



ABN 47 125 036 857

Australian Blindness Forum  
Locked Bag 3002 Deakin West ACT 2600  
Phone: 02 6283 3214  
[www.australianblindnessforum.org.au](http://www.australianblindnessforum.org.au)

19 April 2013

To the Standing Committee on Community Affairs  
Legislation Committee

**Via Email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)**

Dear Standing Committee,

**RE: Aged Care (Living Longer Living Better) Bill 2013; Australian Aged Care Quality Agency Bill 2013; Australian Aged Care Quality Agency (Transitional Provisions) Bill 2013; Aged Care (Bond Security) Amendment Bill 2013; Aged Care (Bond Security) Levy Amendment Bill 2013**

ABF is the peak body representing the blindness and vision impairment sector. As a member-based organisation, we have drawn on the collective expertise of our membership to formulate a response to the Living Longer Living Better legislation with particular emphasis on the implications for Australians who are blind or vision impaired.

Please find our response attached. If you have additional questions regarding this response, please feel free to contact Policy Advisor, Gabrielle Mullen

Yours sincerely,

Dan English  
Chairman

## **INTRODUCTION**

The Australian Blindness Forum welcomes the opportunity to comment on the Government's Living Longer Living Better aged care reforms and the Bills currently before federal Parliament.

In addition to making this submission and the recommendations contained within, ABF would welcome the opportunity to discuss our concerns regarding the legislation in person with the Senate Standing Committee on Community Affairs during any hearing the Committee may undertake.

## **ABOUT THE AUSTRALIAN BLINDNESS FORUM**

The Australian Blindness Forum (ABF) was formed in 1992 and is funded only by its members. The ABF is an Australian public company limited by guarantee and governed by a Board of Directors.

ABF exists to:

- Encourage exchange of information between members.
- Exert influence on government policy development.
- Enable blindness sector representation, both nationally and internationally.
- Enable Australia to facilitate its membership of the World Blind Union.
- Encourage and promote the development and equity of the level of services throughout Australasia.

Membership of ABF is open to any organisation that has as its primary objects, the provision of services to people who are blind or vision impaired; or whose activities are substantially connected with the welfare of people who are blind or vision impaired; and those whose activities are substantially related to the prevention of blindness.

ABF combines the voice of people who are blind and vision impaired with that of the specialist service providers across the sector. As Australia's representative to the World Blind Union, the ABF has strong connections with the international blind and vision impaired community.

ABF is represented in every state and territory of Australia and all major organisations providing services to Australians who are blind or vision impaired are members of ABF.

ABF is the peak body representing rehabilitation in the blindness sector.

### **Signatories to this submission are the following members of ABF:**

Association for the Blind WA / Guide Dogs WA  
Australian DeafBlind Council  
Blind Citizens Australia  
Blind Sports Australia  
Blind Welfare Association of SA  
Canberra Blind Society

CanDo4Kids  
CBM Australia  
Guide Dogs NSW/ACT  
Guide Dogs Queensland  
Guide Dogs SA & NT Inc  
Guide Dogs Victoria  
Macular Disease Foundation Australia  
Royal Guide Dogs Tasmania  
Royal Society for the Blind of South Australia  
Vision Australia

## **EXECUTIVE SUMMARY**

The five Bills have been introduced to address the urgent need for reform of a complex aged care system that currently struggles to meet the needs of older Australians. Increasingly, older people and their families are unable to source and access appropriate services required to facilitate a growing preference for an ageing-in-place model, where access to individually tailored support services is essential.

Due to the complex nature of the current assessment and referral processes for support services provided within a person's home and community and the numerous barriers to accessing these, many Australians have little choice but to move into residential care. This means they are forced to move away from family, friends and services at a time when they need them most. For people who are blind or vision impaired, they are more likely to be forced into premature entry to residential care due to the failure of the aged care system to adequately address the specific needs associated with disability.

The primary objectives of the announced reforms to facilitate greater community based, in home support, and greater individual choice in terms of service and service provider is long overdue. ABF is committed to ensuring that within these significant changes to aged care services, people who are blind or vision impaired are not disadvantaged due to the traditionally low profile afforded to sensory impairments, particularly as a result of the pervasive myth that blindness and vision impairment is a 'natural consequence' of the ageing process.

ABF has consistently advocated for the recognition of the needs of people who are blind or vision impaired and is concerned that traditionally, the impact of disability, particularly blindness and vision impairment has not been sufficiently and effectively recognised or addressed in the proposed reforms.

As the incidence of disability from blindness or vision impairment increases with age due to the degenerative nature of many conditions, the great majority of people who are blind or vision impaired receive specialist services through specialist blindness agencies rather than ageing sector. ABF believes this demonstrates the urgent need for a blindness and vision impairment strategy,

integral to all parts of a future system and enable appropriate care for older Australians who are blind or vision impaired.

ABF provided submissions in response to the Productivity Commission's Reports on Disability, Care and Support, and Caring for Older Australians based on significant consultation with members. It is apparent from the draft legislation that many of the concerns raised and recommendations contained within ABF's submission to the Productivity Commission have not been recognised within the proposed aged care reforms.

The unique needs of people who are blind or vision impaired have been recognised under the Better Start initiative and through specific reference within NDIS Rules, which have identified the requirement for specialised functional assessment and specialist service provision. The continued emphasis on diagnosis within the aged care sector, combined with the use of inadequate generic assessment tools, has resulted in a continued failure to recognise the significant benefits specialist blindness services can achieve in securing greater independence and community participation for people with who are blind or vision impaired.

In consideration of the reforms contained within the package of bills, ABF contends it is imperative that equity is achieved for older Australians who are blind or vision impaired, and have been excluded from the benefits to be provided through the NDIS. Careful consideration must be given to the conflict of the age cap of the NDIS in reference to the requirements under the UNCRPD for equality of service regardless of age.

As a result of the proposed amendments, people who acquire a vision impairment over the age of 65 will be liable for a co-payment to receive services and support to maintain their independence, some of which is currently provided to them free of charge through the members of ABF. This creates inequity of service between those who qualify under the NDIS and those in the aged care sector solely on the basis of their age at time of initially accessing services, and ignores the greater impact of need and entitlement in the process.

The support needs and service delivery modalities for people who are blind or vision impaired differ greatly from those required by people who are frail aged. The episodic nature of specific support services required by a person who is blind or vision impaired necessitates specialised consideration to the application of amended funding parameters and the broadening of the home based support programs.

## **ANALYSIS**

Following review of all five bills which constitute the proposed reforms to the aged care sector, ABF will restrict comment to the Aged Care (Living Longer Living Better) Bill 2013. Discussion and recommendations specifically address the impact of the proposed changes and the legislation itself on

people who are blind or vision impaired and providers of specialist support services for this client cohort.

## **Home Care**

From 1 July 2013, 'Home Care' will replace community care (Community Aged Care Packages) and flexible care (Extended Aged Care at Home). The essence of this amendment is to provide a continuum of home care options with the application of Consumer Directed Care providing greater focus on individualised needs and services.

This shift in focus is further enhanced by the proposed introduction from July 2015 of the Commonwealth Home Support program, which will consolidate all of the services currently providing basic home support (including the Commonwealth HACC Program, the National Respite for Carers Program, the Day Therapy Centres Program and the Assistance with Care and Housing for the Aged Program) under the one program.

The central tenets underpinning the move towards greater access to Home Care services, with the focus on ageing in place, aligns with the service delivery model of ABF members. This entails specialist functional assessment resulting in early intervention post diagnosis, supported by open access to episodic services. Specialist services are provided in response to either deterioration of vision or transitional life events.

ABF supports the introduction of CDC Home Care Packages, which support greater choice and control for consumers over individual services, however, throughout the explanatory memorandum and additional reference material regarding this initiative, consistent reference is made to 'aged care providers'. ABF is concerned that this perpetuates the situation where disability specific services remain sidelined and not afforded adequate recognition of their vital role in providing expert services via uniquely qualified staff for people who are blind or vision impaired. This is of significant concern due to the lack of awareness of the needs of people with a sensory disability who continue to be marginalised within the aged care and disability sector.

## **Consumer Directed Care**

Moving to a Consumer Directed Care (CDC) based system is a fundamental shift in how services operate within the aged care system and will significantly impact on how consumers experience the system and accessing services.

ABF supports a Consumer Directed Care approach to providing services that facilitate ageing in place. ABF advocates identification of vision impairment as a recognised impairment within aged care assessment and subsequent provision of specialist functional assessment and specialist programs with a core focus on the individual needs of people who are blind or vision impaired.

With the shift to this approach across the sector, it is essential that recognition is incorporated into the legislative framework that people who are blind or vision impaired have a unique set of needs, require specialist functional assessment, benefit significantly from early intervention, and have a right to access an episodic approach to service provision as triggered by a change in need or circumstance.

The persistent belief by many within the aged care sector and health sector that vision impairment is a 'natural consequence' of ageing ignores the vital benefits that are achieved by investing in appropriate disability based functional assessment, service provision and rehabilitation for older Australians. Expert intervention by specialist service providers significantly improves health and wellbeing outcomes, including reduction of falls risk and maintaining engagement within the individual's natural support networks and community, reducing isolation and the subsequent risk of depression.

ABF members are uniquely qualified to provide the necessary assessment, advice and support.

Specialist services provided through ABF members actively support and facilitate a person with vision impairment or blindness to remain in their home and remain active members of their communities through the provision of:

- Early intervention upon diagnosis or subsequent loss of vision has been proven to significantly reduce accidents or injury. Funding for early intervention for older Australians who are blind or vision impaired is severely lacking and services are primarily provided through philanthropy. When consideration is given to the logical conclusion that future cost can be reduced by early action and service provision, the fact that primarily rehabilitation services are funded through community support is unacceptable.
- Home assessments and the use of home modifications have enabled organisations in the blindness sector to successfully minimise the occurrence and impact of falls.
- Instrumental Activities of Daily Living services offset the impacts of vision loss through skills development and specialised equipment to ensure safety and independence in carrying out daily living tasks.
- Orientation and Mobility Training, including development of skills in the use of a long cane programs, guide dogs, and other mobility aids, allow older Australians to continue to access and participate in their communities.
- Adaptive Technology Training and provision of specialist equipment allows people continued access to information and can be instrumental in maintaining independence. The provision of equipment necessary to support independence is currently not available through Aids and Equipment Programs within Australia for people who are blind or vision impaired. Provision of equipment is chronically unfunded and in many

cases, due to economic circumstances, equipment is not available to people who are blind or vision impaired.

**Broadening of the classification of “people with special needs” for the purposes of the *Aged Care Act 1997***

ABF acknowledges the amendment of Section 11-3 to include recognition of specific cultural groups and medical diagnoses, as a special needs group under the *Aged Care Act 1997*.

The continued lack of recognition of vision impairment as a special needs group is, however, further indication that disability is considered an acceptable and inevitable process of ageing, in particular the loss of vision. This failure to acknowledge the specialised needs of people with vision impairment demonstrates a continued lack of understanding of this sector and diminishes the valuable successes achieved in supporting people to remain independent in their own homes. Blindness services are instrumental in allowing people to age in place.

Blindness services do not provide ongoing support services that undertake tasks for people with an associated recurrent cost. Rather specialist blindness services provide people with education, training and skills in order for them to develop skills that enable them to remain independent, or at the least, minimise their dependence on external supports, in order to age in place.

In failing to recognise and provide people who are blind or vision impaired with Special Needs Status, there is a denial of the intrinsic requirements and rights of a person who is blind or vision impaired. The provision of Special Needs Status would encourage aged care service providers to take into account specialist disability-based needs, provide greater training for aged care staff on individual and complex requirements, provide significant cost efficiencies for aged care funding providers, allow people to remain out of residential care for significantly longer, and most importantly, provide enormous quality of life benefits for older Australians who are blind or vision impaired.

**Workplace Supplement**

Of specific interest to ABF is the introduction, under Section 44-5, of the workforce supplement. This supplement proposes to support providers to attract and retain sufficient numbers of skilled and trained workers.

Blindness services are chronically underfunded. Government funding averages 30% or less of the income base of most ABF members. Blindness sector organisations rely heavily on volunteers and community philanthropy, yet they employ a highly specialised, post-graduate qualified workforce. ABF

contends that it is imperative that specialist service providers have priority access to funding through the workplace supplement.

## **Funding**

The lack of targeted funding available to fund specialist disability service provision is unacceptable when compared to services that will become available through DisabilityCare. People over 65 have been legislated as ineligible for funding under DisabilityCare, yet in excess of 75% of people who are blind or vision impaired are aged over 65 years.

Currently, the blindness sector, through philanthropic support, is the almost exclusive funding source for specialist aged care services that enable people who are blind or vision impaired to remain in their own homes. Many aged care service providers, who are funded to support older Australians, will refuse to pay fee for service for specialist services that ensure people remain as independent as possible. These are services that often actively reduce the requirement of the recurrent costs associated with direct personal support care.

At present, residential and aged care funding does not allow for the provision of specialised rehabilitation services that are provided by ABF members and it would appear that the proposed reforms do not currently address this inequity.

## **Exclusion of People Aged Over 65 from DisabilityCare**

The concurrent introduction of DisabilityCare and the Living Longer, Living Better aged care reforms, presents significant risks for older Australians who are blind or vision impaired. It is inequitable and unacceptable that people who acquire their vision impairment at the age of 65 or older will be relegated to accessing a system that provides a significantly lower standard of care and one which requires co-contributions.

The exclusion from DisabilityCare, combined with a failure to recognise and provide specialist services to meet the specific needs of people who are aged over 65 and experience vision loss of people diagnosed strays into an area of age discrimination. A Galaxy Poll commissioned by the Macular Diseases Foundation Australia, conducted in February 2013, revealed that 82% of people said that it was unfair to exclude people who acquire a disability over 65 years from the NDIS (<http://www.mdfoundation.com.au/page12201457.aspx>).

The consequence of the proposed expansion of means testing arrangements to be introduced under the Aged Care Reforms from 1 July 2014 will create a dichotomy where persons with the same needs and requiring the same services will be subjected to vastly different personal costs of acquiring these services. Those who are covered by DisabilityCare will access comprehensive funding designed to ensure their reasonable and necessary needs will be met. Those who are not covered by DisabilityCare will be



financially penalised by having to access services under the 'user pays' aged care system, with no specialist capacity to meet their needs. They will be **doubly disadvantaged** as the inability to address the limitations of their vision impairment will exacerbate their dependency on a system that requires them to pay for services.

Timely and appropriate access to specialist functional assessment and early intervention services would reduce their impact on an over-burdened system and substantially reduce their costs.

DisabilityCare has proposed an automatic entitlement to specialist functional assessment where it is recognised that the generic assessment processes will fail to meet the specific needs of specialist groups, such as people who are blind or vision impaired. ABF strongly advocates for the DisabilityCare model to be applied to the assessment of older Australians who are blind or vision impaired. People identified as having a vision impairment should be automatically entitled to a specialist functional assessment from a specialist service provider. The current aged care assessment tool and process comprehensively fails to meet the specialist needs of people who are blind or vision impaired.

### **Information, Referral and Assessment**

The Australian Seniors Gateway Agency is being established to provide a one-stop-shop for information and referral for accessing aged care services. This is intended to rectify the inconsistency and confusion faced by individuals and families in locating and accessing services. Many people have observed that attempting to access the current age care system is akin to negotiating a maze, blindfolded, and without any guidance or assistance.

The extended timeframe of the initial implementation of the Seniors Gateway, and the limitations thereof, are of concern. Also of concern is the possibility, after 2016, for the Gateway to conduct assessments for eligibility of service. Historically, people who have experienced vision loss find themselves accessing services when medical intervention or refractive correction (eg glasses) can no longer assist. Once the need for specialist services is recognised, it is vital that continuity of care and referral into the rehabilitation system occurs.

Given the episodic nature of services required by people who are blind or vision impaired, there is a real risk of them 'falling between the cracks'. It is imperative that once a person has been through an initial functional assessment process, there is a simple reactivation process which minimises the requirement for 'red tape' and protects the continuum of care as needs change.

ABF strongly advises that functional assessments must be undertaken by specialist service providers who possess the requisite expertise relevant to the unique needs people who are blind or vision impaired.

## CONCLUSION

Older Australians have waited a long time for reform. The bills currently before Parliament represent the best chance for substantive improvement in a long time. There are many potential benefits for older Australian within the reforms, however, ABF urges Parliament to give proper examination and consideration to these amendments and ensure that in facilitating the goals of the Living Longer, Living Better reforms, the needs of older Australians who are blind or vision impaired are recognised. It is their inherent right to equality of access to, cost of, and standard of, specialist services.

ABF is pleased to have had this opportunity to outline its views on this legislation to the Senate Standing Committee on Community Affairs, and would welcome the opportunity to discuss these matters further in any hearings the Committee might undertake in its review.

## RECOMMENDATIONS

In consideration of the proposed amendments to the *Aged Care Act 1997* and the accompanying bills under the Living Longer Living Better Aged Care Reform, ABF makes the following recommendations:

1. Aged Care reforms more fully adopt the principles articulated in the *Convention of the Rights of Persons with Disabilities*, specifically the requirement for equality of service regardless of age by:
  - a. Recognising and redressing the risk that people who are blind or vision impaired and are ineligible to access specific disability support services through DisabilityCare may be subjected to a lower standard of expertise and service through the aged care system, rather than accessing high quality services through the specialisation and expertise offered within the disability sector.
  - b. Recognising and redressing the financial inequity of proposed co-payment for services under the aged care system, when currently many of these services are provided free of charge through specialist service providers albeit funded by the community.
2. Consideration be given to assigning Special Needs Status to people who are blind or vision impaired, with recognition that this particular disability is not an inevitable process of ageing, and requires specialist services and support to maintain independence and age in place.
3. That the specialist service providers are afforded appropriate recognition in providing expert functional assessment and specialist services for people who are blind or vision impaired to facilitate

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enhanced enablement, allowing people to remain in their own homes where possible and prevent premature entry into residential care.

4. The new aged care system incorporates the provision of specialist equipment to enable people who are blind or vision impaired to continue to live as independently as possible, either in their own homes or in residential settings.
5. Recognition that it is inherently more appropriate for the unique needs of older Australians who are blind or vision impaired to be met through specialist service provision and that specialist services need to be adequately funded.
6. Specialist services for older Australians who are blind or vision impaired should be purchased through vision rehabilitation specialists providers, such as ABF members, regardless of the age of the person requiring services, as opposed to through an aged care system that does not possess the requisite expertise in this specialised field.
7. Specialist services for older Australians who are blind or vision impaired are afforded the recognition and funding allocation required to enable these specialist services to be provided to all people with vision impairment, regardless of age.
8. Aged care assessment tools and processes are applied in a manner similar to DisabilityCare such that older Australians who are identified as having vision impairment have an automatic entitlement to a specialist functional assessment through a specialist service provider.

### **Australian Blindness Forum**