

**INQUIRY INTO SERVICES PROVIDED OR FUNDED BY
THE DEPARTMENT OF AGEING, DISABILITY AND
HOME CARE**

Organisation: Royal Institute for Deaf and Blind Children
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The Hon Ian West MLC
Committee Chair
Standing Committee on Social Issues
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Mr West

I would like to thank you for the opportunity to participate in the inquiry into the quality, effectiveness and delivery of services provided or funded by the Department of Ageing, Disability and Home Care (ADHC). In this submission, the Royal Institute for Deaf and Blind Children (RIDBC) responds to three of the terms of reference identified by the Standing Committee on Social Issues:

(a) The historical and current level of funding and extent of unmet need:

There has been an increase in the ADHC budget of 40.4% over the past five years. RIDBC acknowledges the Government's commitment to disability overall but as detailed below is concerned that disabilities that have a low prevalence rate such as sensory impairment(s) are being excluded from the increase in funding and therefore the critical support that is required.

RIDBC Therapy Services include speech pathologists, psychologists, occupational therapists, audiologists and orthoptists and work with children across all RIDBC programs. Our therapists provide critical support to children, equipping them with the life skills to enable them to reach their full potential.

RIDBC has received a 10.2% increase in ADHC funding between 2006 and 2010 and a 13.5% increase in the number of children participating in our programs. However, when CPI indexation is taken into account the funding increase between 2006 and 2010 is only approximately 0.5% in real terms which represents a **reduction** of 11.5% per child per year. In effect there is a critical funding shortfall of approximately \$900,000 in RIDBC programs that ADHC contributes to.

The ADHC funding shortfall is made up via RIDBC fundraising activities with the community. Whilst we are extremely grateful for financial support from both the government and the community, the current heavy reliance on community fundraising severely impacts on RIDBC's ability to extend certain programs and plan for the future due to a lack of reliable long term funding sources.

The current funding shortfall reflects existing programs that are under-funded but, as discussed below, there are significant unmet needs that in fact make the impact of the funding shortfall even greater than what is reflected in the above data.

The way in which funding grants are being allocated by ADHC is precluding RIDBC from further participating in ADHC programs. The barriers creating this situation are:

- A focus on regional level allocation of funds for each initiative, and;
- The exclusion of domain specialist organisations from submitting applications in certain programs.

For an organisation like RIDBC which specialises in the domain of sensory impairment, a State-wide focus is more appropriate. The incidence of the high impact disabilities of blindness and severe hearing impairment is, fortunately, relatively low and consequently spread very unevenly throughout the State. By focussing on Regional level allocations, ADHC has effectively diluted the chances of a tender from a domain specific organisation appearing to meet the individual Regions' priorities.

In a recent round of tenders, RIDBC was informed by the ADHC hotline that if it wished to serve families across regions it would need to submit a full tender application for each region in the State, a costly and cumbersome process which would in all likelihood result in multiple rejections due to the low numbers involved in each region.

Recommendation 1: A central funding program be developed which is better suited to provide funding for disabilities with low prevalence rates such as sensory impairment.

The Terms of Reference of the Inquiry refer to the extent of unmet need. RIDBC is aware of many areas of unmet need for children with a sensory disability especially those living in regional and remote areas of Australia and indigenous children. RIDBC has had some success in working with these children via the RIDBC Teleschool using videoconferencing as the platform for intensive regular contact, but we are aware that there are many children who do not have access to the highly specialised teaching and therapy expertise they require. In this regard, we recommend funding to extend existing programs to ensure that existing technology and highly specialised expertise can be used to cater for remotely located children. RIDBC would be happy to provide greater detail on areas of unmet need if required.

Recommendation 2: A review is conducted of the needs of children with a sensory impairment and a long term strategy is developed to ensure that the appropriate level of support is being provided.

(b) Flexibility in client funding arrangements and client focused service delivery

RIDBC supports funding mechanisms that have an outcomes objective but allow for changes within the program arising from changes in needs. Of more concern is the lack of a co-ordinated program supporting children with a sensory impairment across government agencies. Support for children with a sensory impairment covers educational services, health services and general disability services thus requiring a multi-agency program. For example, a child with a hearing impairment requires therapy services such as speech pathologists, psychologists, occupational therapists and audiologists as well as specialist teaching services to develop the child's spoken language and/or signing capability. It is impossible to separate the two service types, and so RIDBC is continually frustrated by having to work across agencies to receive funding for different aspects of its programs. This is definitely not a client focussed approach to providing holistic services to individuals.

RIDBC is required to seek funding from multiple agencies and multiple programs within agencies all with differing reporting mechanisms and requirements. This places large resource requirements on RIDBC, is confusing, and eliminates us from certain funding possibilities for some aspects of our program. RIDBC often approaches government agencies regarding funding for our programs and is constantly frustrated by the question "Is this a disability, education or health issue?" in an attempt to pass us on to another agency when the real question should be 'How can we work together to provide critical services to the child'!

Recommendation 3: A multi agency task force comprising ADHC, Department of Education and Training and Department of Health, be established to work across portfolios on a plan to systematically and sustainably address the needs of children with a sensory impairment.

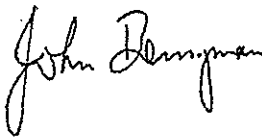
(c) Internal and external program evaluation including program auditing and achievement of program performance indicators review

The current method used by ADHC to monitor performance does not suit an environment that includes 'in-house' therapists who provide intermittent or on demand type services as well as regular programmed services. It is difficult for RIDBC staff therapists who provide support across RIDBC programs such as early learning programs and schools to log time per client etc as they may be called to provide support to an array of children throughout the day. This can be anywhere from 5 minutes to several hours.

Recommendation 4: A flexible reporting mechanism be developed which provides effective reporting in environments where intensive and ongoing services are provided.

Once again I thank you for your invitation to make a submission to the inquiry. RIDBC would be pleased to contribute further if required. I look forward to the ensuing report and eventual outcomes.

Yours sincerely

A handwritten signature in black ink, appearing to read "John Berryman". The signature is fluid and cursive, with the first name "John" being more prominent than the last name "Berryman".

John Berryman
Chief Executive