scheme is becoming fairer and more equitable as intended.

### The appropriateness of independent assessments for particular cohorts of people with disability, including Aboriginal and Torres Strait Islander peoples, people from regional, rural and remote areas, and people from culturally and linguistically diverse backgrounds

It will be particularly important to ensure that appropriate supports are available throughout the assessment process for participants from culturally and linguistically diverse backgrounds. This includes access to relevant information prior to the assessment in an appropriate language and format, as well as relevant support throughout the assessment itself and equal access to reported results once the process is complete. It may be valuable for participants to have access to bicultural workers, or someone who knows their history and language. This would help to ensure not only that cultural needs are met, but also that information is conveyed accurately.

In the case of those participants who are undertaking independent assessments remotely, it is necessary to ensure that they are not unfairly disadvantaged by the environment in which their assessment is conducted. This is likely to have particularly significant impacts on regional and remote participants, for whom it seems more probable that assessments may be conducted through videoconferencing technology. It must be ensured that results and outcomes are not hampered because the assessor cannot observe the participant in a face-to-face setting. As an example, one participant who provided feedback to vision Australia for this submission was asked to make a cup of tea to satisfy the observational component of the assessment. The assessor, who was attending via Video Link, commented that the task seemed to be completed safely and effectively. In actual fact, the participant said they had spilt boiling water, which the assessor seemed unable to see, though it was confirmed to be quite visible to a third party who was physically present with the participant. If these results are being utilised, even in part, to determine a participant’s level of functioning, they hardly appear accurate or useful.

### Any other related matters

Having perused all material made available by the NDIS concerning independent assessments, as well as seeking input from blind and vision impaired participants who have taken part in the pilot to date, Vision Australia has major concerns about the implementation of this strategy by the Agency.

Firstly, every blind or vision impaired participant who has provided feedback stated that they did not believe the assessor obtained a full and accurate picture of their functional capacity, based on the observational task they were asked to complete. In one case, a third party who attended the assessment noted that there were several safety issues associated with performing the task that the assessor, observing via videoconference, appeared unaware of. Vision Australia would question whether the observational task adds any meaningful data to the assessment results, particularly where it is not observed in a face-to-face setting. Many adults will find it demeaning to be asked to “perform” in this way, and the completion of one trivial task is unlikely to give any real indication of the person’s level of functioning on an ongoing basis. We are of the firm view that this component of the assessment process should be dispensed with, and that assessors should instead have a meaningful discussion with participants about how they manage daily tasks. This could take place in conjunction with the use of the assessment tools, so as not to unduly influence the standardisation of the process

Finally, vision Australia is vehemently opposed to the need for all participants to elect a nominee to complete part of their assessment. We acknowledge that there are circumstances where this is appropriate, such as when conducting assessments for children, or where the participant does not feel able to answer all questions in their own right. For adults with full capacity who are capable of articulating their own needs however, the requirement for a nominee seems entirely superfluous. In most circumstances, the participants who provided feedback for this submission said they did not feel their nominee was well equipped to respond to the questions asked, and that they would have been better placed to provide this information to the assessor themselves. The fact that participants in the pilot are, in most situations, being requested to leave the room while a third party discusses their needs and level of functioning is both concerning and deeply offensive. Given that participant involvement in goal setting, planning and choosing services is instrumental to the scheme, it is disappointing to see this level of exclusion and ableism in the Agency’s approach to independent assessments. Input from nominees should be viewed as an optional component of the assessment, either where the age, capacity or preference of the participant deems it is required.

## Conclusion

Vision Australia thanks the Joint Standing committee for its consideration of this paper. We wish you well in your deliberations and would be happy to provide additional information about any of the matters discussed in this submission.