Response to the Aged Care Reforms (Living Longer, Living Better)

1. Introduction

In responding to the above, given the Royal Society for the Blind of South Australia (RSB) exists solely to enable people who are blind or vision impaired to attain the quality of life to which they aspire, RSB will primarily restrict its comments to the changes necessary to incorporate the specialist needs of its clients.

The structure of this response will be:

1. Introduction
2. Executive Summary
3. The Royal Society for the Blind of South Australia (RSB)
4. Productivity Commission Reports
5. Discrimination against those acquiring a disability over 65 years of age
6. Current Aged Care System
7. Compliance with the UNCRPD and other Discrimination Legislation
8. Unique needs of people who are blind or vision impaired
9. Early Intervention
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11. Proposed Future Model for Service Delivery
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13. Specialist Assessments, Equipment and Services
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2. Executive Summary

The RSB notes the Government's attempts to substantially increase funding for disability services through an NDIS now Disability Care Australia. However, it does not support the concept of investing all "disability resources" into a small number of people who are able to convince a generic assessor that their needs are greater than the person interviewed before and after them.

Of greatest concern to the RSB is the exclusion of people seeking first service access to specialist disability services after the age of 65 years of age and being forced to rely on a generic aged care system. This system currently has no experience nor allocated specific funds to meet these specialist disability needs.

Currently approximately 75% (8,000 people) of the RSB's clients are over the age of 65 years. Whilst there is a correlation between ageing and vision loss, vision rehabilitation is not an aged care issue but a specialist disability service. The services and outcomes vary little for those acquiring severe vision loss prior to or after the age of 65 years.

Accordingly, the RSB believes that people who are blind or vision impaired, irrespective of the date of acquisition for reasons of efficiency, human rights, equity, and need must be able to access specialist funded rehabilitation services through the Disability Care Australia (Disability Care) or alternatively to an equal standard and same conditions (including co-contributions) from the Aged Care Sector.

People who are blind or vision impaired require specialist assessments and access to specialist rehabilitation services, generally at times of change.
Services are:

- Episodic,
- Specialist,
- Most effective when delivered early, and
- Focussed on enablement and independence.

These services are not captured as part of responses to frail ageing nor are they residential or of a personal care nature. Indeed through the provision of these specialist services, people who are blind or vision impaired will not require access to Aged Care Services as a result of their vision loss.

In order for this to occur, the proposed Aged Care System requires further amendment to:

- Ensure that services for people who are blind or vision impaired are identical whether accessed through Disability Care or the Aged Care Sector.

- Include recognition of people who are blind or vision impaired as “Special Needs” for the purposes of funding.
- Build on existing referral pathways rather than require people who are blind or vision impaired to navigate generic “frail ageing” systems.
- Recognise the need for early referral and intervention through Specialist Assessments and Specialist Services.
- Enable people who are blind or vision impaired to directly access specialist services at times of change.

3. The Royal Society for the Blind of South Australia (RSB)

The RSB is a quality endorsed organisation, with over 129 years of service and is the primary provider of the full range of specialist rehabilitation services to over 12,000 South Australians who are blind or vision impaired. The RSB provides services to all age groups however, 75% of the RSB’s clients are over the age of 65 years.

RSB believes passionately that people who are blind or vision impaired have the right and ability, irrespective of their vision loss or age at acquisition of their vision loss, to be valued and contributing members to society. Indeed the RSB’s range of specialist services exist to assist people who are blind or vision impaired to remain independent, engaged and enjoy the quality of life to which they aspire.

The range of services offered includes:

- Low Vision Centre (LVC)
- Adaptive Technology Centre
- Training (Computer, Braille etc)
- Employment
- Counselling (adjustment to vision loss)
- RSB Guide Dog Service
- Independent Living Training
- Orientation and Mobility
- Digital Library
- Factory
- Print Alternatives
- Recreation and Leisure
- Child & Youth

The specialist nature of the above services would clearly, not be available, in a generic aged care system.

The RSB has conducted an independent Client Survey each year for the last 17 years. In 2012 the results were as follows:

	2012	17 Year Average
Satisfaction with services	96%	94.4%
Satisfaction with staff and volunteers	98%	94%
Improvement in quality of life	86%	83.2%

4. Productivity Commission Reports

From the RSB's perspective, the commencement of much of the change in both the Disability and Aged Care Sectors, started with the Productivity Commission Reports:

- Caring for Older Australians, and
- Disability Care and Support.

Unfortunately these two reports were not considered jointly but rather created in isolation resulting in no alignment between the two. The Disability Care and Support Report was finalized second and one of the key recommendations of the Report was the introduction of the arbitrary "cutoff" for access to specialist disability services under the, what was then, proposed National Disability Insurance Scheme (NDIS), now Disability Care. This "cutoff" was imposed solely to build on NDIS to a price and is not reflective of need or efficient service delivery.

Whilst the RSB has raised significant concerns with regard to people who are blind or vision impaired acquiring their disability prior to the age of 65 years, these concerns will not be repeated here however the RSB can provide further information on request or its various submissions are available on both the RSB's and Government websites.

As recently as 18 months ago, the RSB was advised by the Department of Health and Ageing (DOHA) senior staff that the word "disability" was not in the Departmental vocabulary. The RSB acknowledges that since that time some work has commenced on the creation of a single gateway and assessment tools, however remains concerned that these are of a generic nature and built around the concept of "frail ageing" and will ignore the specialist needs of people who are blind or vision impaired.

Further the Aged Care Sector has previously never funded nor had experience at the delivery of specialist disability services.

In recent discussions, given existing referral pathways and the episodic and rehabilitative nature of services, DOHA have advised that people who are blind or vision impaired will, most likely, enter the Aged Care System as "Special Needs", through existing pathways.

<u>Recommendation 1:</u> That people who are blind or vision impaired, be specifically acknowledged as a "special needs" group, for the purposes of the Aged Care Act, 1997, (as amended) (Act).

Further, given the Disability Care launch sites commence operations on the 1st July, 2013, provision is required now for people excluded as a result of their age at acquisition to access funded specialist services.

<u>Recommendation 2:</u> DOHA allocate funds from the 1st July, 2013, in parallel with the Disability Care launch sites to fund specialist rehabilitative services for people who are blind or vision impaired.

5. Discrimination against those acquiring a disability over 65 years of age

Of greatest concern to people who are blind or vision impaired is the artificial segregation between Disability Care and the Aged Care Sector for people seeking service access before and after the age of 65 years.

Vision loss itself whilst there is correlation with some eye diseases and ageing, for instance Macular Degeneration, remains a specialist disability issue not an ageing one. Indeed specialist rehabilitation services for people who are blind or vision impaired do not differ markedly based on the date of seeking first service access and it is clearly a wasteful use of resources to be attempting to create parallel systems for the same specialist assessment and service response.

The age of 65 years being the "cut off" point for receipt of specialist disability services through the disability system is arbitrary and not based on need, retirement age or any other objective criteria. As noted above, the rehabilitation services for people who are blind or vision impaired do not vary significantly, nor are the outcomes different for those acquiring their vision loss over 65 years of age to those delivered to people who are under 65 years of age.

The imposition of a co-contribution for these same services based solely on the date of the first service access request is also discriminatory, inequitable and we believe in breach of the United Nation's Convention of the Rights of People with a Disability (UNCRPD), (refer further below).

It is well known and acknowledged that the inability of people who are blind or vision impaired to access specialist assessment and services will lead to increased depression, poverty, social isolation, early mortality and a need for early institutional care.

Accordingly the RSB believes that systems are required to ensure that the specialist disability services available to those acquiring their disability under the age of 65 years are mirrored and made available in an identical manner to those acquiring their disability over the age of 65 years.

Recommendation 3: **That specialist disability services provided to those acquiring a disability prior to the age of 65 years are identical to those acquiring their disability over the age of 65 years.**

Recommendation 4: **That Government create systems to ensure that access to services and outcomes for people who are blind or vision impaired are the same irrespective of the date of acquisition of their disability.**

6. Current Aged Care System

The current and proposed Aged Care Systems have been created to deliver services to overcome frail ageing and not specialist rehabilitation services enabling independence and participation in the community.

Unfortunately, the Aged Care Reform process to date has not demonstrated any recognition of the specialist assessment and service requirements of people who are blind or vision impaired and their right to independence through specialist rehabilitation, training and equipment. As with the Disability Care System they will be subject to a generic assessment by the Aged Care Assessment Team (ACAT) which do not assess the functional impact of vision loss, with service options being residential care or low level community care packages built on personal care type services for which a co-contribution is required. However the most likely outcome will be no services at all as a result of vision loss.

Generic assessment tools in spite of many attempts to the contrary do not reflect the needs of people with a vision impairment. Indeed, most are designed to assess the personal care services needed by people with an intellectual, physical disability, brain injury or frail ageing. The RSB does not agree with this “one size fits all” concept and believes that for services to be effective they need to be built around the individual’s aspirations and specialist needs with an appropriate assessor.

In order to assess the specialist needs of a person who is blind or vision Impaired, an assessor will require at the very least an understanding of:

- Eligibility criteria
- Physiology of different eye diseases
- Functional impact of vision loss
- Emotional impact of vision loss
- Strategies to overcome this functional impact

- Services and technology (which changes frequently)
- Environmental barriers e.g. internet or physical

These skills and knowledge do not exist in the generic aged care sector.

Therefore the RSB believes that the Vision Loss Sector is best equipped to conduct specialist assessments, however, if a decision is made to adopt a generic assessment tool, then it is essential that it be tested to ensure it identifies the issues faced specifically by people who are blind or vision impaired and results in a referral for specialist services in a timely manner.

The issue of both the inadequacy of generic assessments and poor outcomes from not seeking specialist disability services within the Aged Care Sector is demonstrated by the following which has occurred.

A person who is blind sought assistance through the Aged Care System and as a result underwent an ACAT generic assessment. This generic assessment did not identify the functional impact of her vision impairment or services available but rather did identify her as at significant risk of a fall.

As a result of her being deemed high risk and in spite of her desire to remain in her own home, she had a residential care package to a value of in excess of $100,000 per year approved. Fortunately, a specialist blindness agency become involved and after the provision of some specialist mobility training (estimated cost of $5,000) which was unfunded this person was able to remain in their own home and independent.

<u>Recommendation 5:</u> That people who are blind or vision impaired are able to access specialist assessments, services and equipment either:

- **Directly through an approved specialist service provider, or**
- **Identified through the generic gateway or assessment process and referred directly to an approved specialist service provider.**

7. Compliance with UNCRPD and other Discrimination Legislation

As noted above, the current Aged Care Sector has no experience in the planning, funding or delivery of specialist disability services. However it does have a responsibility with regard to upholding Australia's commitment to the UNCRPD as well as meeting National Disability and Aged Discrimination Legislation.

Given the Aged Care Act and other supporting Legislation is focussed on "Ageing" with no recognition of disability that the RSB believes the Act needs to be amended to recognise the commitment to fully comply with the UNCRPD. Indeed the Disability Care Legislation has been amended to do precisely this.

<u>Recommendation 6:</u> That the Aged Care Act, 1997, (as amended) include a Clause committing all assessments, services and funding to be in compliance with Australia's obligations to the UNCRPD.

The RSB believes that unless the Government adopts Recommendations 3 and 4 thereby removing the current apparent discrimination in access to specialist disability services based solely on age at acquisition of the disability, then it is in breach of both the UNCRPD and other discrimination Legislation.

8. Unique needs of people who are blind or vision impaired

Services for people who are blind or vision impaired differ markedly from that envisaged by the proposed Aged Care System in that they are designed to enable individuals through specialist training and intervention to undertake tasks independently and not be reliant on residential care or personal care supports.

Indeed services can be characterised as being:

- Episodic, normally required at a times of change. This support may include:
  - A replacement cane tip (Cost $5.00),
  - A new plan to access public transport if they change their residential arrangements,
  - Training in new strategies to live independently including cleaning their house, cooking, dressing, etc (not have it completed for them) due to a loss of a partner,
  - Assessment and training of a new piece of equipment, eg alternative reading strategies if there is a further loss of vision,
  - Orientation to new environments to maintain quality of life standards.
- Unique needs and strategies which require both a specialist assessment and specialist service response, to be effective this includes an understanding of the functional impact of the vision loss and knowledge of specialist rehabilitation strategies,
- Most effective when delivered early ie. avoiding a crisis occurring, and
- Focussed on rehabilitation, independence and participation through education, training, employment and social interaction.

RSB's clients access specialist assessments and services differently from other disability groups in that there is a genuine continuum between the primary medical system and the RSB, with practically every person being diagnosed as being or likely to become eligible for RSB services receiving a referral. Independent research has demonstrated that 99.6% of people referred in this manner attend the RSB's Low Vision Clinic within 12 months.

Accordingly, the Aged Care System with its generic assessments, in the instance of RSB clients represents an additional layer of unnecessary bureaucracy and cost plus another layer of frustration and delay for the individual. Further these generic assessments do not address the unique and specialist needs of people who are blind or vision impaired.

As a result of the RSB's assessment, an individual Service Plan is developed and delivered to assist people achieve their aspirations.

RSB's concern is that the Aged Care System, as proposed, will destroy a proven, client focussed and efficient sector (as acknowledged by the Productivity Commission) through the imposition of an inappropriate generic model.

For instance, due to the generic nature of the assessment, lack of knowledge of the assessor, a request for assistance in reading personal mail will be met with a generic assessment and provision of a personal care worker on an ongoing basis, attending a person's residential address once a day to read their mail. This is not only demeaning and intrusive but longer term very expensive to Government.

In a genuine empowering system, this person through their ongoing relationship with the RSB (as occurs now) will receive a specialist assessment. This includes consideration of the functional impact of their vision loss and recommendation of the optimum piece of equipment to enable them to undertake this and many other reading tasks independently. This also requires the specialist assessor to be familiar with what equipment is available in a changing environment.

9. Early Intervention

The RSB supports an emphasis on Early Intervention and the RSB believes that this is a forwarding thinking strategy that is both cost effective and enables the avoidance of the crisis that may occur as a result of unsupported vision loss. This includes the loss of independence, mental health, physical health issues and the need for inappropriate residential care.

To be effective early intervention for people who are blind or vision impaired needs to be available as close to diagnosis as possible and as part of a continuum of care. Accordingly the proposed system needs to educate referral bodies and provide support at this time, something that already occurs within the RSB. At the current time every Ophthalmologist in South Australia refers directly to the RSB on diagnosis, enabling where required an immediate response.

It would seem that a better use of resources rather than replicating an existing system and adding a further layer of generic and unnecessary management, as proposed, would be to strengthen what currently occurs and embed this is a new system nationally.

Examples of services provided by RSB that fall into the early intervention category include:

- Information on the impact of vision loss, strategies and equipment available,
- Functional assessments of vision loss,
- Counselling on the adjustment to vision loss,
- Peer support,
- Recreation and Leisure activities,
- Home safety assessments,
- Lighting assessments,
- Low Vision Clinics,
- Adaptive Technology,
- Orientation and Mobility, and
- Independent Living Skills.

The Aged Care System, as proposed, is reactive in so far as it is focussed on waiting for a person's inability to undertaker a task and respond to this with personal or residential care solutions. A preferred alternative is to encourage this early intervention approach.

<u>Recommendation 7:</u> That the Aged Care Sector fund early intervention strategies to enable people who are blind or vision impaired to remain independent.

10. Cost of Blindness

As the Aged Care Sector has never previously had responsibility for the funding of specialist disability services, there is a need to determine what services and supports will be funded given people who are blind or vision impaired face a range of costs unique to the disability including:

- Personal costs associated with increased power charges to accommodate a higher level of lighting, Purchasing properties close to public transport and facilities at a premium price,
- Specialist equipment,
- Opportunity cost of not being able to identify specials when shopping
- Materials being transcribed into alternative formats

For people who are blind or vision Impaired access to specialist equipment is a key component of being independent. Unfortunately in many states of Australia including South Australian people who are blind or vision Impaired these schemes do not acknowledge the need for specialist equipment. A new system needs to ensure the inclusion of people who are blind or vision impaired and not accept that cost should be the driver for denying access to either services or equipment.

Clearly any assessment also needs to be capable of identifying and quantifying the realistic costs of blindness and vision impairment.

<u>Recommendation 8:</u> That funding is allocated to ensure that the unique costs of blindness are provided for or are discounted in any invoice levy for a co-contribution.

11. Proposed Future Model for Service Delivery

The unique and special needs of people who are blind or vision impaired are already considered in the Better Start initiative and NDIS Rules.

Therefore in order to optimise services and resources the RSB recommends an equivalent “Special Needs” pathway to access, plan and deliver specialist vision rehabilitation services and equipment be created.

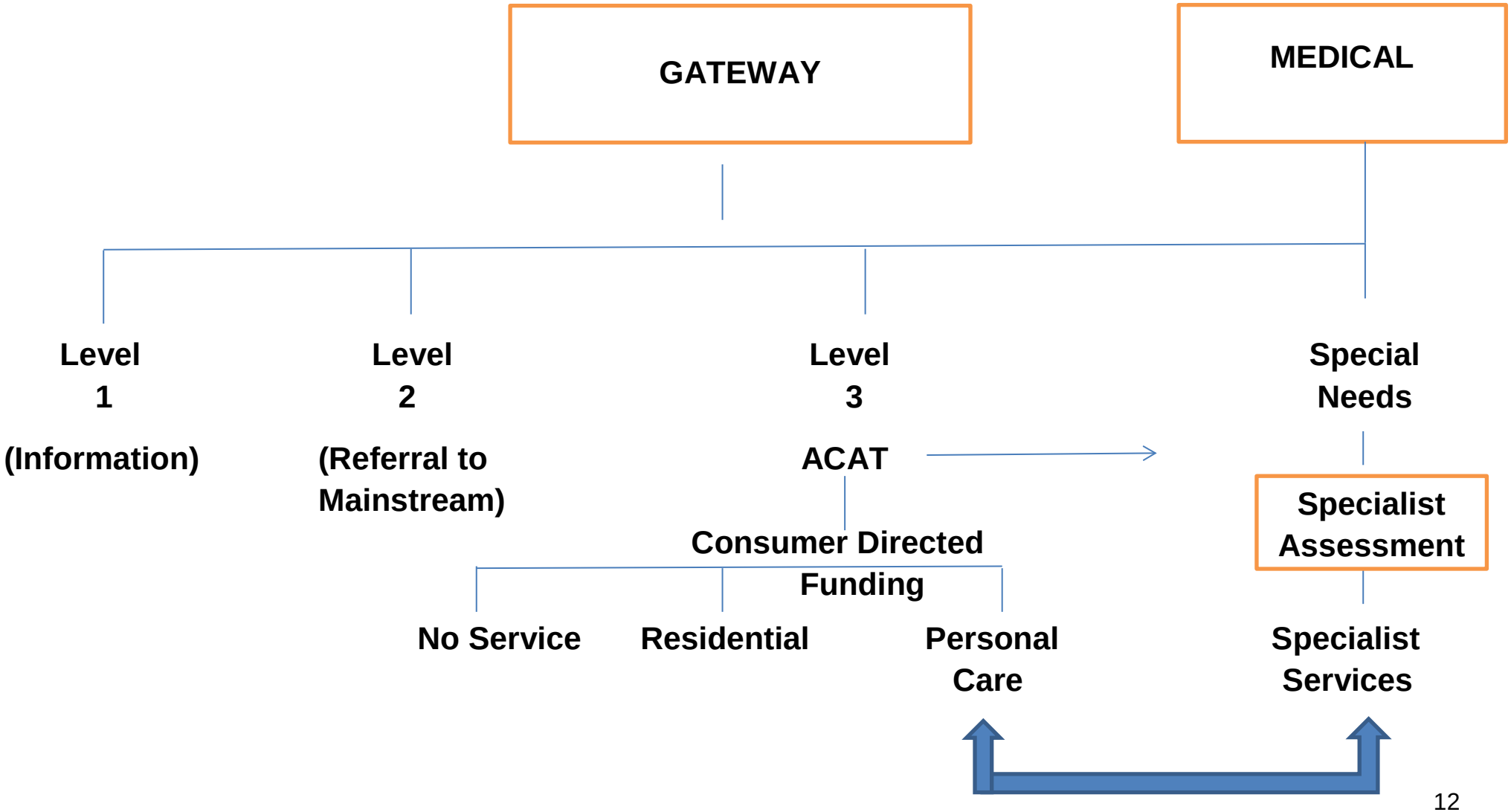
Initial conversations with DOHA officers, including both the transition and assessment teams, have agreed that for access to specialist vision rehabilitation services and equipment for people who are blind or vision impaired, this is logical. The benefits of this include:

- Utilising existing referral pathways,
- Builds on the continuum of care,
- Reduces unnecessary delay, duplications and frustration to the individual,
- Enables early intervention at times of change to prevent crisis a occurring,
- Ensures that a specialist assessment is provided linking to specialist services and equipment with an ability to refer to Level 4 for frail ageing type services.

The following schematic represents the above and was created after discussions with DOHA representatives.

AGED CARE SECTOR

PERSON (65 +)



<u>Recommendation 9:</u> The Act be amended to enable the "Special Needs" service pathway as described to be introduced for people who are blind or vision impaired.

12. Information Portal

Within the design of the single gateway for access to Aged Care Services, there is an inherent assumption that people with disabilities or generic assessors possess the knowledge of all issues around vision loss, functional impact and specialist services.

The selection and provision of specialist services, matched to the individual's aspirations requires significantly more information and knowledge of the functional impact and specialist strategies than merely available on a website. This is particularly so for people who are blind or vision impaired entering a system for the first time, who are already in a form of crisis having to adjust to their diagnosis, with no knowledge of what specialist services are available.

The absence of specialist advice will not only deny the individual access to the most appropriate service but may also potentially place them at risk. In addition, the perceptions of a generic assessor on the abilities of what people who are blind or vision impaired can achieve will also heavily influence negatively what is approved. Without understanding the issues of vision loss and its impact, the assessment will be flawed and likely to fail to deliver the specialist services required by the individual.

This has been discussed with DOHA representatives and the information portal needs to:

- Identify and direct people who are blind or vision impaired to a specialist assessor or service provider, and
- Create a specific vision loss assessment tool, completed by a vision loss specialist who can identify both the functional impact and strategies to overcome the vision loss.

<u>Recommendation 10:</u> That the "single gateway" be created to enable, once identified, the streaming of people who are blind or vision impaired directly for a specialist vision loss assessment.

The RSB is assuming that all materials, website design etc, will be accessible and available in a person's format of choice.

13. Specialist Assessments, Equipment and Services

As noted above, people who are blind or vision impaired require specialist assessments to identify the functional impact of their vision loss, individual aspirations and strategies to overcome their vision loss and achieve their aspirations. Services differ from the traditional Aged Care in that they are episodic and focussed on rehabilitation with a view to remaining independent and participating in the life of the community.

Aged Care Sector has traditionally delivered either residential care or low level personal care, services which involves someone undertaking a task on their behalf, which they are unable to independently undertake as a result of frailty in ageing. The RSB is unsure how the flexible care packages currently proposed even with a “Special Needs” pathway will fund specialist services in the future.

Similarly equipment delivered in the Aged Care Sector has traditionally been linked to physical impairment as a result of frailty caused by ageing. Accordingly the RSB believes that there is a requirement for systems to be created that assess people based on their ability with the provision of specialist disability services and equipment to overcome their disability and undertake tasks independently.

For example, for people who are blind or vision impaired:

- Provision of a closed circuit TV in order to read their mail.
- Mobility training programs that enable people to independently travel either with a white cane or a guide dog.
- Provision of information and making materials in a person’s reading format of choice.
- Adaptive Software and training in this to enable a person to utilise the internet and information portal.

14. Residential Care

The benefit of the provision of specialist services and equipment are equivalent irrespective of a person’s accommodation arrangements. Unfortunately for people in residential care they are denied access to independence, information and participation as a result of the funded services being determined based on a rigid residential care package.

Currently the aged care provider has no responsibility to ensure:

- The accessibility of the facility,

- Funding and access to specialist services and equipment, and
- Inclusion in Social Activities.

Accordingly the RSB believes that people in residential facilities should have a right to access specialist disability services and equipment to enable their independence and ability to participate. Further this participation should be a requirement of the approved provider accreditation.

<u>Recommendation 11:</u> The provision of specialist services and equipment be funded and provided irrespective of a person's accommodation classification.

<u>Recommendation 12:</u> That the community care standards be amended to assess an approved providers compliance with both accessibility of the facility and provision of specialist services and equipment.

15. Community Engagement

The Aged Care Reforms do not consider the need to create community engagement and inclusion of people who are blind or vision impaired.

The RSB currently provides a wide range of programs and information materials and believes that the Aged Care Sector, in order to optimise the use of its resources, needs to incorporate these within existing programs.

Examples of current exclusions include:

- Exclusion from mainstream facilities, and
- Inability to participate in community activities including recreation and leisure.

For instance, an RSB client that was admitted to hospital with a sudden, albeit temporary, total loss of residual vision, did not receive a meal for three days in the Ophthalmic Ward of a major hospital. This was solely as a result of a lack of staff awareness of his unique needs including:

- Announcing yourself,
- Advising that a menu had been placed in his room, and
- Reading and assisting him to select his food.

This example demonstrates the difficulties of placing people who are blind or vision impaired with a mainstream provider who lacks awareness of the unique needs of people who are blind or vision impaired and the assumption that everyone is able to advocate for themselves.

Accordingly the RSB believes that the Aged Care Sector needs to invest in educating and engaging with the community to ensure the integration and acceptance of people with disabilities including consideration of their needs in the design of products and the built environment.

In addition the Aged Care Sector needs to review where the issue of systemic advocacy including design and access of products and buildings will be funded as appropriate consideration of these can lead to significant savings in the need for support or specialist services.

These services are currently delivered by the RSB using its own resources.

<u>Recommendation 13:</u> Aged Care Sector allocate funds allocate funds for community education, systemic advocacy and engagement to ensure the specialist needs of people who are blind or vision impaired are met by mainstream providers.

16. Specialist Staff and Training

There is also a significant further issue with regard to the provision in the future of specialist rehabilitation assessors and staff as these are generally trained through or in conjunction with the existing service delivery system, for instance:

- Guide Dog Mobility Instructors undertake a three year cadetship,
- Occupational Therapists require six to twelve months of training on vision loss rehabilitation strategies to be independently effective,
- Trainers in Specialist Adaptive Technology, and
- Orientation and Mobility Instructors

Generic courses or providers are unable to deliver specialist training, for instance, it would be patently foolish and dangerous to ask a generic Occupational Therapist to teach a person who is blind or vision impaired to use a white cane for a dangerous road crossing. In the future, there is a very real danger that, not only will the specialist skills be lost, but a generic assessor would be unaware of the hazard they are placing a person who is blind or vision impaired in.

Accordingly as there is a need for funds to train future specialists within the Aged Care Sector.

<u>Recommendation 14:</u> The Aged Care Sector investigate ways of ensuring the supply of people able to deliver specialist assessments and services to people who are blind or vision impaired is maintained in the future.

Similarly there is a need to train generic service providers of personal or residential care in how to assist a person who is blind or vision impaired.

17. Inefficient Systems

As a service provider, in the future, the RSB will face substantial costs as it will have to operate in two systems: Disability Care and the Aged Care System, delivering the same services to overcome the same functional impacts. This also means that the RSB will need to have two different approved provider status, two different assessment systems, two different reporting, costing and invoicing systems and two different quality assurance systems, all for the same client group seeking similar services and outcomes. Clearly this is an unnecessary waste of resources and is not consistent with the National compact.

The RSB has been very successful over many years in building strong referral pathways between ophthalmologists and optometrists and our services. All ophthalmologists in South Australia refer people with a current diagnosis of blindness or severe vision loss directly to the RSB.

As a result the RSB believes very few people who are blind or vision impaired are unaware of the services available to them. The RSB is concerned that by introducing another bureaucratic layer between the health system and specialist services that these referral pathways will be interrupted or lost, resulting in a very high cost to the individual in being able to access specialist services in a timely manner.

Accordingly the RSB believes that for people who are blind or vision impaired, that if it is required to work in two different sectors that the protocols around reporting, quality assurance etc be aligned.

Recommendation 15: That for "Special Needs" groups, all reporting, quality assurance, and financial acquittals, be identical between disability care and the aged care sector and recognised by each sector.

18. Undertakings by Government

As noted above, the Aged Care Reforms, as proposed, will potentially have a significant negative impact on the vast majority of people who are blind or vision impaired.

These people will lose access to currently funded services identified through specialist assessments and delivered by trained specialist providers.

Senator McLucas, Parliamentary Secretary for Disability, advised at the Australian Blindness Forum (ABF) meeting held on 30th/31st October, 2012, that people who are blind or vision impaired will be able to access funded disability services.

The Community Affairs Senate Committee, in reviewing the NDIS Legislation, made the following specific recommendations:

Recommendation 16

4.39: The committee recommends that the government, through COAG processes, identify mechanisms by which to provide adequate specialised disability support for people 65 and over who have disabilities not resulting from the natural process of ageing.

Recommendation 17

4.39 The committee recommends that, as a matter of priority, the government develop information for communication to members of relevant stakeholder groups about the scope for clause 25 (early intervention requirements) to address the needs of some people ageing with conditions that may not cause impairment until after they have turned 65.

Recommendation 18

4.40 The committee recommends that the government conduct further research into the costs and benefits of varying the NDIS age eligibility criterion.

The above were further supported by a media release dated 13th March, 2013, from Senators Macklin and McLucas, which specifically noted that:

> ***Existing services for older Australians, such as hearing and vision services, that complement the assistance through aged care will also continue to provide supports to people who develop a disability after age 65.***

Each of the above confirm the Governments' intention of ensuring people who are blind or vision impaired have access to the specialist assessments and services required.

The RSB believes that all the Aged Care changes need to be reviewed to ensure that this intention is reflected in the Legislation.

19. Recommendations

The following is a summary of all Recommendations made in this response.

Recommendation 1: **That people who are blind or vision impaired, be specifically acknowledged as a "special needs" group, for the purposes of the Aged Care Act, 1997, (as amended) (Act).**

Recommendation 2: **DOHA allocate funds from the 1st July, 2013, in parallel with the Disability Care launch sites to fund specialist rehabilitative services for people who are blind or vision impaired.**

Recommendation 3: **That specialist disability services provided to those acquiring a disability prior to the age of 65 years are identical to those acquiring their disability over the age of 65 years.**

Recommendation 4: **That Government create systems to ensure that access to services and outcomes for people who are blind or vision impaired are the same irrespective of the date of acquisition of their disability.**

Recommendation 5: **That people who are blind or vision impaired are able to access specialist assessments, services and equipment either:**

- **Directly through an approved specialist service provider, or**
- **Identified through the generic gateway or assessment process and referred directly to an approved specialist service provider.**

Recommendation 6: **That the Aged Care Act, 1997, (as amended) include a Clause committing all assessments, services and funding to be in compliance with Australia's obligations to the UNCRPD.**

Recommendation 7: **That the Aged Care Sector fund early intervention strategies to enable people who are blind or vision impaired to remain independent.**

Recommendation 8: **That funding is allocated to ensure that the unique costs of blindness are provided for or are discounted in any invoice levy for a co-contribution.**

Recommendation 9: **The Act be amended to enable the "Special Needs" service pathway as described to be introduced for people who are blind or vision impaired.**

Recommendation 10: **That the "single gateway" be created to enable, once identified, the streaming of people who are blind or vision impaired directly for a specialist vision loss assessment.**

Recommendation 11: **The provision of specialist services and equipment be funded and provided irrespective of a person's accommodation classification.**

Recommendation 12: **That the community care standards be amended to assess an approved providers compliance with both accessibility of the facility and provision of specialist services and equipment.**

Recommendation 13: **Aged Care Sector allocate funds allocate funds for community education, systemic advocacy and engagement to ensure the specialist needs of people who are blind or vision impaired are met by mainstream providers.**

Recommendation 14: **The Aged Care Sector investigate ways of ensuring the supply of people able to deliver specialist assessments and services to people who are blind or vision impaired is maintained in the future.**

Recommendation 15: **That for "Special Needs" groups, all reporting, quality assurance, and financial acquittals, be identical between disability care and the aged care sector and recognised by each sector.**

Recommendation 16

4.39: The committee recommends that the government, through COAG processes, identify mechanisms by which to provide adequate specialised disability support for people 65 and over who have disabilities not resulting from the natural process of ageing.

Recommendation 17

4.39 The committee recommends that, as a matter of priority, the government develop information for communication to members of relevant stakeholder groups about the scope for clause 25 (early intervention requirements) to address the needs of some people ageing with conditions that may not cause impairment until after they have turned 65.

Recommendation 18

4.40 The committee recommends that the government conduct further research into the costs and benefits of varying the NDIS age eligibility criterion.

If you require any further information please do not hesitate to contact the undersigned.

ANDREW DALY
Executive Director