VISION 2020 THE RIGHT TO SIGHT AUSTRALIA

Response to proposed statements on eligibility and reasonable support under an NDIS

September 2012

National body working in partnership to prevent avoidable blindness and improve vision care

Contents

Introduction

Established in October 2000, Vision 2020 Australia is part of VISION 2020: *The Right to Sight*, a global initiative of the World Health Organisation and the International Agency for the Prevention of Blindness (IAPB).

The organisation's vision is the elimination of avoidable blindness and vision loss by the year 2020 and ensuring that blindness and vision impairment are no longer barriers to full participation in the community.

Over 60 organisations are members of Vision 2020 Australia and are involved in; local and global eye care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support.

Members come together to collaborate, advocate and raise awareness of eye health and vision care in Australia and in our region.

Recognising the transformative opportunity of the National Disability Insurance Scheme (NDIS), Vision 2020 Australia and its member organisations have come together to provide a united voice to The Council of Australian Governments Select Council on Disability Reform (the Select Council) to ensure that an NDIS is fair, equitable and meets the needs of people who are blind or have low vision. This response to the proposed statements on eligibility and reasonable and necessary supports has been produced in collaboration with members of the Low Vision and Rehabilitation Committee of Vision 2020 Australia. We appreciate the opportunity to provide feedback to this critical element in the NDIS design, and as this paper represents the lived experience of consumers and the expert advice of Australia's leading organisations in vision related sensory disability, that the Select Council accept and progress the recommendations herewith moving forward.

Members of Vision 2020 Australia Low Vision and Rehabilitation Committee

(Alphabetical order)

Association for the Blind WA

Australian College of Optometry

Blind Citizens Australia

Brien Holden Vision Institute

CanDo4Kids - Townsend House

Centre for Eye Research Australia

Guide Dogs NSW/ACT

Guide Dogs QLD

Guide Dogs SA.NT

Guide Dogs Victoria

Keratoconus Australia Inc

Macular Degeneration Foundation

Optometrists Association Australia

Queensland Vision Initiative Inc

Retina Australia

Royal Association of Guide Dogs Tasmania

Royal Institute for Deaf and Blind Children

Vision Australia

Executive summary

Vision 2020 Australia and its member organisations are strong supporters of the National Disability Insurance Scheme (NDIS). Only a major reform on the scale of Medicare is the answer to fixing the lottery that currently exists in the provision of disability support in Australia, and we remain committed and engaged in the process of turning theory into practice as the NDIS becomes a reality. The undersigned members and Vision 2020 Australia recognise the opportunity before us, and we come together with a united voice to provide advice at this critical time in the development of the NDIS.

We are encouraged by the release of the proposed eligibility and reasonable and necessary statements for public comment, and draw some comfort from the recognition of the functional impact of visual sensory disability in the discussion paper. Vision 2020 Australia remains cautious, however, as we await further detail of how these statements translate into judgements of severity in needs assessment tools and guidelines for the provision of individual support packages.

The concerns within the blindness and low vision community of a potential eligibility cut off for funding at the legal blindness benchmark, have not been allayed with the release of these statements. Vision 2020 Australia continues to address this issue and clearly argue that functional need cannot be determined by a clinical diagnosis alone. We remain concerned about the exclusion of people aged 65 years and over from the NDIS, and note the continued absence of detail and clarity about how this demographic will be supported in a manner comparable to younger Australians by developments in the aged-care or health sectors. And we provide feasible options for consideration to how this problem ought to be managed in an equitable manner.

Moving beyond the persistent questions of policy, Vision 2020 Australia is more positive about the statements as they are presented but provide recommendations of how the statements can be enhanced to achieve more inclusive language and more positive outcomes. Getting the balance right between language that seeks to progress the insurance based agenda and the intention to include people with legitimate support needs is a difficult task, but one that goes to the heart of achieving the goal of the NDIS to liberate community participation and help facilitate the aspirations of people with disability.

As Australia's leaders in the blindness and low vision sector, we have drawn upon our unique position to gather together and present with one voice, the perspectives of what is important to consumers and the real life support profiles of people who are blind or have low vision. We have provided an extensive list of case studies that draw upon a broad spectrum of individuals, their support needs, and most importantly the outcomes and aspirations these individuals are seeking to achieve through these supports. As we move closer to the introduction of the NDIS in the five launch sites, now more than ever is the time for the Select Council to understand fully the landscape of support that is the everyday for people who are blind or have low vision around Australia. It is our hope that this will assist the Select Council in understanding our perspective inherent in our recommendations and positively guide the detail that is still to come.

Summary of recommendations

Recommendation 1

That the Select Council in relation to Criterion 2 adopt one of the following options:

1. Remove Criterion 2 and include people aged 65 years and over in the NDIS; or
2. Add to the statement a log of diagnosis provision i.e. “or has a documented history of disability prior to age 65”; or
3. Add to the statement “or is a protected person” and implement a protection measure in policy; or
4. Make no decision until the viability, feasibility and efficacy of the proposed policy response in Criterion 2 is tested by including people aged 65 years and over in one of the launch sites

Recommendation 2

That Criterion 3 include a statement for early intervention, to read as “The individual has a disability that is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of impairments or is a child with a global developmental delay or the individual requires early intervention attributed to a stated category of impairment or combination of impairments”.

Recommendation 3

That Criterion 4a) be amended to read as, “The impairment is permanent or has the potential to be permanent”.

Recommendation 4

That Criterion 4(b) be adjusted to read as, “results in a substantial functional impact undertaking activities of daily living”.

Recommendation 5

That the wording of Criterion 4(d) “may be of a chronic episodic nature” be appended to Criterion 3.

Recommendation 6

That criterion 4(d) be retained and expanded to include infrequent support, i.e.

"result in the need for ongoing or long term episodic or infrequent support".

Recommendation 7

That item b) be adjusted to read as, "support the individual's capacity to undertake activities of daily living and/or to participate in the community and/or employment".

Recommendation 8

That item c) incorporate an explicit intention of outcome, and be amended to read as, "are effective, outcome focused and evidence informed".

Critical understanding of blindness and low vision

Vision 2020 Australia and its member organisations have been engaged with the developments of the NDIS since the beginning and have watched very closely as it has unfolded. We have particularly noted a lack of fulsome appreciation of vision related disability as it applies to the NDIS, which is contrary to the policy intention behind the scheme.

As more concrete details are starting to emerge and the launch sites are now only months away, we take this opportunity to help offer our knowledge and professional advice to support the design of the NDIS. At the heart of our concerns, notwithstanding the issue of the age criteria, is the continuing question of "significant severity" which will be the determinant to whether an individual will have access to funded support or not. Essentially, the ongoing rhetoric points to a potential benchmark of legal blindness being the significant indicator in an assessment of severity, as it is with so many other sites of policy where primacy is given to judgements of "most need". However, it is our unreserved professional position, based on actual service and support profiles and extensive consumer consultation, that an individual's need cannot be determined by a medical diagnosis or clinical benchmark alone.

Our member organisations have contributed to provide the Select Council with a snapshot of real life profiles of people who are blind or have low vision and the breadth and nature of their support engagements. The general narrative of the case studies contained within Appendix A, can be captured in the following 2 brief examples:

Case 1

Luke is a 33 year old book keeper, who is totally blind due to optic atrophy resulting from a brain tumour in his late teens. He works part time for a small manufacturing company in Sydney's inner-west. Travelling each day to work and to his local gym, Luke uses his dog guide, Max, which he has had for two years. In his work and home life, he uses software called JAWS that reads aloud onscreen text, which he uses with standard windows based applications. He also uses a scanner and Optical Character Recognition (OCR) software, to convert any paper material into electronic documents that he can read with his screen reader. For Luke, Max is his link to safely and confidently moving around the community, whilst his adaptive technology is his link to literacy, both in the workplace but also in every other context in which he reads and writes. Without his mobility aid,

adaptive technology, and the extensive training learning how to use both, his opportunity for living an independent life of his choosing, would be severely limited.

Case 2

Danielle is a 20 something year old research assistant in the public service who has low vision due to retinopathy. In the few years following high school, her visual acuity deteriorated to 6/36 vision with a visual field of 50 degrees, but her prognosis is for relatively stable vision outside the aging process. Danielle uses a long cane when outdoors, and a portable close circuit television (CCTV) magnifier and screen magnification software on her computer for reading and writing at home and in the office. For Danielle, her long cane is her link to safely and confidently moving around the community, whilst her adaptive technology is her link to literacy, both in the workplace and in every other context in which she reads and writes. Without her mobility aid, adaptive technology, and training learning how to use both, her opportunity for living an independent life of her choosing, would be severely limited.

The fundamental message from these examples and those in Appendix A, is that an individuals need, the functional impact on their day-to-day lives and the ability to participate in everyday activities cannot be attributed solely to legal blindness or low vision. There are six key points that the Select Council is strongly encouraged to consider in moving to progress from these high level statements to their translation into needs assessment tools and practice guidelines for the Launch Transition Agency.

Comparable functional needs - same outcomes

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 are different. 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. Remove the technology, both lose functional literacy
- Mobility aids – a person who is blind and uses a dog guide 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 an extended period and a person with low vision, who trains for a limited number of sessions 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 play out 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 and a range of aids and equipment.

Reduced quantum of support - same outcomes for less

Service profiles typically indicate that more vision means less cost, less intensity and less frequent support. It is estimated that an indicative ratio of 1:4 between people who have low vision and those who are blind can be used across all three measurements[1]. Therefore, positive outcomes can be met for people with low vision at a reduced premium.

Proportionally small numbers

It is difficult to accurately determine the prevalence of blindness and low vision in the Australian community. However, there are several different sources that could be drawn upon to assert prevalence. The Productivity Commission has drawn upon data from the ABS 2009 Survey of Disability Ageing and Carers (SDAC), however, this data does not provide an accurate representation of prevalence for blindness and low vision. The 2009 SDAC estimates the number of people who are blind in Australia to only be around 16,200, which is in contrast to Centrelink data showing some 26,532 persons are currently recipients of a Disability Support Pension (DSP) or Aged pension and are blind[1].

To overcome this deficiency, we have developed a population prevalence model combining data from the 2011 census and the 2003 SDAC. The model uses the proportional prevalence by age, blindness and low vision from the 2003 SDAC and applies it to corresponding population data derived from the 2011 Australian census. The model estimates that there are likely to be around 333,000 people in Australia who are blind or have low vision that cannot be corrected by spectacles or contact lenses.

This model can be validated by considering several other sources. The Blue Mountains Eye Study, undertaken by the Centre for Vision Research between 1992 and 2009, estimated the prevalence of blindness for those aged over 50 years living in the study population area to be 0.4 per cent[2]. The assumption used in our model was a prevalence of 0.35

[1] Centrelink FOI request by Vision Australia October 2011.
[2] Centre for Vision Research, "Blue Mountains eye Study", {ONLINE} http://www.cvr.org.au/bmes.htm, cited 4 July 2012.

per cent for the same group in the general population. Again turning to Centrelink data, some 12,439 individuals aged 16-65 years are current recipients of the DSP (Blind), which is comparable to the 13,146 persons estimated by the model. With this validation and allowing for a 10 per cent margin of error, it is fair to say that the model provides a sound representation with which to draw inferences.

Should the NDIS budget proper only be concerned with people aged 0-64, the model estimates that there are only 13,000 people who are blind and 129,000 people with low vision aged 0-64 years within the broader group. However, from market projections based on real service data, we anticipate that less than 30 per cent or 3,900 people who are blind and 10 per cent or 12,900 people who have low vision will seek to access NDIS funded support in any given year. This represents only 4 per cent of all those who will be funded by the NDIS.

Fiscally Responsible

Based on this market segmentation and drawing upon anticipated corresponding cost profiles in the Productivity Commission's report, the total cost to the NDIS budget for vision related disability would be a maximum of $250 million or less than 2 per cent of the NDIS operating budget. This is using the exaggerated cost profile of $15,000 for each and every person, even though real life profiles indicate most people with low vision will seek to use less than $4,000 in any given year. If the anticipated 1:4 cost ratio plays out, the actual total cost is likely to be closer to $110 million or less than 1 per cent.

The right social investment

Social investment is the realisation that there are consequences stemming from social spending that flow back to the community in different ways, similar to how spending on infrastructure has a myriad of positive community consequences. Social spending is not dead money, but is dynamic in terms of the flow on effects it generates.

There are many different approaches to measuring social investment. The Social Return on Investment (SROI) methodology has been used to calculate the monetary return to the community for each dollar spent on a range of services, and useful indicators have been quantified. This analysis reveals that substantial returns to the community are derived from each dollar spent on blindness and low vision services, with a minimum of $1.85 returned by Orientation and Mobility training, $8.58 from disability employment services, and $12.40 from children and family services[3]. These examples of returns exist despite limitations accurately quantifying social returns across the spectrum of

[3] Vision Australia 2010, Social Return on Investment Research undertaken by Social Ventures Australia.

community interactions and projecting these gains long term. Despite these shortcomings quantifying the full extent of returns, providing access to services and supports to all those that need them, does make good financial sense and is the right investment in our social capital.

Conversely, excluding people with disability from meaningful opportunities to engage in social and economic activities has a detrimental impact on both the individual and Australia as a whole. In the most recent welfare expenditure report released by the Australian Institute of Health and Welfare, people with disability received the highest recurrent funding for welfare services by state and territory governments (39 per cent). Overall, welfare services for people with disability accounted for approximately 19 per cent ($16.9 billion) in overall welfare spending[4].

Furthermore, people with disabilities are overrepresented in long-term unemployment and underemployment statistics. The Australian Bureau of Statistics reported that long-term unemployed people were twice as likely to have a disability as those in regular employment[5]. More damningly, it is estimated that of the labour market of people who are blind or have low vision, 59 per cent are unemployed and 33 per cent of those who are employed want more hours[6]. These indicators demonstrate that people with a disability are underutilised in the Australian labour force, despite a well-documented skills and labour shortage. Clearly with these signposts, maintaining the status quo when it comes to people with low vision, will not act to limit the individual and economic cost of exclusion.

Inclusive growth is the right approach for the nation

Nobel Prize winning economist, Joseph Stiglitz, put it well when he wrote in his most recent book, *'The Price of Inequality"*:

> "…Whenever we diminish equality of opportunity, we are not using one of our most valuable assets - our people - in the most productive way possible…."[7]

Making sure those with comparable needs are not left behind is not just right for individuals and their communities, but is also right for the nation. Inclusive growth

[4] The Australian Institute of Health and Welfare, 2007, Welfare expenditure Australia 2005–06
[5] ABS 2009 Survey of Disability, Ageing and Carers
[6] Vision Australia (2012), "Employment Research Survey Report 2012", International and Stakeholder Relations Department, Sydney.
[7] Stiglitz, J. (2012), "Price of Inequality", Allen Lane, London.

theory recognises that to ensure a sustainable and stable economic growth pattern, countries must ensure to take direct actions to alleviate poverty and reduce inequality – lifting the base and reducing the gap is the way to drive growth.

In acknowledging that Australians who are blind and those with low vision experience levels of unemployment and under-employment at levels akin to populations in developing nations, 5 and 4 times the national average, it is clear that general National considerations of poverty and inequality cannot be separated from the structural and attitudinal challenges of this population group. Therefore the social investment ramifications of the NDIS, when viewed from an 'inclusive growth' perspective, not only has a significant impact at the micro level on individuals, their families and the community, but also has macro level implications on the stability and long term sustainability for Australia's economic growth. Thus, the NDIS must be viewed as a central macroeconomic lever for the nation, at the same level of importance as other fiscal and monetary policies aimed at driving and sustaining robust economic growth.

The Productivity Commission in its report attempted to quantify the long term economic benefits of the NDIS. The Commission suggested that were Australia to achieve employment ratios for people with disabilities equivalent to the average OECD benchmark, employment of people with mild to profound disabilities would rise by 100,000 by 2050, and could reasonably be expected to be as high as 250,000 when including those without core activity limitations. This alone would add a full 1 per cent to GDP per annum or around $32 billion in the year 2050 alone[8].

Again, in looking at the vision related disability proportion of these gains and considering the real functional impact of low vision, investment in all those who require support can only have a positive net effect on the economic bottom line. With this macroeconomic approach to the NDIS, the full impact of the NDIS social investment must not be undermined by near sighted fiscal gains by harking back to outmoded assumptions of need based on medical criteria. To leave out people with low vision who have legitimate and equal needs is to choose a growth pattern that disengages a real proportion of the community from their potential social and economic contribution– it only works if everyone is counted.

[8] Productivity Commission 2011, “Chapter 16”, in ‘Disability Care and Support’, Report no. 54, Canberra.

General comments on the proposed statements

Vision 2020 Australia believes the proposed eligibility statement should provide more detail for individuals in our sector to clarify their inclusion to be assessed for funded supports under the NDIS. We seek to draw comfort from the emphasis in the statements which clearly indicate eligibility for funded support to recognise the functional impact of visual sensory impairment. With such a significant reform, there is an opportunity to end the long standing notional divide between classifications over and under the legal blindness benchmark. We remain concerned about the exclusion of people aged 65 years and over from the NDIS, and note the continued absence of detail and clarity about how this demographic will be supported in a manner comparable to younger Australians by developments in the aged-care or health sectors.

The statements of reasonable and necessary supports are more positive from our perspective. However, we would welcome further detail supporting the assertions in a meaningful way. Again, the questions that have constrained the enthusiasm of people who are blind or have low vision for the NDIS, such as infrequent service access, the availability of various technologies and aids, and the breadth and range of home and community access supports, remain in the absence of a more fulsome statement.

To address the concerns of our members and clients, we have considered the wording and language of the proposed statements and our recommendations reflect the nuance required to be inclusive of vision related disability. In addition, and with a sense of urgency, we have provided context for our recommendations and a series of case studies drawn from across our member organisations, demonstrating the importance of getting it right in this once-in-a-lifetime reform.

Eligibility

Criterion 2: The individual is less than 65 years of age on entry to an NDIS

In the absence of specific and unambiguous comparable measures by other sectors for the provision of disability related services and supports for people who are blind or have low vision and are over the age of 64, it is difficult for Vision 2020 Australia to support this provision. Furthermore, considering the impact of vision related disability on an individual, where the social, attitudinal and environmental barriers remain present regardless of one's age, this seemingly sound yet arbitrary cut off, fails the equity and fairness test prescribed in the National Disability Strategy.

The case studies provided in Appendix A, clearly illustrate the consequences of this criterion and illustrate the detrimental effects of restricting the NDIS to people under 65. Vision 2020 Australia believes there are a number of sound options available to the Select Council.

First, this criterion appears to pick up on the Productivity Commission's recommendation that a transitional arrangement be put in place to progressively achieve a genuine lifetime care and support scheme, principally by enabling people receiving NDIS supports who move over the 65 year threshold to continue receiving NDIS support. While it is unclear whether this criterion will in fact incorporate the other elements of the Productivity Commission's recommendations, (funding support through the aged-care sector; and eventual transition to the aged-care sector once specific service have activated), this approach could be adopted as a general policy response. This is a viable option and provides security for those over 65 and who meet the other eligibility and assessment criteria.

A second option is to implement a log of diagnosis measure as a grandfathering provision. This would allow an individual over the age of 65, who has a documented history of disability prior to turning 65 and who meets all other eligibility criteria, to be covered by the NDIS. This option would be a pragmatic alternative recognising that it is not reasonable for an individual, who has lived with disability all his or her life, to be suddenly told their disability is in fact an age-related illness. Under this proposed option, the Launch Transition Agency would have clear guidelines that accept formally documented evidence at the time of application which gives effect to a grandfathering measure.

Another, yet less efficacious, option would be to implement a transitional measure to enable people over the age of 65 and who meet all other eligibility criteria, to apply for entry to the NDIS within a fixed time frame following the full introduction of the scheme. A protected person measure could be introduced as such a transitional arrangement. This would provide some protection for those people who may have been blind or had low vision all their lives and for those who may be new to vision loss, yet is a less desirable position given the inevitable limitation of a sunset clause. *The Migration Act* February 26 2001 amendment with the protection application arrangements for New Zealand citizens residing in Australia is an example of precedent for such a protected person provision. This provision allowed NZ citizens who arrived in Australia after this date to apply for citizenship on the basis of extenuating circumstances, until the sunset date of February 26 2004.

These options either on their own or in combination provide a reasonable and efficacious policy alternative to the existing statement. Whether people over the age of 65 are funded through the NDIS or aged care packages will not affect the bottom line. Government has an obligation to provide supports, and the option of inclusion provides seamless support and security for people whose disability has been already recognised.

Testing the viability of including people over 65 is also an option, regardless of whether one or other of the recommendations outlined are adopted by the Select Council. Vision 2020 Australia in providing these reasonable and sound policy options, further strongly recommends to the Select Council that, at a minimum, the viability, feasibility and efficacy of extending NDIS support to persons aged 65 years and over be tested during the launch phase. The launching the NDIS in the sites of the Hunter in NSW, Barwon in Victoria and the ACT without age demographic limitations provides options for a determined number of test cases or some other determined test criteria, in order to understand the implications for the NDIS in actual terms.

As it stands, there is reasonable concern that the evidence does not support an age response over a disability response, and the aged-care or health care sectors have not provided certainty that they will step into the breach. A live test scenario in a confined environment is the most effective method of providing government and the community with the right actuarial information to effectively determine the right policy response for the NDIS in the long-term.

We urge the Select Council to adopt this approach.

Recommendation 1

That the Select Council in relation to Criterion 2 adopt one of the following options:

1. Remove Criterion 2 and include people aged 65 years and over in the NDIS; or
2. Add to the statement a log of diagnosis provision i.e. “or has a documented history of disability prior to age 65”; or
3. Add to the statement “or is a protected person” and implement a protection measure in policy; or
4. Make no decision until the viability, feasibility and efficacy of the proposed

policy response in Criterion 2 is tested by including people aged 65 years and over in one of the launch sites.

Criterion 3: The individual has a disability that is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of impairments or is a child with a global developmental delay

This statement has prima facie validity, however Vision 2020 Australia reserves judgement on its implications in the absence of further detail arising from specific needs assessment guidelines and methodologies, especially as the severity measure will be activated by the assessment process.

We do however recommend the need to explicitly state the inclusion of persons with degenerative conditions in this statement. The efficacy of early intervention is a central feature of an insurance based approach and as such, must be clearly articulated in this high level eligibility statement. Furthermore, early intervention is a key feature of service and support interventions in the vision related disability sector as the case studies below clearly demonstrate. As it stands, the statement attributes disability to an existing impairment, whereas early intervention discourse, is intrinsically future focused and not dependent upon existing determinations of impact or need.

Recommendation 2

That Criterion 3 include a statement for early intervention, to read as "The individual has a disability that is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of impairments or is a child with a global developmental delay or the individual requires early intervention attributed to a stated category of impairment or combination of impairments".

Criterion 4: The impairment/s Item a: is permanent or likely to be permanent

Vision 2020 Australia believes this statement should be amended to distinguish clearly between an actual remedy and a potential remedy. While a potential remedy may be theoretically possible, there may be any number of factors between an individual's actual situation and the achieving a remedy.

People who have cataracts provide a case in point. It is true in some cases that a surgical procedure can be undertaken to provide a medical solution to cataract related vision impairment, this situation cannot be assumed as a given. The surgical procedure may be carried out, but not result in permanent restoration of sight. An individual

may be tentatively diagnosed by an optometrist, then required to consult a specialist ophthalmologist, then placed on a waiting list through the public health system, undergo the first operation and recovery period on one eye, and then a second operation on the remaining eye and subsequent recovery, all before an assessment of success can be made and an outcome determined. There may be a range of other circumstances which may be prohibitive to surgery, either due to the individual's particular cataract or eye health, or other secondary medical conditions that may affect an individual's appropriateness for a surgical option. Finally, as with all invasive procedures, some risk always exists and for whatever reason, an individual has the right to also choose not to expose themselves to such risk. For these reasons, a judgement of permanency cannot be pre-determined or, indeed, the time with which a person does live with disability, however temporary, cannot be so easily overlooked

Therefore, Vision 2020 Australia recommends that this criterion be amended to incorporate the nuance of potentiality, and the word "likely" be amended to reflect the potential for permanency.

Recommendation 3

That Criterion 4a) be amended to read as, "The impairment is permanent or has the potential to be permanent".

Criterion 4(b) results in a substantially reduced functional capacity of the individual to undertake activities of daily living

Firstly, it remains to be seen how the word "substantially" will be translated into measurements of severity through needs assessments and Vision 2020 Australia reserves further comment pending more detail on how this will play out.

Secondly, this criterion appears to attribute functional capacity with actions of daily living, and, as such, overly "medicalises" capacity as an individual attribute. "Activities of daily living" in the disability sector, have traditionally been attributed to interventions, such as bathing, eating, dressing, moving in and out of bed or a mobility aid, personal transport and the like. This traditional interpretation is especially significant where language primarily attributes functional capacity to the individual.

The concern with this statement arises in the case of people who are blind or have low vision, where functional capacity is limited more by a narrow depiction of how

activities are performed rather than internal limitations i.e. reading visually or reading via braille, unaided mobility or mobility with a dog guide etc. essentially as it stands, the language is skewed towards a medical perspective of disability rather than towards a social/environmental perspective.

The language is subtle, but the separation of the subject and nominal phrase (substantially reduced functional capacity of the individual) from the predicate (to undertake activities of daily living) appear to cause this narrow emphasis. Therefore, to overcome this problem and to more accurately broaden the scope of this criterion, we suggest removing the word "individual" and to join functional impact with activities of daily living.

Recommendation 4

That Criterion 4(b) be adjusted to read as, "results in a substantial functional impact undertaking activities of daily living".

Criterion 4(d) may be of a chronic episodic nature and result in the need for ongoing or long term episodic support

The first part of this statement, "may be of a chronic episodic nature", is more correctly related to a category of disability rather than a symptom of impairment, and ought to be appended to the expressions under Criterion 3.

In relation to the second part, "episodic support" or "infrequent support" is in fact an indicative support profile of people who are blind or have low vision, and Vision 2020 Australia would like to see this item re-configured to acknowledge this. As the below case studies demonstrate, and as the discussion paper acknowledges, the functional impact of blindness and low vision can be related to requiring the use of adaptive technology to read and write on a daily basis, a mobility aid for everyday mobility, or intensive daily skills training with a team of allied health professionals, emotional support and case management to interact across government departments and life needs and aspirations. An individual with substantial compensatory skills and a long history of improving those skills, may not access a service or require updated or replacement equipment for some years, but when they need that support, it ought to be available to them when they need it.

We therefore recommend that the second part of item (d) remain and be expanded to incorporate infrequent support, which more accurately relates to individuals that may access support with many months or years between engagements.

Recommendation 5

That the wording of criterion 4(d) "may be of a chronic episodic nature" be appended to criterion 3.

Recommendation 6

That criterion 4(d) be retained and expanded to include infrequent support, i.e. "result in the need for ongoing or long term episodic or infrequent support".

Reasonable and necessary supports

At this point without further detail, it is difficult to substantiate how effective and appropriate these statements will be in practice, and we reserve judgement pending more detail on the assessment tools and the guidelines for attributing typical support packages.

Item b) support the individual's capacity to undertake activities of daily living to enable them to participate in the community and/or employment

As with our comments and recommendation under Criterion 4b) above, this Criterion is limited by the same subject/nominal phrase/predicate problem. In this case, "activities of daily living" and "participate in the community" should actually be both potential predicators of the subject. This is to say that supporting an individual's capacity to undertake activities of daily living, or supporting an individual's capacity to participate in the community, or both, may or may not be related or dependent upon one another. This is again important in relation to blindness and low vision, as this distinction is critical in understanding the functional impact of vision related disability and the support needs that enable the achievement of individual goals and aspirations. Therefore, the criterion ought to be adjusted to enable an applicant to combine these elements or to only identify with one or more of them depending on their own personal situation.

Recommendation 7

That criterion 4(b) be adjusted to read as, "support the individual's capacity to

undertake activities of daily living and/or to participate in the community and/or employment".

Item c) are effective, and evidence informed

Vision 2020 Australia is encouraged by this provision, as supports must be of an appropriate standard and be based on some measure of evidence to substantiate the claim. We do, however, believe that an outcomes focus ought to be explicitly stated in order to provide direction to applicants to the intent of this provision.

Recommendation 8

That criterion c) be adjusted to incorporate an explicit intention of outcome, and be amended to read as, "are effective, outcome focused and evidence informed".

Conclusion

Vision 2020 Australia supports the creation of a National Disability Insurance Scheme. It is a significant social and economic reform, long overdue.

We are encouraged by the developments and urge further clarity, consistent with our recommendations, in the interests of our community of people who are blind and have low vision.

Our recommendations support the notion of inclusion, economic independence and contribution to society, need and equity, on which the scheme is built.

Appendices

Appendix A – Case studies

The following case studies are included to provide real world examples illustrating the diversity of need and complexity of issues experienced by people who are blind or have low vision. People served by vision impairment agencies can have simple needs or more complex requirements that are compounded by factors including degree of sight loss, comorbidities and level of social support. Individuals have varying aspirations, values and seek different outcomes. Some people aspire for total independence where others may choose simple solutions that may require ongoing connection with others. The person's vision condition or level of vision does not necessarily indicate the type or level of service they will require. The following case studies are provided by a sample of Vision 2020 Australia member organisations that provide low vision services. There are other members that provide low vision services and they have are captured at the beginning of this document.

Case studies have been segmented into the following age categories:

- 0 – 6 years (Case Studies 1-4)
- 7 - 18 years (Case Studies 5-13)
- 19 - 64 years (Case Studies 14-30)
- 65 + years (Case Studies 31-33)

Most common services received
Assessment
Activities of Daily Living
Client Support & Advice
Orientation and Mobility Skills Training
Groups – School Holiday Programs
Assistive Tech Training
Facilitating Employment
Maintaining Employment

Appendix A – Case Studies

0 – 6 years: Case study 1 - Emily

Background

Emily is a 2 year old girl who is legally blind due to Leber's Congenital Amaurosis. Her visual acuity is estimated as being less than 6/60. Emily lives with her mother and who provides much of her care. Emily's mother receives the Carer Payment pension. Emily has multiple disabilities, cerebral palsy, epilepsy and a developmental delay. Emily is receiving speech therapy and physiotherapy from another disability agency and respite services from her local council.

Emily's mother contacted Vision Australia immediately after she was diagnosed by the ophthalmologist at the hospital where she was born.

Functional Implication of Vision Loss

Leber's Congenital Amaurosis is an inherited condition which is present from birth. The extent of vision loss varies, but it can be quite severe and a baby may be born with very poor vision or may even be totally blind. The vision is affected because of the impaired development of the retina which is the light sensitive film at the back of the eye.

Emily's is able to see shapes and limited detail of objects.

Individual's Goals

Emily's mother wants to understand Emily's condition and to learn how best to support her as she develops throughout her childhood.

During service planning Emily's mother identified the following individual goals:

- To understand Emily's level of vision and how she may best use any remaining vision.
- For Emily to receive specialist early intervention assistance to implement strategies to promote her overall development.
- For Emily to become more confident in orientating herself in space and navigating within familiar spaces.
- For Emily to be exposed to braille as a means of written communication.

Service Plan

The following services were provided in order to meet these goals:

- Low vision assessment to assess visual function and recommend strategies to maximise the use of Emily's remaining vision. (3 hours)
- Early Childhood Educator provided advice and support to the family around Emily's ongoing developmental needs. (30 hours)
- Paediatric Occupational Therapist undertook assessment and recommended activities to

support development. (10 hours)

- Paediatric Orientation and Mobility Specialist provided assessment and training to assist Emily to move independently within her own home. (16 hours)
- Feelix Library provided stories in braille and tactile form (that are also accessible to print readers) to promote reading between Emily and her mother and introduce Emily to braille. (Ongoing until age 8).

0 – 6 years: Case study 2 - Luke

Background

Luke is a 3 year old Australian citizen, with total vision loss. The vision loss was a result of Anophthalmia which is a congenital absence of one or both eyes. Luke lives in the regional town of Queanbeyan, NSW with his parents in a two bedroom apartment.

Functional Mobility Limitation as a Result of Total Vision Loss

Luke presented with severe behavioural problems (head banging and biting), refusal to walk despite being able to do so, was extremely tactile defensive, and had significant communication delays. Luke disliked interaction with anyone but his mother, was carried at all times by his mother, would not walk on any surface other than indoor surfaces such as carpet, or floor boards and would not wear shoes.

Orientation and Mobility Program to Enable Independent Travel

Luke was referred to Guide Dogs NSW/ACT by a GP recognising the need for mobility training. When assessed by a Guide Dogs NSW/ACT mobility instructor, Luke's specific and immediate training needs included: (i) learning to walk instead of being carried (ii) confidence-building to assist movement across outdoor surfaces (iii) guiding techniques.

The program goal was for Luke to become increasingly confident when walking and being guided rather than carried. The mobility program involved:

- An assessment of needs (2 hours)
- Rapport building and walking with confidence (60 hours)
- Walking across a range of outdoor surfaces (e.g., grass, concrete) (30 hours)
- Guiding techniques (30 hours)

Training occurred once a week over 10 months.

Orientation & Mobility Training Outcome

The mobility instructor interacted and developed rapport through play. Introduction to exploration followed which, after 6 weeks, Luke felt confident to walk in the playground on grass, bark chips, and sand. After 4 months, Luke rarely exhibited head banging or biting and was a much happier child. He would freely walk with the instructor and/or his parents around the gardens of the apartment block, and by the tenth month was walking distances of approximately 800 metres along uneven terrain, up and down steps, and varying ground surfaces. Luke had accepted a guiding technique of holding onto his parents fingers with one hand. Further, he was happy to wear shoes for extended periods of time. This program increased the confidence and travel of Luke, and freed his parents from carrying him.

0 – 6 years: Case study 3 – Bella

Background

Bella is a 4 year old Australian citizen, born with Cortical Vision Impairment and Cerebral Palsy which are permanent conditions. Bella has light perception only and is dependent on parents and carers for her daily living requirements. Further, Bella has no language though does verbalise a limited range of sounds especially when playing. Bella receives allied health services that work in collaboration which include physiotherapy, occupational therapy, speech therapy, and orientation and mobility services.

Bella lives in a regional coastal town in NSW with her parents and three siblings. She attends a local preschool two days a week, early intervention one morning per week, and at other times is at home cared for by her mother with some respite care from a visiting carer.

Functional Mobility Limitation as a Cortical Vision Impairment and Cerebral Palsy

Bella did not initiate movement primarily because she had limited vision and could not see objects toward which to reach. This had the effect of fixed and tightening of muscle joints; limited muscle tone; the inability to roll, crawl, or walk, and a lack of motivation to move.

Orientation and Mobility Program to Enable Movement Initiation

Bella was referred to Guide Dogs NSW/ACT by a physiotherapist at the local hospital who requested advice and assistance about ways to encourage movement.

When assessed by a Guide Dogs NSW/ACT mobility instructor, Bella's specific training needs included learning: (i) to initiate movement in response to visual stimulation (e.g., bright lights) and auditory cues (e.g., bells and music). At home a 'Little Room' environment was set up. The Little Room is a multisensory space developed by a Danish psychologist that helps facilitate the achievement of spatial relations, visual skills, and reaching behaviours. Inside the space are suspended tactile and auditory objects, walls are lined with textures and the floor is designed to provide auditory feedback from kicking.

The mobility program involved:

- An assessment of needs (2 hours)
- Little Room training (80 hours)
- Training the allied health staff and parents to use the Little Room with Bella (6 hours).

Training occurred once a fortnight for 10 months.

Orientation & Mobility Training Outcome

The Little Room training program encouraged Bella to initiate movement toward objects. Bella would reach toward toys with bright lights or noises emanating from them. She would also hit the floor with her feet which resulted in various noises, and would reach for the walls that varied in surface textures. She particularly liked feeling the cotton balls on the walls. Further, with the assistance of the speech therapist, Bella began initiating verbalisation and movement of the mouth muscles to mouth objects.

An open Little Room space has been introduced into the pre-school and early intervention environments where Bella is able to continue her progress and be part of the classroom activities. The Little Room is assisting to develop the foundation skills for further muscle and movement development.

0 – 6 years: Case study 4 – David

Background

David is a 6 year old boy who has low vision due to Stargardts' disease and Nystagmus with a visual acuity of 6/36. David lives with his family and does not receive any government pension. David has recently begun school but his family are anxious about how he is managing, his ongoing education and his life prospects.

David's mother initially contacted Vision Australia for an assessment when he was three months of age, as suggested by their family doctor.

Functional Implication of Vision Loss

Stargardt's causes a progressive loss of central vision in both eyes and may include blurred vision, deterioration of central vision, diminishing ability to perceive colours, difficulty adapting from bright sunlight to a dimmer room.

Nystagmus refers to rapid involuntary movements that may cause one or both eyes to move from side to side, up and down or around in circles. The condition is caused by an abnormal function in the areas of the brain that control eye movements and causes blurred vision and reduced depth perception.

David experiences difficulties with reading, seeing detail and with getting around in outdoors and in areas which aren't well lit. He is having difficulty fully participating at school.

Individual's Goals

David's parents wish to understand his vision loss and the best ways in which to support him to growing up and achieve all he is capable of.
During recent service planning David's parents identified the following individual goals:

- To have a vision assessment by an orthoptists with recommendations and strategies to also be provided to his teachers.
- To support David and his family as they come to terms with his loss of vision and its effects.
- To identify strategies to assist his mobility, particularly outdoors.

Service Plan

The following services were provided in order to meet these goals:

- Low vision clinic appointment to assess visual function and recommend strategies to maximise David's use of vision. (4 hours)
- Paediatric Counsellor worked with family to enable them to adjust and accept to their child's vision loss (12 hours)
- Orientation and Mobility Specilaits undertook assessment and provided training. (12 hours)

7 – 18 years: Case study 5 – Amy

Background

Amy is an 8 year old Australian citizen, with total vision loss. The vision loss was a result of surgery to remove a brain tumour at 6 months of age. Amy lives in a suburb in Sydney with her mother and two older sisters. Amy attends a mainstream, independent K-12 school and receives academic assistance two days a week from an itinerant vision support teacher who is teaching her Braille.

Functional Mobility Limitation as a Result of Total Vision Loss

Amy uses a long cane and is working toward a consistent, safe, and effective technique required for independent travel. Amy has some gross motor developmental delay indicated by the commencement of walking at 4 years of age. She continues to walk with an immature gait pattern, has difficulties with balance and has low muscle tone. Amy has been receiving physiotherapy and was referred to Guide Dogs NSW/Act at age 3. At school Amy found it difficult to walk up and down stairs because of her imbalance and limited gross motor skill. Some school teachers also questioned her ability to participate in physical education (PE), although withdrawal from this subject (as suggested by some teachers) would have removed the opportunity to develop her motor skills further and be included with her peers.

Orientation and Mobility Program to Enable Independent Travel

Amy was referred to Guide Dogs NSW/ACT by an allied health organisation recognising the need for long cane and orientation training. When assessed by a Guide Dogs NSW/ACT mobility instructor, Amy's specific training needs included: (i) long cane skills (ii) orientation to the school (iii) production of an O&M manual for staff (iv) one-to-one support in PE lessons to continue the development of motor skills, stamina, and balance, and the facilitation of inclusion.

The program goal was for Amy to become an independent and confident traveller. The mobility program involved:

- An assessment of needs (2 hours)
- Long cane training increasing her skill-base (40 hours)
- Orientation to her classroom, toilet, and canteen (20 hours)
- PE support (40 hours)
- Production of an O&M manual for staff including staff training (8 hours)

Training occurred twice a week over the school year (10 months)

Orientation & Mobility Training Outcome

The orientation and mobility training enabled Amy to become orientated to her school environment, use some cane skills independently, increase her confidence in her ability to move about independently, and run that allowed her to participate in running games with her peers.

The ultimate goal for Amy was age appropriate participation. It is expected that as a child with total vision loss, Amy will receive services over the long term. The objectives of the orientation and mobility programs will continue to change according to development e.g., in Year 7 (five years from now) the goal for Amy will be to travel on a bus independently. To achieve this specific goal, Amy will require good prerequisite O&M skills, self-advocacy and communication skills; possible use of GPS and accessible phone technology; road crossing skills; and problem solving/recovery strategies. Her current program of service provision aims to establish the foundation for future independence.

7 – 18 years: Case study 6 – Simon

Simon is a ten year old male who lost his sight at 3 years of age. He has residual vision. The client currently attends a school and has worked with Guide Dogs Victoria (GDV) to orientate to the school including learning to cross roads safely in the area.

Through GDV the client has developed his mobility skills, learnt the use of a cane and orientated around his school.

The client currently received Orientation and Mobility training once a week for a minimum of 2 hours. He also attends GDV children's camps.

The long term aim is for the client to be as independent as possible and to continue to develop previous skills.

7 – 18 years: Case study 7 – Jane

Background

Jane is a 10 year old girl who is experiencing significant functional issues due to a Cortical Vision Impairment (CVI). She is legally blind and lives with her family. Jane's family receives the Child Disability Allowance. Jane has mild cerebral palsy and a mild intellectual disability and receives services from a local cerebral palsy agency.

Jane's mother has requested an assessment and services.

Functional Implications of Vision Loss

Cortical Visual Impairment is a temporary or permanent visual impairment caused by the disturbance of the visual cortex or posterior visual pathways of the brain. The degree of neurological impairment depends upon the time of onset and the location and intensity of the damage. The eyes may function normally; however, the visual systems of the brain do not consistently understand or interpret what the eyes see.

Jane is considered blind as she does not respond to visual stimulus.

Individual's Goals

During recent service planning Jane's parents identified the following individual goals:

- For Jane to have occupational therapy assessment with recommendations for activities, strategies and aids to assist her.
- Jane's mother would like assistance to talk to teachers about Jane's needs in the classroom.

Service Plan

The following services were provided in order to meet these goals:

- Occupational therapist conducted assessment and explored Jane's needs, recommending alterations to current activities and prescribing specific equipment that can assist Jane. Recommendations were discussed with Jane's parents and teachers. (35 hours)

7 – 18 years: Case study 8 – Lan

Background

Lan is a 13 year old Australian citizen, and has Leber's Congenital Amaurosis resulting in blindness. Leber's is an inherited condition which is present from birth. Lan had independently used a long cane for eight years taught to her by a Guide Dogs NSW/ACT mobility instructor. Lan lives with her parents and two siblings in the metropolitan region of Stockton, Newcastle, NSW and commenced high school at a private girls school approximately 25 kilometres from her home. Lan was driven to school by her father and was teased as a result because she did not travel on the school bus like other students. Lan's parents were worried about the effects of teasing on Lan, and referred her to Guide Dogs NSW/ACT to teach her to travel to and from school on the school bus.

Functional Mobility Limitation as a Result of Leber's Congenital Amaurosis

Lan is totally blind in both eyes. Lan had never travelled in a bus, and needed to learn its layout, the location of seats, the process of placing a ticket into the ticket machine, as well as learning the walking route from the bus stop to her classroom, and the return route back home.

Orientation and Mobility Program to Enable Bus Travel to School

Lan's specific training needs included learning: (i) bus travel skills (ii) the walking route from the school bus stop to her classroom (iii) the reverse route back to her home.

The program goal was for Lan to become independent travelling on the school bus to and from school. The mobility program involved:

- An assessment of needs (2 hours)
- Bus travel skills (20 hours)
- Training to use the long cane on the bus (4 hours)
- Training to learn the route from the school bus into her classroom; and from the return bus stop three blocks from her home to her home which included two road crosses (28 hours)

Training occurred twice a week for 8 months.

Orientation & Mobility Training Outcome

The bus travel and route travel training enabled Lan to travel on the school bus to and from school independently. Lan was no longer teased at school and her father was freed from driving her to school. Lan and her parents are now keen for Lan to learn additional bus travel routes, enabling her to attend social events with her friends. The

mobility program has increased the family's quality of life as her parents believe Lan is a more content person with increasing motivation to participate in the community. Lan's parents are now able to give extra time and attention to her siblings.

7 – 18 years: Case study 9 – Christopher

Background

Christopher is a 14 year old boy who has low vision due to Albinism. Christopher's visual acuity is 6/24 and he has photophobia (sensitivity to light) which reduces his vision further in certain environments. He lives with his family, who provide the care he requires. He enjoys playing Blind Cricket and playing computer games with his friends.

Christpher's mother contacted Vision Australia to get advice on ways Christopher could better manange his school activites.

Functional Implications of Vision Loss

Albinism is a result of a group of autosomal recessive disorders which affect melanin (a pigment) synthesis. This results in a congenital hypopigmentation (lack of pigment) of skin, hair and eyes. Albinism may or may not effect skin and hair pigmentation; however ocular symptoms are always present.

Albinism can affect cause sensitivity to light, reduced central vision, general vision loss and reduced depth perception or monovision.

Christopher has a little central vision, is very sensitive to light and glare and uses a cane to assit his safe mobility.

Individual's Goals

During service planning Christopher and his parents identified the following individual goals:

- To gain a better understanding about what aids might be beneficial for Christopher for schoolwork and homework for reading and near drawing and viewing diagrams, keeping in mind his posture.

Service Plan

The following services were provided in order to meet these goals:

- Low Vision Clinic assessment, recommending and prescribe suitable vision aids and strategies including how to reduce the impact of glare. (4 hours)

7 – 18 years: Case study 10 – Joe

Joe is a 14 year old male who has had total blindness since birth. He has a twin brother who is also blind and he lives with his elderly grandparents in regional Victoria.

The client has been involved in the Orientation and Mobility program. He needs care in all areas and is reliant on someone for all aspects of his life besides feeding himself. The client has had long cane training, orientation to his school and eco location skills.

The client is currently seen by Guide Dogs Victoria (GDV) twice a term (once every 4-6 weeks) for a minimum of 2 hours. GDV also provides support to the school and his carers. The aim is to limit the amount of personal care the client needs.

7 – 18 years: Case study 11 – Adam

Adam is a 15 year old male who is living with his grandmother. His grandmother is also carer for his mother who has a mild intellectual disability. This family situation has caused some trauma for the client and has made it difficult for him to adjust socially. The client is currently in Year 7 at school.

The client's vision impairment is slowly deteriorating and whilst he first came to Guide Dogs Victoria (GDV) for low vision support he has now been involved in orientation and mobility programs including road safety and public transport orientation.

The client is involved with training at GDV on a fortnightly basis for a minimum of 2 hours. He also attends GDV camps.

7 – 18 years: Case study 12 – Daniel

Daniel is a 16 year old boy who experienced a stroke while undergoing treatment for Leukaemia, (now in remission). Following the stroke he has a number of residual deficits – one of which is a right sided visual field loss (Homonymous Hemianopia) and double vision (diplopia). Daniel also has right sided face/arm/leg weakness as well as some cognitive issues around processing of visual information, short term memory loss, planning and language processing.

Daniel lives with his mum, stepdad, brother and sister. He currently is in year 11 at a local High School although he had missed a significant part of the school year due to health. Daniel is a competitive rower for the school.

On discharge from the hospital rehabilitation ward Daniel was referred to community services to help integrate him back into his school and home environment. He was referred for paediatric occupational therapy, physiotherapy and speech therapy as well as being referred to support services for students with a vision impairment through the education department, a specialist paediatric vision impairment agency and Guide Dogs. Specifically the referral to Guide Dogs was to address Daniel's visual scanning problems, visual perceptual skills and orientation and mobility training.

The following services were implemented by Guide Dogs to assist Daniel's reintegration:

- Orthoptic vision assessment and exercises to assist with his diplopia.
- Neurological vision assessment in a variety of environments to provide a picture of how Daniel used his residual vision when it's busy, in varying light conditions, he is distracted or cognitively fatigued.
- Visual scanning training incorporating orientation and mobility techniques and occupational therapy.
- Advice to the school regarding modifications for his year 12 curriculum including up-skilling of staff and in-classroom assistance.
- Community mobility training, public transport use and night travel.

Daniel does not meet legal blindness criteria.

7 – 18 years: Case study 13 – Mark

Mark is a 17 year old male who lost his vision late in life. He was diagnosed with an Optic Atrophy. The client currently attends high school and is the school captain at his school.

Guide Dogs Victoria (GDV) have worked with the client on programs to build confidence and rehabilitate the client and to continue to develop previous skills. This has been achieved through the Orientation and Mobility training program which was intensive at first instance but the client now receives training intermittently.

The aim is to make the client as independent as possible and provide him with the opportunity to attend university and become part of the work force later in life.

19 – 64 years: Case study 14 – Matthew

Matthew is a 19 year old male with mild low vision from birth.

Guide Dogs Victoria (GDV) currently sees the client around twice a year. GDV has assisted the client with orientation to his university campus. The client also uses a long cane for night travel.

The client has ongoing support from GDV for new situations for a minimum of 2.5 hours.

The client currently lives with family but there is a long term goal for him to be able to live independently.

19 – 64 years: Case study 15 – Rebecca

Rebecca is a woman in her early 20's who was initially referred to Guide Dogs through the education Dept for orientation and mobility intervention while at regional high school. Diagnosed with Retinitis Pigmentosa, her vision has remained stable with a visual acuity of 6/48 and significantly reduced fields. She lives at home with her parents, is not on a pension and her preferred language is English. Rebecca has recently requested a review of her situation following national sporting team selection necessitating the need for overseas travel.

Initial interview identified following unmet needs:

- Difficulty mobilising areas of low contrast ground surface, particularly unfamiliar areas. Disorientation in crowded environments, risk of injury due to inability to visually locate drop offs and stairs. An expressed lack of confidence with mobility in general and fear of mobilising in areas of poor light and night time conditions. Rebecca also experienced difficulties in bright light and sunny days.

Following intervention was provided:

- Long cane training including stairs, travelators and escalators.
- Self-familiarisation techniques, allowing her to become orientated without assistance.
- Issuing with appropriate glare reducing glasses.
- Road crossing training
- Soliciting aid and interacting with public appropriately and safely.
- Night time travel training
- Self-advocacy regarding own vision impairment and aides, allowing her to explain readily her situation in foreign countries.

Rebecca developed the skills and confidence to travel independently overseas, allowing her to participate in international sporting events. Rebecca does meet legal blindness criteria.

19 – 64 years: Case study 16 – Jennifer

Jennifer is a 27 year old female who has total blindness. Her diagnosed condition is Psuedoangiomatous blindness osteoporosis syndrome. Her sight was lost at age four.

The client is currently living with her aunty in metropolitan Victoria and attending university. She often contacts Guide Dogs Victoria (GDV) for specific orientation to do with her studies – for example orientation around campus.

The client has been involved with the Orientation and Mobility program at GDV which has assisted her to access her local community, bank and supermarkets. She has also received public transport assistance for the route to and from her university.

The GDV program included:

- Assessment of needs – 2 hours
- Orientation around campus – 20 hours
- Public transport to and from campus - 23 hours
- Orientation to local shops, banks, post office – 9 hours

The clients' training enables her to move around the community and attend her education facility. The client uses braille and voice recognition programs and manages her own health and finance.

The long term goal is for the client to continue to move around independently and eventually to live independently as her aunty is moving away.

19 – 64 years: Case study 17 – Tom

Background

Tom is a 28 year old Australian citizen, born with retinitis pigmentosa which is a permanent eye disease. Tom's vision has been diagnosed to reduce further over time. Tom's vision is significantly reduced at night impacting his ability to travel independently.

Tom lives in Glebe, Sydney, is not married and lives by himself in a rented apartment. Tom works as an IT specialist in a company that develops and installs alarm systems and has recently been requested to work some evenings installing systems at a Sydney CBD bank. This job is expected to continue for 18 months.

Functional Mobility Limitation as a Result of Retinitis Pigmentosa

Tom experiences tunnel vision at night with a loss of central vision. Tom is afraid of walking at night because he trips over uneven footpaths, cannot negotiate kerbs and steps, and is unable to cross the road safely. In addition, he does not have the confidence to travel on trains or buses and tends to stay home most evenings.

Orientation and Mobility Program to Enable Independent Travel at Night

Tom referred himself to Guide Dogs NSW/ACT as he recognised that he needed to be trained to travel to work at night. When assessed by a Guide Dogs NSW/ACT mobility instructor, his specific training needs included learning: (i) long cane skills (ii) the walking route from home to the bus stop (iii) the techniques of travelling on a bus to the bank in the CBD (iv) to walk from the CBD bus stop to the bank and (v) the reverse route to home.

The program goal was for Tom to become independent being able to travel to and from work independently and confidently at night. The mobility program involved:

- An assessment of needs (2 hours)
- Long cane training (10 hours)
- Learning the walking route from home to the bus stop (5 hours)
- Learning the techniques of bus travel (10 hours)
- Learning to walk from the CBD bus stop to the bank (5 hours)
- Learning to reverse the route to return home (25 hours).

Training occurred twice a week for 4 months.

Orientation & Mobility Training Outcome

The orientation and mobility training enabled Tom to travel independently and confidently at night to and from his workplace at the bank. Further, Tom is now confident to travel of an evening and has enrolled in a night course at Tafe increasing his employment opportunities and professional competencies.

19 – 64 years: Case study 18 – Laura

Background

Laura is a 26 year old Australian citizen who is totally blind as a result of a motor vehicle accident 6 years prior. After learning to walk again the hospital referred Laura to Guide Dogs NSW/ACT for long cane and orientation training. Laura is now an independent long cane user and travels throughout Newcastle on buses and trains.

Laura lives with her parents in Newcastle and prior to her accident was studying Social Science at the University of Newcastle.

Functional Mobility Limitation as a Result of Total Blindness

Laura had joined the University of Newcastle music appreciation group and wanted to travel to Sydney by train to attend musical events. Laura realised that she could not receive mobility training for every route throughout Sydney she wanted to travel and referred herself to Guide Dogs NSW/ACT for training to use a talking GPS device.

The GPS device enables a traveller to locate where they are on a route and the direction in which they need to travel to reach the destination. This was a suitable device for Laura because she was a confident and independent long cane traveller with excellent orientation skills.

Orientation and Mobility Program to Enable Independent Travel to Sydney

When assessed by a Guide Dogs NSW/ACT mobility instructor, Laura's specific training needs included learning: (i) to use a talking GPS device (ii) to use the device on trains and in the community.

The mobility program involved:

- An assessment of needs (2 hours)
- GPS training (30 hours)
- GPS training on trains and in the community (40 hours)

Training occurred twice a week for 12 weeks.

Orientation & Mobility Training Outcome

The GPS training enabled Laura to travel by train to Sydney to attend musical functions at a variety of locations. Further, Laura commenced applying for employment in Sydney and gained employment at a vision advocacy agency. Laura's friendship group in Sydney has increased and she is planning to move to Sydney to live with friends in an apartment in the near future.

19 – 64 years: Case study 19 – Carolyn

Background

Carolyn is a 33 year old Australian citizen, married, who is totally blind from birth resulting from congenital cataracts and glaucoma. Carolyn is a full-time mother to 6 children aged between 2-11 years. Three of her children are also blind. Carolyn walked all of the six children to the school where the school children attended on a daily basis. Carolyn lives in the Eastern Suburbs of Sydney and during the day travels on buses and trains to access the shops and other services she requires.

Functional Mobility Limitation as a Result of Blindness and 'Tennis Elbow'

About a year ago Carolyn developed 'tennis elbow' and could no longer use her long cane. This restricted her ability to travel and she had been unable to access shops and services, or walk her children to school.

Orientation and Mobility Program to Enable Independent travel

Carolyn referred herself to Guide Dogs NSW/ACT to be assessed for a guide dog, to be issued a guide dog if appropriate, and receive guide dog training.

A dog would allow Carolyn to travel independently despite a 'tennis elbow'. Carolyn would probably qualify for a guide dog and guide dog training because she was a confident and independent long cane traveller able to locate various shops and businesses in her home suburb and surrounding suburbs. Further, Carolyn travelled extensively on buses and trains.

Carolyn's specific training needs included learning: (i) guide dog handling skills (ii) the walking route from home to school – return (iii) the walking route from home to the bus stop and train station (iv) the walking routes to the specific shops.

The mobility program involved:

- An assessment of needs (4 hours)
- Guide dog training (120 hours)
- Route training from home to school – return (5 hours)
- Route training from home to the bus stop - return (5 hours)
- Route training from home to the train station – return (8 hours)
- Walking routes to specific shops (100 hours)

Guide dog training took place over a 4 week period. Further route training took place in stages over approximately two years.

Orientation & Mobility Training Outcome

The guide dog enabled Carolyn to return to her usual activities. Further, once Carolyn was an independent guide dog user, one of the sighted children was gradually introduced to the working unit of Carolyn and her guide dog. Eventually all 6 children were able to walk together hand in hand with their mother when she used the guide dog.

19 – 64 years: Case study 20 – Carly

Carly is a 34 year old female who has congenital blindness in both eyes; she also has a hearing impairment. The client lost her sight at birth.

The client lives with her husband and three children in metropolitan Victoria. She is a fulltime mother who takes her children to school and needs Guide Dogs Victoria (GDV) support to assist her with her responsibilities as a parent.

The client has been involved with the GDV Orientation and Mobility program to help with community access. She also has done long cane work and is aiming to have a guide dog through the guide dog program. GDV has engaged the client in specific orientation and developing problem solving skills.

The GDV Program has involved:

- Assessment of needs – 3 hours
- Orientation to local shops – 5 hours
- Orientation to local café – 1.5 hours
- Orientation shops to school – 2 hours
- Orientation home to school – 10 hours
- Long cane program – 15 hours

Once the client is qualified for guide dog training she will be able to move around the community with little help but with adaptive technology and guide dog support. The outcome of the Orientation and Mobility program has been that the client can do solo trips to the school and local community.

19 – 64 years: Case study 21 – Joseph

Background

Joseph is a 42 year old man with Retinitis Pigmentosa. Joseph is legally blind and uses a dog guide for mobility. He works for a large retailer in an administrative role and lives alone receiving no care support. Joseph experiences depression which he has effectively managed until recently. Joseph's Ophthalmologist recommended he contacts Vision Australia for further assessment and services as his vision has further deteriorated recently.

Functional Implication of Vision Loss

Retinitis Pigmentosa (RP) is a genetic eye condition that causes the light-sensitive retina, located at the back of the eye, to degenerate slowly and progressively. The condition can vary greatly. While many people with RP retain limited vision throughout their lives, others will lose their sight completely.

Joseph has very little peripheral vision but retains a small amount of central vision. Joseph has experienced deterioration vision throughout his adult years, and recently had a significant reduction in visual function.

Individual's Goals

During service planning Joseph identified the following individual goals:

- I'd like to get someone to help me familiarise myself with the layout of the new Southern Cross train station.
- I'd like to learn to use Jaws (screen reading software), as I'm now finding it hard to manage with Zoom Text (screen magnification software).
- I agree for Vision Australia to provide my doctor a letter requesting a mental health plan to help me get professional counselling.

Service Plan

The following services were provided in order to meet these goals:

- Key contact worker conducted depression screening and prepared a letter for Joseph to take to his GP suggesting a mental health plan. (3 hours)
- Dog Guide Instructor provided route training at Southern Cross Station. (6 hours)
- Adaptive Technology Training provided to learn to use Jaws. (10 hours)

19 – 64 years: Case study 22 – Anthony

Anthony is a 43 year old male who has Optic Atrophy, this is a permanent condition. He has been blind since birth.

The client lives with his mother and father in regional Victoria. The client is unemployed and receives blind pension. He is unable to work but he wishes to attend community events.

The client has been involved with the long cane program at Guide Dogs Victoria (GDV) and the orientation and mobility program to assist with using public transport and accessing the local community. He also is a guide dog user. The client moves quite well around the local community, he cares for himself and manages his own health and finances.

The GDV Program consisted of the following:

- Assessment of needs – 2 hours
- Information session on I glasses and mini guide – 1.5 hours
- Guide Dog training including follow up – 120 hours
- Orientation to public transport – 3.5 hours

The long term goal for the client is for him to be able to live independently as his parents may wish to move or he may wish to move closer to metropolitan Victoria.

19 – 64 years: Case study 23 – Andrew

Background

Andrew is a 44 year old Australian citizen, has congenital blindness and independently uses a long cane and a mobile phone GPS. Andrew lives with his partner on the Northern Beaches, Sydney. Andrew works as a lawyer and his office was relocated from the Northern Beaches to the Sydney CBD 30 kilometres away.

Functional Mobility Limitation as a result of Congenital Blindness

Andrew is totally blind and is able to travel using his cane and GPS independently. Andrew is able to travel on public transport confidently though was keen to learn to use a Guide Dog since he was required to travel on a lengthy route into the Sydney CBD to attend work.

Orientation and Mobility Program to Enable Bus Travel to Work

Andrew referred himself to Guide Dogs NSW/ACT to be assessed for a guide dog, to be issued a guide dog if appropriate, and receive guide dog training. Andrew would most likely qualify for a guide dog and guide dog training because he was a confident and independent traveller able to locate various shops and businesses in his home suburb and surrounding suburbs. Further, Andrew needed to travel extensively to the CBD to work on a daily basis.

Andrew's specific training needs included learning: (i) guide dog handling skills (ii) the walking route from his home to the bus stop (iii) the walking route from the CBD bus stop to his office (iv) the reverse of the route back home.

The program goal was for Andrew to become independent using a guide dog and travelling to and from work. The mobility program involved:

- An assessment of needs (4 hours)
- Guide dog training including follow up (120 hours)
- Route training from the beach bus stop to the CBD (15 hours)
- Route training from the CBD bus stop to the office (15 hours)
- Route training from the office to the CBD bus stop (5 hours)
- Route training from the beach bus stop to home (5 hours)

Training occurred weekly over 4 months, with a follow up at 3, 6 and 12 months.

Orientation & Mobility Training Outcome

The guide dog enabled Andrew to travel to his relocated office in the Sydney CBD and maintain employment with that company. The guide dog enabled Andrew to travel more easily and confidently through crowded environments, find destinations more readily, cross roads more safely, and reach destinations less mentally fatigued as the dog used its own initiative to negotiate the environment.

19 – 64 years: Case study 24 – Jason

Jason is a 48 year old male who has left homonymous hemianopia resulting in partial left field loss. The client also suffers from depression, hysterical visual impairment and heart and blood pressure problems.

The client lost his sight on the 8th of May 2010 due to a stroke. He currently lives with his wife who is fulltime carer. The client suffers from depression and also lacks the confidence to do simple tasks such as pick up the daily paper.

The client has been involved in an Orientation and Mobility program and has been in residential living at Arnold Cook House. The client also had Occupational Therapy with the aim of him becoming self-sufficient in his home. The client is currently unable to move around the community and care for himself. He has reduced cognitive and processing skills.

The client initially has a three hour assessment. He has received an ongoing training over a six month period. For his wife who cares for him Guide Dogs Victoria (GDV) have referred her to stroke support groups, counselling and care support.

The GDV program included

- Assessment of Needs - 3 hours
- Occupation Therapy - 10 hours
- Orientation in local community – 18 hours

The outcome of the program has been that the client is able to cope more readily with activities for daily living and that he is be able to go on casual walks to help maintain exercise.

19 – 64 years: Case study 25 – Peter

Peter is a 50 year old male refugee from Ethiopia. He has a clinical diagnosis of Cornea Tracheoma and he has been blind since he was seven years old.

The client has trouble crossing roads and accessing vital services in his area. He came to Guide Dogs Victoria (GDV) in 2010 looking to improve his independent travel skills so that he could make trips to the GP and other vital services. He also attends day courses at Vision Australia and is attending English language classes. As a refugee the client has had cultural difficulties and trouble adjusting to the Australian way of life. He is also without family in Australia and experiences feelings of isolation. The client currently lives with a friend who is not his carer.

The client has been involved in the long cane program, specific orientation to new environment and concept style developing. He has had community based sessions approximately every three months for a minimum of two hours to assist him accessing public transport to do his own shopping and increase access to his local area to engage in social activities.

The GDV program involved:

- Assessment of needs – 2 hours
- Concept development of roads – 2 hours
- Orientation to local shops – 2 hours
- Orientation – client to AMES and home – 4 hours
- Orientation to library - 3.5 hours
- Orientation – public transport – 12 hours
- Long cane – 15 hours

The outcome of the program has been that the client is able to navigate his local community and area without assistance. He continues to learn public transport routes. There is a long term goal of the client being able to live independently while increasing his social inclusion in local activities.

19 – 64 years: Case study 26 – Fazal

Background

Fazal is a 52 year old permanent resident, and legally blind as a result of diabetic retinopathy which is a permanent eye condition. Fazal acquired diabetic retinopathy 14 years ago as a result of diabetes and was taught by Guide Dogs NSW/ACT to use a long cane to assist him to travel safely.

Fazal lives in a Western suburb of Sydney with his wife and four children. Fazal is employed as a nursery hand in a local nursery and is the sole wage earner in his family. His main jobs are to plant and maintain seedlings, weeding, watering, and general plant maintenance.

Functional Mobility Limitation as a Result of Diabetic Retinopathy

Fazal experiences blurred vision that makes it difficult to see people's faces or environmental details such as hanging tree branches, poles, or depth of stairs and gutters. Recently, at his nursery Fazal had been walking into hanging tree branches as well as plant stakes because of his inability to see them. The nursery manager had become concerned about Fazal's safety at work, and questioned his suitability for the job.

Orientation and Mobility Program to Enable Safe Travel at Work

Fazal referred himself to Guide Dogs NSW/ACT after hearing about the Miniguide. The Miniguide is an electronic travel aid that indicates to the user how far away or how close a person is to objects in the environment. The Miniguide vibrates faster the closer the person walks toward an object such as a tree branch or plant stake and vibrates more slowly the further away the person walks from the object.

When assessed by a Guide Dogs NSW/ACT mobility instructor for a Miniguide, Fazal's specific training needs included learning: (i) the techniques of using a Miniguide (ii) to use the Miniguide at the nursery.

The program goal was for Fazal to become independent at using the Miniguide at his workplace and in all environments in which Fazal travels. The mobility program involved:

- An assessment of needs (2 hours)
- Miniguide training (15 hours)
- Training to use the Miniguide at the nursery (3 hours)

Training occurred three times a week for 5 weeks.

Orientation & Mobility Training Outcome

The Miniguide training enabled Fazal to move about safely at the nursery avoiding collisions with tree branches, plant stakes, and other objects on his path of travel. Fazal's manager at the nursery was satisfied that Fazal was now safe at work and agreed to the continuation of his full-time employment. Further, Fazal used the Miniguide when travelling in the community increasing his safety, confidence, and independence. Fazal is now confident to engage in a walking exercise class in his local area as he no longer fears bumping into objects or other people.

19 – 64 years: Case study 27 – Fred

Background

Fred is a 54 year old Australian citizen, is legally blind born with retinitis pigmentosa which is a progressive and permanent eye disease.

Fred lives with his wife on a property in rural NSW. He is employed part-time five months of each year selling fruit. The location of his workplace was four hours travel by car and situated next to a major highway.

Functional Mobility Limitation as a Result of Retinitis Pigmentosa

The site where Fred worked altered slightly from year to year. Fred was often disorientated when he initially attended work each year. Further, to access the showers and toilets, Fred was required to cross the busy highway which was becoming increasingly difficult because of his declining vision.

Orientation and Mobility Program to Enable Independent travel

Fred referred himself to Guide Dogs NSW/ACT. When assessed by a Guide Dogs NSW/ACT mobility instructor, his specific training needs included learning: (i) the long cane (ii) road crossing strategies (iii) orientation to the workplace.

The mobility program involved:

- An assessment of needs (2 hours)
- Long cane training (10 hours)
- Road crossing strategies (10 hours)
- Orientation to the workplace (3 hours).

Training occurred twice a week for 10 weeks.

Orientation & Mobility Training Outcome

The orientation and mobility training enabled Fred to continue his seasonal employment, to cross roads safely, and to travel more confidently with the use of the long cane.

19 – 64 years: Case study 28 – Marion

Background

Marion is a 62 year old woman who has low vision as a result of Diabetic Retinopathy. Marion's acuity is 6/48 but fluctuates due to her uncontrolled diabetes.

Marion lives with her husband, who she does not consider to be her carer. Marion's preferred language is Arabic however she can understand simple spoken English. She requires an interpreter for medical appointments. Marion does not receive any government pension or benefit. Marion has diabetes and hypertension and does not receive services from other agencies.

Marion's daughter contacted Vision Australia for information and support that may assist Marion to better manage at home.

Functional Implication of Vision Loss

Diabetic Retinopathy occurs when the tiny blood vessels inside the retina at the back of the eye are damaged. This can seriously affect vision and in some cases may even cause blindness

Marion's functional ability varies with the fluctuation in her vision. She mainly experiences some difficulties with daily living activities such as cooking, cleaning and sewing. While she has difficulty getting around in unfamiliar environments she prefers to be supported by her husband or family members rather than seek orientation and mobility training.

Individual's Goals

During service planning Marion identified the following individual goals:

- To learn new ways to help me manage my cooking, cleaning and sewing.
- To attend a low vision clinic to assess my vision and find out if there are vision aids that may be helpful for me.

Service Plan

The following services were provided to meet these goals:

- Low Vision Clinic appointment assessing vision, recommending vision aids and strategies. (3 hours)
- Occupational Therapist demonstrated strategies and equipment that assist with activities of daily living. (22 hours)

19 – 64 years: Case study 29 – Maria

Background

Maria is a 63 year old Australian citizen, and is permanently legally blind as a result of cataracts and glaucoma in both eyes and a retinal detachment in her left eye. As a result of deteriorating vision, Maria was having difficulty with her mobility and experienced depression. Further, as a result of a fall, Maria had limited movement in her right leg and she lacked the confidence to leave her home alone.

Maria acquired the cataracts two years ago, and glaucoma and retinal detachment eight years ago. Maria lives with her husband in a regional town in Armidale, NSW and is a retiree. Maria was once the president of the Country Woman's Association and volunteered at the local RSPCA as well as the Salvation Army. Maria felt disconnected from her community as she lacked the confidence to travel on the local bus into town to continue volunteering, and meet her friends at the local RSL club.

Functional Mobility Limitation as a Result of Cataracts, Glaucoma, and Retinal Detachment.

Maria experiences blurred vision in her right eye as a result of the glaucoma and cataracts, and is totally blind in her left eye as a result of the detached retina. Maria was unable to negotiate around objects and pedestrians confidently; could not negotiate kerbs and steps and felt anxious when walking through crowds. She also lacked confidence to cross roads. Maria discontinued travel on the local bus into town because she found it hard to identify a vacant seat, or know when the bus reached her destination.

Orientation and Mobility Program to Enable Bus Travel

Maria was referred to Guide Dogs NSW/ACT by her ophthalmologist. Her specific training needs included learning: (i) long cane skills (ii) to use the long cane on the bus and in the local community.

The program goal was for Maria is to become independent and confident at using the long cane so that she could travel on the bus into town, continue her volunteer work, and meet her friends at the RSL club. The mobility program involved:

- An assessment of needs (2 hours)
- Long cane training (15 hours)
- Training to use the long cane on the bus (8 hours)
- Training to use the cane at the RSL, RSPCA, & Salvation Army (8 hours).

A mobility instructor travelled from Coffs Harbour to Armidale NSW once a week, for 2

months to complete this training program. With Maria's consent, she was referred to her GP and a psychologist to treat her depression. Maria was also referred to a physiotherapist to assist the increase of movement to her right leg.

Orientation & Mobility Training Outcome

The long cane training enabled Maria to travel on the bus into town independently, to cross roads, and negotiate pedestrians with confidence. Maria now continues her volunteer work in her community. Further, Maria meets her friends four times a week in town to attend leisure events and meetings. Maria also travels independently to her GP and psychologist and no longer experiences depression. The reconnection to activities she previously enjoyed has assisted Maria to feel useful once again and she is happier as a result. The physiotherapist also helped Maria to gain increased movement in her leg which has added to Maria's confidence to walk independently.

19 – 64 years: Case study 30 – Hua-Ying

Background

Hua-Ying is a 64 year old female permanent resident. She has an acquired brain injury from a stroke resulting in a permanent right hemianopia. A right hemianopia influences inattention to the right side of the body, global aphasia affecting language and communication, epilepsy, and a mild cognitive impairment. Hua-Ying's vision is affected by restricted fields on the right side.

Hua-Ying lives with her daughter who is her carer in the Western Suburbs of Sydney. Her spoken language is Mandarin. Her daughter speaks English and Mandarin and also works full- time. Hua-Ying remains a rehabilitation patient at Concord Hospital.

Functional Mobility Limitation as a Result of Hemianopia

Hua-Ying's life activities were affected by her cognitive impairment, receptive and expressive aphasia, and vision impairment. Hua-Ying was disorientated in her home, collided with objects on her path of travel, had reduced spatial perception and visual processing skills evident in her confused organisational and decision-making. Her cultural and linguistic diversity coming from a non-English speaking background increased her communication difficulties.

Orientation and Mobility Program to Enable the use of Functional Vision

Hua-Ying was referred to Guide Dogs NSW/ACT by the rehabilitation hospital. When assessed by a Guide Dogs NSW/ACT mobility instructor, her specific training needs included learning: (i) strategies to increase the use of functional vision (ii) to move about independently. The mobility program involved:

- An assessment of needs (2 hours)
- Visual scanning assessment (2 hours)
- Neurological vision impairment training (15 hours)
- Community access with her daughter accompanying to increase self-confidence (6 hours).

Training occurred once a week for 3 months.

Orientation & Mobility Training Outcome

Hua-Ying was increasingly aware of her right visual field loss and was able to compensate by turning her head to the right consistently when walking. This had the effect of her walking without colliding into objects or pedestrians. Further, Hua-Ying could find her way through her home without getting lost, and has been able to develop organisational skills so that she can locate her clothes and other items. Hua-Ying is a more confident and happier person which has reduced the stress and demands on her daughter.

65 + years: Case study 31 – Silvia

Background

Silvia is a 69 year old woman who has been legally blind since she was 50 years of age due to Age Related Macular Degeneration (AMD) and Cataract and also has mild hearing loss. Silvia has received a range of services over the last 20 years as she has required them.

Silvia uses a long cane when out in public areas, and has recently moved to a unit close to her son's home. Silvia lives alone and receives community based support and home help from her local council. Silvia receives the Aged Pension (Blind).

Silvia's son assisted her to contact Vision Australia for advice on getting about safely and confidently in her new neighbourhood.

Functional Implication of Vision Loss

AMD is an eye condition that affects the macular region of the retina and results in loss of central vision which reduces the person's ability to see detail. When central vision deteriorates activities such as reading, close work and recognizing faces becomes more difficult.

The most common forms of the condition are Dry and Wet AMD. Dry AMD results in a gradual loss of central vision and Wet AMD leads to sudden and significant changes in vision.

A cataract is a clouding of the clear lens in the eye and is one of the leading causes of vision impairment. While cataracts most commonly occur in those who are older, they can develop in younger people as well.

The compounding nature of these conditions has led to Silvia being considered legally blind nearly 20 years ago.

Individual's Goals

During service planning Silvia identified the following individual goal:

- To be able get to my local shop independently.
- I'd like to have someone read my mail to me.

Service Plan

The following service was provided to meet these goals:

- Orientation and Mobility Specialist provided route training so Silvia can walk to her local shop independently. (8 hours)
- Key Contact Worker organised a volunteer to visit once a week to read her mail.

65 + years: Case study 32 – Allen

Background

Allen is a 72 year old Australian citizen who is legally blind as a result of Lyme disease. This disease was contracted as a result of a tick bite at age 25. Allen's vision started deteriorating at 62 years and described his vision as though looking through a thick fog.

Allen is a retiree and lives in the Sydney suburb of Ryde with his cat.

Functional Mobility Limitation as a Result of Legal Blindness

Allen commenced receiving Guide Dogs NSW/ACT services four years ago that included long cane training and advocacy with the local council to install a pedestrian crossing near his home. Allen experienced difficulty walking through his local club where he had dinner four nights a week. The furniture in the club was constantly moved around by staff and Allen frequently collided with the furniture and pot plants. Allen felt embarrassed by his inability to move about the club and considered not using the club in future. This consideration caused Allen stress as the club provided Allen with a social network which he otherwise did not have.

Orientation and Mobility Program to Enable Independent travel

Allen referred himself to Guide Dogs NSW/ACT for Miniguide training. Allen understood that the Miniguide would assist him to locate objects at various distances in his environment and this information would help him to avoid collisions with furniture and pot plants in the club. When assessed by a Guide Dogs NSW/ACT mobility instructor for a Miniguide, Allen's specific training needs included learning: (i) the techniques of using a Miniguide (ii) to use the Miniguide in the club.

The mobility program involved:

- An assessment of needs (2 hours)
- Miniguide training (20 hours)
- Training to use the Miniguide at the club (3 hours)

Training occurred three times a week for 5 weeks.

Orientation & Mobility Training Outcome

The Miniguide training enabled Allen to move independently and confidently throughout the club. This enabled Tom to continue having meals at the club and maintain his social networks.

65 + years: Case study 33 – Adrian

Background

Adrian is a 73 year old man who has low vision due to Age Related Macular Degeneration (AMD) and has hearing loss and heart disease. He lives alone and is motivated to remain as independent as possible. Adrian's two children live overseas. Since his wife passed away 12 months ago he has become socially isolated. Adrian is a self-funded retiree who purchases home support services, garden maintenance services and prepared meals. Adrian was referred by his GP for services.

Functional Implication of Vision Loss

AMD is an eye condition that affects the macular region of the retina and results in loss of central vision which reduces the person's ability to see detail. When central vision deteriorates activities such as reading, close work and recognizing faces becomes more difficult.

The most common forms of the condition are Dry and Wet AMD. Dry AMD results in a gradual loss of central vision and Wet AMD leads to sudden and significant changes in vision.

Adrian has difficulty reading and seeing fine detail. This affects his ability to read and write, recognise faces and move about confidently. This has contributed to Adrian becoming socially isolated, but he is keen to get out and about and meet new people.

Individual's Goals

During service planning Adrian identified the following individual goals:

- I'd like to get my eyes looked at again so I can make sure it doesn't get worse and to see if there is any aids that might help me.
- I'd like to be able to stay in touch with my children using the Skype.
- I'd like to be able to pay my bills independently.
- I'd like to join the local bowls club.
- I'd like to be able to walk to the local shop and get to the bowls club.
- I'd like to learn to use a microwave to heat up my meals.

Service Plan

The following service was provided to meet these goals:

- Attend Low Vision Clinic to review vision and teach eccentric viewing techniques. (6 hours)
- Adaptive Technology Consultant to install a webcam and Skype and provide basic instruction. (3 hours)
- Adaptive Technology Trainer to provide instruction on using Skype, internet banking and email. (15 hours)

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