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Royal Society *for*  
the Blind of SA Inc.

10 August 2006

The Secretary  
Senate Community Affairs References Committee  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Dear Sir/Madam

**RE: INQUIRY INTO THE FUNDING AND OPERATING OF THE COMMONWEALTH AND  
STATE/TERRITORY DISABILITY AGREEMENT**

The Royal Society for the Blind of South Australia Inc (RSB), a quality endorsed organisation, is the primary provider of services to people who are blind or vision impaired in South Australia.

Currently the RSB provides the full range of vision rehabilitation services to over 10,000 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's mission and passion is to be able to assist people who are blind or vision impaired to achieve independence and the quality of life to which they aspire. It is our belief that people who are blind or vision impaired are valuable members of the community who, with the appropriate access and support, are able to fully participate in the community.

In preparing this response, the RSB is commenting as a major service provider with serious concerns over the failure of the Commonwealth and State/Territory Disability Agreement (CSTDA) consider the needs of people who are blind or vision impaired.

### Executive Summary

The RSB believes that the CSTDA has improved the quantum and quality of disability services in Australia. Further it congratulates the Commonwealth, State and Territory Disability Ministers on agreeing to continue these arrangements and believe this provides an opportunity to improve further the quality of life for people with disabilities in Australia.

The following are current issues that require consideration in negotiating a new CSTDA:

- The focus of the CSTDA needs to be on the individual with the disability and optimising their quality of life, not on creating structures and barriers between levels of Government, artificial eligibility criteria or categorising people based on a "one size" fits all model.
- The emphasis for disability planning and the majority of data collected is focussed on the crisis in accommodation services and not on creating independence focussed models. Similarly data for planning is only collected for historical Government funded services. As a result information is not available on either total disability services or unmet need.
- Currently no tier of Government funds specialist equipment to enable people who are blind or vision impaired to independently undertake a range of activities. This is inefficient, demeaning and leads to a dependency on personal care services.
- The CSTDA does not overcome the issue of access to mainstream Government services by people with disabilities resulting in duplication and a waste of valuable resources.

### Summary of Current situation

The RSB acknowledges (rightly or wrongly) that the CSTDA solely documents the interaction between levels of Australian Government, and has created a separation of funding and financial accountability. However, it has failed to acknowledge and address the individual needs of people with a disability, and in particular people who are blind or vision impaired. For instance this failure is demonstrated by the shortfall and inconsistencies in the quantum and quality of disability services across Australia.

The current definition of eligibility for disability services is based partly on age, which serves to create barriers to access services and is based on a model for accommodation services, rather than services that promote independence.

Another significant issue is the "one size fits all" nature of the CSTDA. This is exemplified by the National Minimum Data Set (NMDS), which gathers information primarily around people who require intensive or holistic care. As a

result of this approach, “Government” subsequently creates its strategies based on misleading data, and without regard to those requiring episodic services such as those delivered by the RSB to people who are blind or vision impaired.

In addition, there is little evidence from the RSB’s perspective to indicate there has been a shift away from the crisis management approach that has previously been the norm in the Disability Industry, towards a planned, strategic and transparent approach to the funding and delivery of disability services. An example of this is the fact that if the Government do not fund a particular service, then no statistics are collated regarding the level of need or demand for that service. This is a particularly disappointing approach given the potential benefits of early intervention strategies and the many opportunities to adopt new technology that could substantially improve the quality of life for people who are blind or vision impaired.

One particularly significant issue is the lack of funding for specialist independent living equipment for people who are blind or vision impaired. Currently no recurrent Government funding (State or Commonwealth) is provided for the purchase of adaptive equipment. This equipment would enable many people who are blind or vision impaired to, for instance, independently read their own mail and other information. Funding is however available (as Personal Care) to have a paid worker attend at a person’s residence to read their personal mail to them on an ongoing basis. This is clearly inefficient, and creates dependence rather than promoting independence.

The current CSTDA also fails to address the issue of the (often) inaccessible nature of mainstream services, including many Government services, to people who are blind or vision impaired. As a result of this, the RSB is often required to either replicate individual services, or spend significant amounts of time and resources advocating or assisting its clients to access these services.

This is not only demeaning to the individual but also a waste of valuable resources. Indeed the RSB was recently informed by a senior officer within the Public Library Service that as a result of the RSB currently providing a specialist library service (in the absence of an accessible mainstream one) that the RSB should subsidise the costs of people who are blind or vision impaired accessing the public library system. This attitude is completely unacceptable, particularly at a senior level. Whilst it is accepted that this was the comment of one individual (albeit in a senior position) it illustrates the need for increased education, awareness and legislation regarding the rights of people with a disability to access mainstream services, as do any other members of the community.

#### An examination of the intent and effect of the three CSTDAs to date

It is our view that the CSTDA’s primary intent needs to be Government’s commitment to improve the quality of life for people with a disability. To achieve this, strategies will include better cooperation between levels of Government, better information collection, policy setting and planning. However the current CSTDA is focussed on Government and not on people with disabilities. Indeed the Recitals include no mention of the needs of people with a disability.

As a result many of the issues noted above including the creation of gaps in services, wide variations in quality and availability of services are occurring. The CSTDA is the cornerstone for Government policy development and planning and yet it acknowledges in

no way the significant contribution made by other providers. For instance the RSB subsidises from its own resources the majority of Government services in addition to fully funding a number of others. The result is planning and service delivery in isolation.

The CSTDA also creates rigid funding streams based on holistic models of care, making it inflexible and primarily focussed on holistic services such as accommodation. In fact, the commitment needs to be to improve the quality of life for people with a disability through independence and integration into the community. For a person in a wheel chair this may be housing modifications for a person who is blind it may be assistance with transport or access to the local newspaper or access to technology.

With regard to technology and innovation we can identify no actions in spite of the CSTDA reflecting a commitment to “develop innovative solutions” as per the preamble. In our view rather the CSTDA has been used as the basis to justify not trialling new opportunities or technologies or to exclude people from accessing services. It has been our experience that when innovative solutions are created responsibility is passed from one tier or Government Department to another.

The RSB is also concerned that the definition of “people with disabilities” includes those “requiring ongoing and/or long term episodic support”. This does not reflect best practice in enabling people who are blind or vision impaired to participate independently in the community. Indeed, the majority of our clients will require short term episodic support at times of change in their life, for example the death of a partner, change of employment, or moving house. As a result of this narrow definition, a number of services are provided by the RSB for which little or no funding is received. These include Orientation & Mobility Services, Guide Dog Services, Transport Services, and the provision of adaptive equipment.

Accordingly, it is our belief that the current focus of the CSTDA needs to be amended to place the person with the disability first, with a common goal of delivering individualised service to optimise their quality of life.

The appropriateness or otherwise of current Commonwealth/ State /Territory joint funding arrangements, including an analysis of levels of unmet needs and, in particular, the unmet need for accommodation services and support

Within South Australia funds to the blind and vision impaired sector total less than 3% of the State Disability Budget. This figure is arbitrarily determined. The RSB believes that there is a need for funds under the CSTDA to be linked to particular Disability Sectors. This requires the establishment of consistent and agreed benchmarks.

The need to create more appropriate and consistent funding becomes vital as the RSB believes that by the year 2020 our number of clients will almost double. In the absence of a planned and funded approach to maintaining their independence “Government” will be faced with an unsustainable demand for accommodation services.

For this reason there is also a need for Rehabilitation/Home Support for elderly people who are blind or vision impaired to become funded as part of Home and Community Care (HACC) and ACAT packages.

At the current time, many elderly people who are blind or vision impaired that would be able to remain living independently in their own accommodation with minimal personal

support are specifically excluded from accessing these services resulting in forced transition to supported accommodation.

A further specific shortfall for people who are blind or vision impaired is access to specialist equipment as noted above.

An examination of the ageing / disability interface with respect to health, aged care and other services, including the problem of jurisdictional overlap and inefficiency

The RSB has over 10,000 clients. Many of these clients acquire vision loss later in life. For the majority of these people the CSTDA presents anomalies in the definition of a disability. A person who is blind or vision impaired should not be restricted to an arbitrary birth date (i.e. only those acquiring a vision loss before the age of 65 are currently eligible under the CSTDA to obtain a disability service). It is our suspicion that this was introduced for accommodation or holistic services where there is a substantial and ongoing cost for either the Commonwealth or local State Government. As noted above the focus needs to be on the client receiving a high quality service not having to navigate a range of bureaucracies.

It is certainly inappropriate for rehabilitation services which in many instances are provided by a single provider in a given locality to create separate services or not provide a service merely as a result of an arbitrary age based eligibility criteria. In future the CSTDA will need to be expanded to take into account that people acquire a disability after the age of 65, and will require services which currently will not be covered under the Aged Care Act, or Health and Ageing Funded Services. It should also be considered that 65 is no longer the "retiring" age with workplace policies now focussed on people remaining in the workforce until their seventies.

In instances where these shortfalls or artificial barriers are created consideration should be given to creating specific strategies such as The National Vision Loss Rehabilitation Strategy currently being considered.

An examination of alternative funding, jurisdictional and administrative arrangements, including relevant examples from overseas

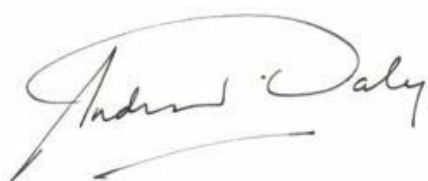
The RSB is not in a position to recommend a new funding regime, and acknowledges that the current CSTDA has created greater clarity with regard to individual "Government" responsibilities for the funding of specific services. However, in our view the following should be considered in the preparation of a new agreement:

1. The need for objective data (not self reported or only funded services) needs to be gathered on the levels of current unmet need and future demands for all services.
2. That minimum measurable benchmarks be created with regards to an acceptable minimum level of services that "eligible" people are able to access, irrespective of their physical location.
3. That the eligibility criteria needs to be amended to no longer be arbitrarily age specific, but instead it should focus on individual needs. The question of specific source of funding for a person with a disability should be irrelevant to their access.

4. The current funding practice of rewarding poor performance by service providers should be amended to reward good practice and innovation through the creation of benchmarks.
5. The creation of a National Specialist Equipment Scheme.
6. That protocols be created requiring all government services to be fully accessible to people with disabilities.

We trust the above if of assistance and if you require any further information please do not hesitate to contact the undersigned.

Yours faithfully

A handwritten signature in black ink, appearing to read "Andrew Daly". The signature is fluid and cursive, with a large initial "A" and a long horizontal stroke at the end.

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