

## **SUBMISSION BY THE ROYAL SOCIETY FOR THE BLIND OF SA INC**

### **Productivity Commission Disability Care and Support** **August 2010**

#### **Introduction**

The Royal Society for the Blind of South Australia Inc (RSB), a quality endorsed organisation, with over 125 years of history is the primary provider of services to South Australians who are blind or vision impaired.

Currently the RSB provides the full range of vision rehabilitation services to over 11,400 South Australians. In addition it is the only sensory service provider in South Australia with offices in regional areas.

The services the RSB provide include:

- Mobility
- Adaptive Technology
- Counselling
- Independent Living Training
- Print Alternatives
- Employment Services
- Volunteer Services
- Low Vision Centre
- Equipment
- Braille and Computer Training
- Recreation
- Transport
- Systemic advocacy and design advice
- Guide Dogs

The RSB is also partnered with other service providers on a wide range of projects including Public Libraries for a joint Digital Audio Library service and most recently its "My Eye Health" Initiative delivered with a number of partners including Royal Australian and New Zealand College of Ophthalmology (S.A.), Freemason's Foundation and Sight for All Foundation.

The RSB is an active member of the Australian Blindness Forum and supports their proposal to the Productivity commission.

It has recently completed the fourteenth independent annual survey of a random selection of clients with the following results achieved:

	<u>2009</u>	<u>14 Year Average</u>
Satisfaction with staff and Volunteers	97%	94.6%
Satisfaction with services	98%	93.9%
Improvement in Quality of Life	90%	82.1%

Of particular note is the improvement in the Quality of Life results, whilst self assessed, it does however reflect the clients' perspective about the value of specialist rehabilitation services and intervention provided to them.

The RSB is pleased to have the opportunity to make this submission regarding the Productivity Commission Disability Support Issues Paper (Paper).

Note: Unless specifically stated otherwise, the term “government” used throughout refers to Commonwealth and/or State/Territory and local governments.

### **Executive Summary**

The majority of people whose primary disability is severe vision loss require episodic services, initially when diagnosed with vision loss and then when something subsequently in their life changes. Example of this are, threatened loss of or looking for employment, further loss of vision; moving location, sickness or death of a loved one.

This model of service is significantly different to that provided to people with other disabilities whose needs are more often than not holistic and requiring of services on an ongoing basis.

This unique aspect of blindness and vision impairment is not recognised or understood by both the community and the Government, despite ongoing education within the community and submissions to Governments. The devastation of vision loss and the impact it has on an individual and their capacity to lead a normal life, requires a different service management delivery than other disabilities.

This has resulted in:

- An ongoing lack of acknowledgement and awareness of devastating the impact of blindness and vision impairment can have on an individual.
- A continuation of the exclusion from participation in many community and social activities that other Australian's enjoy and are able to participate in. This includes barriers created through a lack of access to the physical environment, information, equipment and specialist services.
- Community, Business and Government alike continuing to establish universal (standard) models of operation, including common (one size fits all) assessment tools (e.g., Centrelink employment assessment tools that do not recognise the specific impact of vision loss). This results in the manufacture and provision of services that do not take in to consideration the specialist needs of blind or vision impaired people.

- The under funding or non provision of funding for many essential rehabilitation services e.g., orientation and mobility training, library services and the provision of assistive technology.

### **The Way Forward**

To assist in developing a future strategy that will build an inclusive society for all Australians regardless of age, including those who are blind or vision impaired, the following factors are considered essential components:

- That Government commit to transformational change in the way people with disabilities are viewed by the community and supported by Government.
- The Paper recognises the uniqueness of each disability and establishes benchmarks for service delivery, including entitlement to receive specialist services appropriate to the individual need, in this instance for people who are blind or vision impaired.
- A clear focus on the individual with the disability in establishing goals to create an environment that will enable them to lead an independent and participative life in the community.
- If an entitlement scheme is created that there is a transparent process for appeal and review which is not linked to Government budgets but rather client need.
- A continuum of care created between diagnosis through to rehabilitation to ensure that people who are blind or vision impaired, irrespective of their physical location can access services and other supports when required. This can be facilitated through the adoption of a National Vision Loss Rehabilitation Strategy and linkages being created with the current chronic disease programs (refer later comments re nature of disability in particular the impact of life style factors).
- A focus on reducing the short and long term impact of a disability through early intervention as distinct from reactively addressing an individual's needs at a 'real' or 'continual' time of crisis. A change in focus will significantly benefit the individual and reduce the costs to the community and Government.
- A change in the current emphasis on disability planning which focuses on a seemingly never ending crisis in accommodation services and therefore does not address the need for an individual independence-focused model.
- Meaningful data to be collected irrespective of the funding source on both services provided and unmet need.

- As vision related services require episodic responses as distinct from holistic ongoing services, provision that people who are blind or vision impaired are able to re enter services without requiring reassessments.
- A need to address the imbalance of the small number of blind or vision impaired people participating in vocational education and training courses. Ongoing inhibitors are the lack of opportunities, access and the need to develop flexibility within courses to cater for the needs and abilities of people who are blind or vision impaired.
- Strategies to address the inequities of under-employment of people who are blind or vision impaired and changes to existing programs to improve access and suitability. This situation has prevailed for countless years, regardless of Government reviews, programs and equal opportunity or affirmative action policies.
- An acknowledgement through funding and a commitment to consultation of the value of peer support, peak bodies and advocacy in assisting people with Disabilities and formulating strategies.
- The need to overcome the difficulty experienced by blind or vision impaired people accessing mainstream services which results in the exclusion of the individual and a lost opportunity for the individual to participate and contribute to the community.
- A change to the current Government funding structure to acknowledge effective performance and encourage innovation.
- As a result of the nature of services, that the specialist needs of people who are blind or vision impaired are not over looked as part of the broader disability sector.
- A National strategy for work force development
- Strategies developed to engage and educate the broader community with regard to prevention, rehabilitation and inclusion of people with disabilities.
- The establishment of a national (uniform) equipment scheme to provide funding for specialist equipment to enable people who are blind or vision impaired to live and participate independently in the community.
- Strategies developed by Government to ensure that both government bodies and the community adopt the principles of Universal Design which will assist in the future inclusion of people with disabilities. In particular Governments can encourage this through the introduction of procurement policies requiring all services and products to be accessible.
- A review of the *Disability Discrimination Act 1992* (DDA) to address the reactive nature of the current system which is based on an individual's ability and willingness to make a claim. The current system lends itself too an adversarial situation where 'attack' and 'defence' are the primary

motivators as distinct from establishing a platform for consultation, adaptation, genuine inclusion and systemic change.

- The Government consider the creation of an “Office of Citizenship” to ensure that all Australian’s including those with a disability are enabled to enjoy the full right of citizenship.

### **Structure of the Submission**

The Paper and request for submissions has been prepared as primarily a very large number of questions which appear to be directing respondents to conclude that “there are significant funding shortfalls in personal care programs in Disability”, which I assume no one would dispute. There are also however a wide range of other shortfalls across the disability sector all of which are impacting detrimentally on the quality of life of people with disabilities.

As will be described in this response I do not believe anybody will dispute that the current system is unworkable, inequitable and is the result of years of neglect from successive Governments. However today the Productivity Commission has a unique opportunity to review what a system can and should provide and recommend genuine opportunities for meaningful and systemic long term change.

Rather than just revisit measures that may relieve short term pressure for those currently identified through the receipt of Government funding (refer later comments re prevalence) the Paper represents a real opportunity for longer term systemic change.

Accordingly the RSB believes that Government needs to make a commitment to transformational changes for the inclusion of people with disability.

Following some initial comments regarding the disability environment, I have grouped my responses into the following which is the order of the Paper.

1. Objects / Citizenship
2. Characteristics of the Australian Disability Sector
3. Prevalence and Nature of Blindness and Vision Impairment
4. Long term Care and Support
5. Key Design Elements
6. Eligibility
7. Decision Making
8. Nature of Services
9. How much is Needed
10. Financing Options
11. Workforce Issues
12. Governance and Infrastructure

### 13. Assistive Technology

### 14. Community Responsibilities

In addition to those headings included in the Paper included are a further two headings “Assistive Technology” and “Community Responsibilities”, consideration of which are obvious elements that have not been given consideration in the Paper. Indeed it is the RSB’s view that a disability can be created or significantly exacerbated through the non provision of essential equipment and the non-engagement with the community.

## **1. Objects of a Disability Scheme/Citizenship**

On reading of the Paper, at no point is an objective of a “Disability Scheme” irrespective of the funding source defined.

The RSB’s philosophy is where vision loss is the primary disability, people who are blind or vision impaired should be able to live independently and participate in the life of the community as does any other citizen. All services be they specialist or otherwise need to facilitate this occurring.

It is the RSB’s belief that the Productivity Commission’s objectives should be to define a system that supports people with disabilities access their full rights as Australian Citizens. In order to achieve this there needs to be both support for the person and acceptance from the community.

Indeed no other Australian would accept or be required to accept that their basic right of citizenship is provided based on a rationed and inconsistently funded scheme or based on where a person may reside in Australia. However there is an expectation that people with a Disability should be prepared to accept that they are not entitled to exercise their full right of citizenship.

The Community would not tolerate libraries without books, but at the current time people who are Blind or Vision Impaired are required to purchase their own equipment to do simple tasks such as reading the mail or rely on the charity of others.

A further example is access to Government information in an individual’s format of choice which is still limited or delayed. An example of this is the recent Taxpack which was available to all sighted Australians on the 1<sup>st</sup> July, but not to people who are blind and vision impaired in their format of choice until mid August. (which is substantially earlier than it has been in the past and was only made available earlier as a result of lobbying by the Australian Blindness Forum). People who are blind or vision impaired face similar difficulties in sourcing health information, voting or even accessing information on what’s happening in their community.

## **2. Characteristics of the Australian Disability Sector**

As noted in the Paper, the current system of disability is chronically under funded and crisis driven. Resource allocation is rationed and not based on demonstrated need but rather in meeting the inevitable crisis’s that occur and

that could be avoided with the provision of an appropriate entitlement based scheme.

Across the broader sector and Government there is no continuum of care and indeed more resources are spent in attempting to shift responsibility for disability than delivering and making services available.

To compound this, the vast majority of people with disabilities are disempowered by a Disability Discrimination complaints system which is based on individual complaints and involves a long and taxing process that very rarely leads to systemic change.

In considering strategies for ensuring that the citizenship rights of people with disabilities are protected in the future it should also be noted that Australia is a respondent to the United Nations Convention of Rights for People with Disabilities (UNCRPD) which similar to the RSB's philosophy places great emphasis on rights and inclusion.

### **3. Prevalence and Nature**

Governments to date have unfortunately failed to acknowledge and address the individual needs of people who are blind or vision impaired. This failure is demonstrated by the shortfalls and inconsistencies in the quantum and quality of specialist services across Australia.

As noted above the RSB currently provides services to over 11,400 South Australians, which given the RSB has created a genuine continuum of care between diagnosis and rehabilitation, this represents a good reflection on the number of people who would seek the support of a specialist blindness agency. This however excludes consideration of the issues within indigenous communities where the incidence is much higher and which correlates to higher incidence levels of Diabetes and other life style challenges.

There are a range of estimates regarding the levels of severe vision loss in Australia and this is clearly impacted by the definition of what constitutes severe vision loss (refer below eligibility).

The Australian Bureau of Statistics research in 2007-08 indicated that at least 412,700 people (self assessed) aged less than 65 years old were living with blindness or vision impairment in Australia. Of these, approximately 61,000 are estimated to be blind. The term blindness refers to someone who may be totally blind (i.e. without any perception of light) or someone who is legally blind. Legal blindness in Australia is set at visual acuity of 6/60 or a visual field of less than 10°.

Other data of which I am aware has estimated 4% of the population over the age of 75 years have a severe vision impairment.

A serious anomaly that compounds a rational decision making framework for disability services is that where a Government does not fund a particular service, then statistics are not collected regarding the number of services delivered in that area nor on the level of need or demand for that service.

This means that Government is only working with a part of the disability picture. There is clear evidence of the potential benefits to be gained from early intervention rehabilitation strategies and therefore data must be collected on all services provided to individuals with a disability, regardless of whether or not they are funded. Unless this occurs, Governments cannot make decisions that will lead to an inclusive society for all its constituents.

The RSB provides and funds many services which as a result of this policy are not reported to Government, therefore a truly representative picture is not available of services provided to people who are blind or vision impaired. This leads to not only poor decision making by Government but also disproportionate and inequitable distribution of funds.

Within South Australia, for instance, funds to support people who are blind or vision impaired equate to less than 3 per cent (an arbitrarily determined figure) of the State Disability Budget. The Paper coincidentally refers to 3% being the nationally funded amount of the disability budget for sensory disability.

The current definition of eligibility for disability services is also based partly on age, which creates a further artificial barrier to access service and doesn't have any bearing on either the degree or functional impact of the vision loss. After all the specialist services provided to a person is the same whether the age at onset is 64 or 66.

The concept of an age distinction is based on a model for accommodation services, which I believe is being challenged in any event as it assumes that people's needs and aspirations are based on their specific age and this concept is certainly not applicable to services that promote independence.

It is also inconsistent with other age groups for instance children with disabilities are not referred to a Children's Service for their specialist vision needs.

#### **4. Long Term Care and Support**

People who are blind or vision impaired are represented by all ages including congenital, degenerative vision loss from birth through to early and late onset. Causes of vision loss are also incredibly wide including genetic, trauma, other diseases and lifestyle. The RSB's client group is largely composed of people acquiring a severe vision loss during their lifetime. This population is expected to grow rapidly over the next 20 years.

As those acquiring a severe vision loss are doing so during their lifetime rather than as a congenital disability, this means that many clients have existing life skills, families etc.



The RSB's response for the purposes of this Paper is referring to people with irreversible severe vision loss and **not refractive error** for which a simple solution exists.

As a result of the above, services are specialist and episodic in nature and hence are rarely acknowledged by the current crisis driven and funded system, nor are they in the main a personal care type service they are:

- Specialist as they relate to overcoming the functional effects of vision loss and involve both an understanding of the issues, impacts and require specialist interventions. These include strategies such as Bigger, Bolder, Brighter, Audio, and Tactile or optimising the use of the remaining functional vision.
- Episodic as services tend to be a fixed quantum of service delivered at a time of change eg loss of further vision, death of a partner or moving accommodation. However not the ongoing holistic type services generally provided or understood by Government.

Through early referral as part of a model providing a continuum of care and intervention the crisis that can develop later in life can be avoided. For example retaining a job with appropriate equipment and training is far better than going through the trauma of job loss and retraining.

Similarly it is a proven fact that people who are blind or vision impaired without intervention have higher levels of depression and falls with the consequent substantial impact on the public purse through early institutionalisation or hospitalisation.

In South Australia a genuine continuum of care exists between the RSB, its Low Vision Centre and all Ophthalmologists in South Australia. This is not however reflected nationally and the RSB believes it is a model that can and should be transferred elsewhere.

The quality and availability of services for people who are blind or vision impaired varies widely across Australia as it does with other disability services from non-availability to world leading. However given the specialist nature of the services provided people who are blind or vision impaired will generally seek support from a Blindness agency not a generic provider.

## **5. Key Design Elements**

As commented on above, previous Government strategies have not:

- Focused on meeting individual needs but rather on “one size fits all” models of assessment and delivery and ignored the unique needs of people who are blind or vision impaired;
- Created an assessment system that discourages independence and requires people to demean or portray themselves as being in desperate need in order to receive priority on a waiting list;

- Not fostered and encouraged inclusiveness for all Australians. People who are blind or vision impaired continue to face ongoing isolation in the community through a lack of access to specialist equipment and mainstream services, including those provided by the various tiers of Government.
- Established 'full' and 'real' data on unmet need nor the degree of effectiveness of funding or what constitutes 'best practice'.
- Resulted in funding and service models that are inflexible and have not been amended to meet changing demographics. For people who are blind or vision impaired this has also resulted in either delays or non-access to services and consequent crisis.
- Not encouraged or funded investment in innovative practice, due to the crisis nature of the way the disability sector has been funded and tended to operate;

As noted above any system needs a goal, for the RSB it is:

"Enabling people who are blind or vision impaired to achieve the quality of Life to which they aspire".

The RSB believes that this can be best achieved through independence and integration into the community.

Based on this philosophy any new system should have underpinning principles which focus on:

- Each person who is blind or vision impaired is unique with their individual aspirations and needs and these are to be fostered and encouraged as they are for all Australians. Further that any assessment is specific to the individual and relates to the impact of their vision loss and is not based on a generic "one size fits all" model.
- A continuum of care, which is responsive to changing needs is created to ensure that people who are blind or vision impaired have access to a seamless transition of service between Government, medical and other service providers. This should be irrespective of the entry point, geographical location or funding source.
- Creation of an entitlement system (which includes equipment and information) that has simple access, is equitable and promotes and achieves independence. Given the episodic nature of services for people who are blind or vision impaired they will need to be able to leave and "re-enter" the system without the need for multiple reassessments. An entitlement system also needs to be based on best practice with an overarching quality control system. This will also need to include consideration of investment into research of new system and technologies.

- If the concept of an entitlement system is to be adopted then clearly there will need to be the identification of:
  - (a) What is best practice?
  - (b) What is an entitlement? and
  - (c) Who is entitled?
- Within the system, the ability to intervene early at a time of change in circumstances and deliver services at that point rather than having to wait for a “crisis situation” to occur as a result of being placed on a “priority list”.
- Provision of specialist vision rehabilitation services and supports that are available and provided to overcome the impact of a person’s vision loss in achieving their goals and ensuring that people who are blind or vision impaired have the same opportunities as their fellow citizens
- A review and appeals system created that is independent of Government and funding but which has the power to ensure a person’s individual entitlement is received.
- Greater linkages with other strategies and initiatives for instance the Chronic Disease Strategies. Macular Degeneration for instance is a major cause of blindness and vision impairment and has a direct causal link with smoking and good health, Diabetic Retinopathy is linked clearly to Diabetes and rehabilitation strategies should be incorporated within these.
- Meaningful data be collated including that on unfunded services and unmet need and used to create a meaningful entitlement based system
- Simplified and transparent accountability of Governments to the individual and the community in the provision and distribution of funding;
- As part of any system that engagement with the community including education on both people with vision loss, vision loss, the legal requirements for inclusion and universal design be a key outcome. This includes ensuring access to mainstream services, which will consequently also reduce the need for support services.

## **6. Eligibility**

Irrespective of the funding source or their geographic location throughout the breadth of Australia, people who are blind or vision impaired, as Australian citizens should have an entitlement based on a national benchmark to a minimum level of services based on their assessed need not based on service provider’s ability to generate fundraising income.

In Australia legal blindness is defined medically as 6/60 or less than 10 degrees of field, this is no clear and agreed definition of low vision although people are required to relinquish their driver’s licenses in most states at 6/12 (South Australia 6/18). Similarly the World Health Organisation defines both blindness and vision impairments on a medical table.

The Disability Services Act (1986) (DSA) defines the target group as:

The target group for the purposes of this part consists of persons with a disability that:

- a. Is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments;*
- b. is permanent or likely to be permanent; and*
- c. Results in:*
  - 1. A substantially reduced capacity of the person for communication, learning or mobility; and*
  - 2. The need for ongoing support services.*

Unfortunately none of the above relates to the functional impact of the vision loss which many also be exacerbated by a range of co-morbidities.

The DSA in particular whilst acknowledging the impact of sensory loss has on “communication, learning and mobility” then attempts to exclude people who are blind or vision impaired by requiring “ongoing” support to be a condition of eligibility. As noted above with appropriate specialist services, support for people who are blind or vision impaired will be generally episodic. This definition is also using a model of holistic care and ignoring the benefits of early intervention and the goal of independence.

The RSB uses as its criteria for support:

“Anyone who is diagnosed as being or likely to become legally blind.”

In this way the RSB is able to intervene, reduce the impact to the individual and also reduce the future need for ongoing support services.

The RSB believes that given the unique consequences of vision loss and specialist referral protocols and services required that this definition for eligibility is appropriate, as it uses an objective medical diagnosis but this is tempered to ensure a crisis situation will as far as possible be avoided.

In this way, not only are organisations like the RSB able to intervene early but also as part of a continuum of care prevent individuals from being overlooked.

Whatever eligibility criteria is accepted there needs to be a transparent process for appeal and review that considers the functional impact of vision loss to the individual.

## **7. Decision making**

As has been noted above the majority of people who are blind or vision impaired have an acquired vision loss and already possess life skills and experiences and as a result are able to independently make informed and rational decisions.

Although clearly any legitimate system that is created around the needs and aspirations of the individual will by definition be “person centred”.

The major barrier to decision making for people who are blind or vision impaired is not the intellectual capacity but rather being able to independently obtain information in their format of choice, navigating the built environment and being able to access specialist services.

Traditionally as a result of a lack of funding and reliance by specialist agencies on fundraising there has been little choice available to people who are blind or vision impaired with regard to service providers. The blindness sector in particular has always generated its own significant funds to offset the costs of services. For instance the RSB generates approximately 60% of its own revenue.

As a result, specialist services have been rationed based on the ability of specialist service providers to generate funds.

With regard to “individualised funding” the experience of Blindness agencies in the United Kingdom (UK) that I have spoken to is that Blind people have been unable to access funds under this type of system. The assessment tools used do not assess the vision loss and hence they are not viewed as a priority when funding packages are allocated by the local authorities. It should also be noted that with regard to “individualised funding” in the UK, I was advised that this was not extra funding but existing funds reallocated. In a number of cases very large amounts were provided to a few individuals with many other receiving no support.

This has created a large industry and another layer of overhead by organisations that managed these funds on behalf of individuals. Clearly this is something that requires safe guards if such a system were to be introduced in Australia.

An entitlement based system will remove the inequity of a few receiving the bulk and the balance receiving little or nothing.

## **8. Nature of Services**

People who are blind or vision impaired require a wide range of specialist services to be independent and participate in the community. The vast majority of these services enable access to the community and are unlikely to be able to be delivered by main stream service providers eg. Braille or adaptive technology training, mobility and guide dog services or specialist vision rehabilitation officers.

These are specialist skills requiring knowledge of eye conditions and the functional impact of vision loss, strategies to optimise residual vision and

where that is not possible strategies to replace the use of vision. As severe vision impairment is a relatively small segment based on the government financial contribution to the disability sector it is very unlikely that these skills will be delivered by a generic provider. Indeed this has been proven in the Job Network system where generic providers have not been able to cater for the specialist needs of vision impaired job seekers and the resultant under representation in employment outcomes.

Vision impairment services to be effective also need to be responsive and available at the time of a change in circumstances of people who are Blind or Vision Impaired and not prioritised and assessed under a generic system using a generic assessment tool.

Quality standards of service need to be developed and these need to include early identification of any need for specialist services, referral and access to other services, such as specialist disability services for early intervention training and provision of assistive technology and equipment.

### **9. How much is needed?**

At this stage it is impossible to calculate across the Disability Sector the potential budget for a new system for which there are no eligibility criteria and little genuine data.

However the RSB is not advocating for an amount of money but rather the principal that people with disabilities and their carers have an entitlement to services to enable them to enjoy their rights as Australian citizens. This right includes the ability to independently participate in the life of their community, which should be the goal of any disability strategy.

This is no different to Education or other Government responsibilities.

It is important however to note that the provision of specialist support services, equipment and training will longer term result in other savings in the public purse.

### **10. Financing Options**

The RSB believes that it is for Government to create and balance their budgets and it is not for the Disability Sector to advise them on how they do it, anymore than the South Australian Education or Health Department can advise the State Government on what taxes they can or can't create. If the principle of an entitlement based system is accepted then it is for Government to decide their financing strategies as they do for Defence or Science.

However the RSB is aware of a suggestion by National Disability Services (NDS) to create a National Disability Insurance Scheme (NDIS) to fund the costs of a disability entitlement system. Whilst the RSB applauds any scheme that will increase the current appalling and inequitable levels of disability funding across Australia the RSB has a number of reservations including concerns with regard to the:

- Creation of a large and wasteful bureaucracy
- Cost shifting between Government Departments
- Provision for the future growth expected in demand for services
- What services will be included particularly if single assessment tools are employed.
- Whether as occurred in the UK, people who are blind or vision impaired being a relatively small and specialist group will receive equitable access to services

If the establishment of an entitlement system does not meet the full demand for specific services then prior to the introduction of a NDIS research is required with regard to the impact an NDIS will have on fundraising income.

## **11. Workforce Issues**

Specialist services for people who are blind or vision impaired require staff to have specialist skills and a specific understanding of the issues associated with vision loss. At the current time there is no national work force development strategy.

The RSB supports the development of a broad-based qualification at Certificate III and IV level across the disability, home and community care and aged care sectors. Broad-based qualifications should include core competencies across the three sectors, with mandatory electives and clusters of skill sets to reflect sector-specific requirements.

There needs to be the construction of a National Workforce Plan to identify workforce requirements over the next 5-10 years, identification of skills growth and development needs and the employment and retention of people with disability skills in the workforce as a priority.

The ability of service providers to offer genuine career paths within the disability industry is reduced by the level of ongoing uncertainty in employment and lack of awareness amongst potential employees of the careers available within the overall disability sector.

Given the projected increase in the number of people with a disability as a result of the ageing process unless there is systemic change there will be severe pressures on disability service providers to provide a far greater number of services with no necessary increase in staffing due to a lack of funding or available trained staff.

In order to optimise available resources and be able to provide timely and quality services to people with a disability it is strongly recommended that training on the nature and impact of a disability (including blindness and vision

impairment), how to assist in reducing the impact of the disability and the availability of specialist services be incorporated into the training curriculum for:

- Allied health professionals; and
- Other mainstream providers, including doctors, teachers and the service industry.

There is also the need for organisations such as hospitals and aged care providers to recognise the basic support that they should be providing to their patient, client or resident. The RSB currently has a number of programs to assist hospitals in identifying the needs of a blind or vision impaired person.

Accordingly the RSB believes that a new system as part of a work force development strategy needs to:

- Fully recognise the invaluable contribution service providers make to assisting people with a disability;
- Allocate funds to raise the profile and highlight the benefits to people of working in the disability sector;
- Introduce education in allied courses such as Occupational Therapy and Nursing on vision impairment, its impact on the individual, how to assist them and referral pathways
- Allocate funds for the education of generic providers with regards to blindness and vision impairment.
- Move to longer term funding agreements with meaningful indexation for disability service providers; and
- Increase the current Fringe Benefits Exemption Cap from the \$30,000 grossed up amount to \$40,000 (annually indexed) as an incentive for people to enter the disability sector.

## **12. Governance and Infrastructure**

The RSB is a strong supporter of disability service providers being audited by accredited external auditors for compliance with the Disability Services Standards.

It also believes that any new system should include funding for all disability providers to introduce and/or maintain a system of continuous improvement.

There is however frustration at the number of audits imposed by Government that in effect replicate each other. The RSB formation is externally audited for accreditation against:

- ISO:9001
- DESQA
- HACCP
- Service Excellence Framework, and



- Compliance with Government Funding Agreements and Australian Financial Standards.

It is recommended that in the future a new system incorporate a 'one' Government audit model that is recognised and acceptable to all tiers of Government. This will eliminate duplication of effort and expense.

With regard to "individualised funding" it is important that all providers, in order to ensure the quality and safety of consumers have an agreed minimum quality assurance level.

### **13. Assistive Technology**

The RSB provides rehabilitation programs and services for people who are blind or vision impaired. However, success is often compromised by the inability of individuals or their family (in the instance of children) to obtain the necessary aids and equipment they need to develop and independently participate in the community.

Assistive technology is essential. For the child, it enables them to develop, participate and keep pace socially and academically with their sighted peers. The provision of assistive technology at the earliest stage, including in the home is essential for a child to develop through all stages of their life, including the key transition points of childhood and adolescence.

Similarly people who are blind or vision impaired throughout their life will require Assistive technology to undertake a range of tasks independently.

At the current time funding is available for instance for a person to attend an individual's home to read their mail, which is costly, demeaning and an invasion of privacy. On the other hand, funds are not available to purchase equipment to enable a person to do this independently.

After a number of submissions, the RSB welcomes the Australian Government's recent commitment to deliver national consistency in the provision of Assistive Technology under the new National Disability Agreement. It is disappointing that whilst the need is acknowledged the earliest that this will be considered is 2012.

Given that Assistive Technology has previously been excluded from negotiations for disability agreements, this is a still however a great step forward.

More broadly, by enabling people with a disability, including those who are blind or vision impaired to become more productive at work and more independent in the home and community, an increased investment in assistive technology will deliver long term economic benefits.

## **14. Community and Government Responsibilities**

The RSB strongly believes that people who are blind or vision impaired will, given the opportunity, make a valuable contribution to the community and the life of Australia, noting that Australia is a country that provides equity of opportunity and participation to all, regardless of disability, culture or other differences.

Unfortunately people who are blind or vision impaired are disadvantaged when they attempt to access either generic disability services or mainstream services.

These barriers include:

- A lack of available information on the service in their format of choice;
- An inability to navigate and find the location due to the lack of identified pathways;
- A lack of access or poorly designed access to premises;
- Inaccessible or hard to navigate websites; and
- Lack of consistency in the provision of public transport.

These restrictions on the ability to participate can be largely eliminated by consideration at the design and development stage of services, systems and products and by promoting accessibility for all Australians, regardless of age, location etc.

Unfortunately, it is a fact that the majority of designers will not adopt this approach unless it is an essential requirement of their client base or there is some legislative provision.

The RSB therefore recommends that Government, as the largest purchaser of products and systems in Australia, introduce procurement policies to ensure that products and services are accessible by the whole Australian community.

This action would result in designers and producers having to incorporate inclusive design into their products and services. For example, good design in signage and lighting will assist everyone and at the same time improve morale and productivity in the workplace.

The RSB also welcomes the Australian Government's commitment to address the social exclusion of people with disabilities and its commitments as a respondent to the UNCRPD.

However there is a need to create a governing body to ensure that all Australian's are able to participate and enjoy their rights of citizenship.

Therefore in parallel with an entitlement scheme the RSB is recommending the creation of an "Office of Citizenship". It is envisaged that this body will have the appropriate powers to either, based on a complaint or independently initiate, investigate and direct Government to take remedial action where

either an individual or group of individuals are unable to exercise their full right of citizenship.

This will also need to be supported by Government undertaking extensive reviews and reforms of legislation, regulations, policies and design standards.

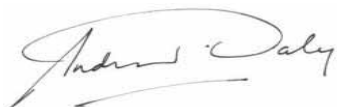
For instance, some Government services and programs currently specifically exclude access by people who are blind or vision impaired including local libraries and the South Australian Government Independent Living Program. A new system must require:

- All Government instrumentalities to establish and deliver strategies that provide services and products accessible independently by people who are blind or vision impaired; and
- Encourage and promote to the community and business sectors that their services and products are accessible by all people, including those who are blind or vision impaired.

This submission has been prepared in response to the Productivity Commissions call for papers of Disability Support and Care. Rather than answer the large usual of question included in the Paper I have attempted to provide a reasonable overview of the current disability sector primarily as it relates to people who are blind or vision impairment and identified elements that are required for a new system.

Should you wish to discuss any aspect of this further please do not hesitate to contact the writer.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Andrew Daly', with a stylized flourish underneath.

**ANDREW DALY**  
**EXECUTIVE DIRECTOR**