Submission No 64

THE PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)

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Submission to the General Purpose Standing Committee No 2

By Vision Australia

Inquiry into Program of Appliances for Disabled People (PADP)

Response date:

Response submitted by:

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Sue Crane

Vision Australia is the largest organisation in Australia providing services to people who are blind or have low vision. Our vision is that people who are blind or have low vision will increasingly have access to, and fully participate in, every part of life they choose.

To help realise this goal, we provide early childhood, orientation and mobility, employment, information, recreation and independent living services to clients and their families. We also work collaboratively with Government, business and the community to eliminate the barriers people who are blind or have low vision face in accessing the community or in exercising their rights as Australian citizens.

The knowledge and experience gained through service delivery interaction with clients and their families, and the involvement of people who are blind or have low vision at all levels of the Organisation, well places Vision Australia to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

Vision Australia appreciates the opportunity to comment on the General Purpose Standing Committee No 2's enquiry into the Program of Appliances for Disabled People (PADP).

In 2006 Vision Australia contributed comments to the NSW Health review of the PADP. We endorse the recommendations about the management and administration which came out of this initial review.

1. Adequacy of funding for present and projected program demand

The one-off payment of \$11 million into the program in 2007 was appreciated, as is the increase in allocation as reported in the PriceWaterhouseCoopers (PWC) review of PADP. However, particularly taking into account the possible increase in disability as our society ages, alongside increasing costs of equipment as technology advances, there continues to be an overwhelming need for permanent ongoing increased funding.

It is difficult to find statistics on equipment requirements which therefore makes it impossible to accurately predict what level of funding will be required to meet the needs of people with disability both now and into the future. It is believed that the collection and publication of these statistics will give a clearer picture as to the adequacy of funding for the program.

It is essential that lack of funding does not dictate whether a person can have what they need in order to participate equally in the community.

2. Impact of client waiting lists on other health sectors

The negative impact experienced by a person who faces extended delays before they receive their equipment cannot be understated. It is unfortunate that 2 years after the initial review, long waiting lists continue to discourage people from even applying for equipment.

Vision Australia staff have commented that it is difficult to find out if people are on the waiting list and if so how long they are likely to wait. It is understood that many clients wait in excess of 2 years for their equipment. There is also no transparency in how the waiting lists are administered across different regions.

3. Effects of centralising PADP Lodgement Centres and the methods for calculating and implementing financial savings from efficiency recommendations

Recommendation 1 of the initial report strongly recommended centralising PADP Lodgement Centres. This is supported by Vision Australia as a way to promote consistency in the handling of the program as well as reducing administration costs – therefore freeing up funds for the equipment.

Staff and clients of Vision Australia have, on the whole, expressed concerns about how the program is currently handled. Clients have advised that although they were aware of the scheme they did not find it easy to obtain information about it. It was frequently commented that making enquiries at PADP offices is very difficult.

The time frame imposed by the PADP office when seeking information to approve applications is often unreasonable and impractical. When money finally becomes available for the item, the PADP office often requires information within as little as 24 hours. Given the length of the waiting lists, it is very possible that new and more appropriate items will be on the market but it is impossible to have the client reassessed in this extremely short time frame. It is unfortunate that this may result in the client receiving superseded equipment.

It is important to note that technology changes and advances do impact on a person who is blind or has low vision, particularly with regard to accessibility. Technology rapidly advances and equipment is therefore superseded and can lose its capacity to provide accessibility in an ever changing world. An example of this would be portable note taking devices with speech output and Braille displays which are constantly improving in their ability to provide effective communication with the sighted community.

4. Appropriateness and equity of eligibility requirements

It is vital in the interests of equity that one disability not be seen as more needy than another. Each person's case must be assessed on its own merits, that is the importance of particular requested equipment in alleviating the effects of the person's disability.

There remains a lack of consistency in application forms and process, including who is eligible to sign off on an application form. For example, in some regions Orthoptists have been approved as prescribers yet in others applications are only accepted with the signature of an Occupational Therapist.

Information on PADP needs to become more accessible, that is to be available in a variety of formats such as Braille and audio. It is difficult to access information about PADP if you are blind or have low vision. Although information can be accessed by telephone, it is not always easy to contact the PADP office. For example one client

was referred to 4 different hospital services before finally obtaining the correct phone number for the PADP contact, which was an answering machine.

It is also an unnecessarily complex application process, which needs to be simplified. There remain inconsistencies with processes between different allocation committees. There is also a lack of understanding of written communication devices used by clients who are blind or have low vision by some committee members.

People requiring more complex equipment tend to have more complex needs but have to jump through more hoops because the equipment is often much more expensive.

At the same time, even simple items such as surgical stockings require yearly applications complete with frustrating "hoops" and procedures which need sighted help. Clients have stated that the required forms cannot be completed independently if you are blind or have low vision and yet they have been given no assistance by PADP office staff to complete them.

Vision Australia's clients and staff have found that there is a lack of awareness / knowledge of equipment suitable to people who are blind, have low vision or are deafblind among PADP coordinators and advisory committees. For example, although mobility aids are included in equipment lists, GPS devices are not. This is an item which needs to be included for clients who are blind or have low vision as this is an item which is needed for independent mobility.

Vision Australia supports the abolition of the client's co-contribution payment towards the equipment.

5. Future departmental responsibility for the PADP

Vision Australia welcomes the establishment of EnableNSW and the finalising of the reform of the PADP.

Vision Australia feels that it is important that the NSW Department of Health works towards the development of an up-to-date database of equipment in order to provide a clear picture of equipment usage and return. This will enable the program to make use of underutilised equipment and thus reduce waiting lists and costs.

In addition, it is essential that the NSW Department of Health maintains statistics on usage of the program.

It is also vital that the PADP program becomes fully accessible, this includes access to information about the program and accessible application forms.

6. Any other related matter.

It is pleasing to note that in recent years the PADP program has better provided for the needs of people who are blind or have low vision. However consideration must be made of advances in technology, and therefore advances in equipment, in order to ensure clients receive the best possible equipment. That is, not equipment that has become superseded in the time it has taken for the funding to become available.

Vision Australia looks forward to the finalising of the PADP reform and would be pleased to discuss any of the matters raised in this submission with the committee.

Yours faithfully,

Sue Crane Policy & Advocacy Department

8 September 2008