

23 April 2013



Standing Committee on Community Affairs
Legislation Committee

Via Email: 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

Vision Australia is the nation's leading provider of services to people who are blind or have low vision. Each year we spend around \$90 million providing specialist services from 27 locations across Australia, remotely through our national library services, fly in and fly out services in Tasmania and the Northern Territory, and with Seeing Eye Dogs in every state and territory.

Last year we provided services to 33,577 Australians, of whom more than 65% per cent are aged over 65 years old. The Senate Standing Committee on Community Affairs (the Committee) may be surprised to learn that our critical services to seniors are not recognised or supported in any meaningful coordinated manner through government policy or programs and that less than 5% of our operating budget is derived from government aged care portfolios.

Our services help foster independence, maximise safety, and maintain community participation. Yet we rely on fundraising and community philanthropy to provide services to seniors who have blindness and low vision.

It seems there is a place for disability, a place for aged care, but no place for people with disability who are ageing. Vision Australia has been asking for more than 2 years, since the Productivity Commission was asked to inquire into the disability and aged care systems in 2011, "When will the needs of senior Australians who are blind or have low vision be counted?"

Vision Australia is a strong supporter of DisabilityCare Australia and applauds parliamentarians for undertaking this transformative reform. DisabilityCare will deliver a new world of support for people who are blind or have low vision, in which for the first time, consumers will choose the supports they need, when and where they want them and from whom.

However, DisabilityCare policy in the main will continue the traditional separation of government support between those over and under the age of 65. It is for this reason that

Vision Australia, our colleagues in the blindness sector, and the disability sector at large, is now singularly focusing its attention on the Aged Care (Living Longer Living Better) Bill 2013 and suite of bills in the aged care reform package (the Aged Care Reforms) for answers. We are looking for specific action to provide equity in specialist disability support for Australian seniors with disability.

Vision Australia is also concerned that the provisions of the Bills do not adequately meet Australia's human rights obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD) - as disability provisions are not specifically provided for. The silence on specific measures to cater for seniors with disability and the absence of provisions in any other sector cannot reasonably be taken to mean our obligations are being met.

We have contained our comments here precisely to the heart of the concerns of our client group, and therefore make one recommendation solely in relation to the Aged Care (Living Longer Living Better) Bill 2013 (the Bill).

Context

Vision Australia understands that the suite of aged care bills advance the Government's 10 year Living Longer Living Better plan, to reform the aged care sector and amend the Aged Care Act 1997 according to this plan. The Aged Care Reforms essentially amend legislation in 4 key ways: changes in residential care arrangements; changes to governance and administration arrangements; minor consequential amendments; and changes to establish a new type of care called Home Care. It is the changes to residential care and home care as the active dimensions of the reforms that Vision Australia is focused on in this submission.

As the subsequent amendments to the Aged Care Act are spread throughout the Bill and meaning is derived through a raft of minor and consequential alterations, we will express our comments as recommendations to policy rather than directly applicable to any particular section.

The gap

Essentially, Vision Australia is concerned that across the suite of reforms, there are no specific provisions that provide certainty for people who are blind or have low vision that ensures their needs are included, as "people with disability" and not only as "people who are ageing".

In the Minister's statement on 13 March 2013 the Hon Mark Butler MP stated that, "*People will have more choice, more control, more support and more independence.... they will be helped to stay in their own home for as long as they possibly can and will have better access to residential care should they need it*".

The Aged Care Reforms provide a range of measures to remove the designation of "low level" and "high level" care needs in residential care, remove community care and separations in flexible care arrangements in place of Home Care, introduce Consumer

Directed Care packages, and make changes to means and assets testing and co-contribution arrangements.

The reforms also create a specific category of provisions that directly address individuals with dementia, and expand “special needs” provisions to the groups of persons defined in the Act “allocation principles” to include:

- people from Aboriginal and Torres Strait Islander communities;
- people from culturally and linguistically diverse backgrounds;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged;
- veterans;
- people who are homeless or at risk of becoming homeless;
- care-leavers; and;
- Lesbian, gay, bisexual, transgender and intersex people.

To further demonstrate our concern – we note that the Government’s Aged Care website when listing supports for ‘particular health conditions’ does not mention blindness but lists other conditions as follows:

- *Dementia (more information)*
- *Palliative care (more information)*
- *Chronic diseases (more information)*
- *Continence management (more information)*
- *Depression and anxiety*
- *Hearing impairment*
- *Falls prevention*
- *Medication management”*

There is no mention of blindness or low vision as a condition yet a link to Vision Australia is provided under “Falls prevention”. This demonstrates to our minds that blindness and low vision is simply absent from current policy, program and operational thinking in the aged care space.

We note further that the Council of Australian Government’s meeting of 19 April 2013, issued applied principles and indicative roles for 11 sectors and how they would interact with the NDIS (DisabilityCare) – sadly, there were no indicative roles to identify the activities to be undertaken by the Aged Care system in relation to disability.

It is Vision Australia’s experience and intimate understanding that under existing arrangements, there is no government provisions that provide adequate recognition and support for people over 65 who are blind or have low vision.

At **Appendix A** we have provided detailed information of prevalence and data from our own service profiles attesting to the gross inadequacy of the current system, and this can be demonstrated somewhat by the following facts:

- Vision Australia operates an annual budget of \$90 million in its service provision to over 33,500 clients, with a third of funds coming from any government source;
- \$18 million towards services for 9,000 people under 65 (disability funding);
- \$4.1 million towards services for 15,000 people over 65 (aged care funding).

There exists a traditional separation between disability “support” and aged “care”, and without specific measures, we believe the status quo will prevail – that aged care will not provide for disability.

We note the Aged Care Reforms in other areas do provide specific measures to overcome other longstanding and emerging issues, as shown above.

What is the solution?

In the absence of seniors being included in DisabilityCare, the Australian Government must introduce a comprehensive blindness and low vision strategy into the Living Longer Living Better reform plan. It is simply the case that the incidence of blindness and low vision increases with age (**see Appendix A**), and these people’s needs are of a specialist nature.

People who are blind or have low vision may require assistance with orientation and mobility (i.e. using a white cane, Seeing eye Dog, or training in using acentric viewing methods to optimise residual vision), training in braille or adaptive technology for literacy (i.e. screen readers or magnifiers or hand held magnifiers or close circuit televisions), occupational therapy (i.e. for learning new techniques around the home in cooking or cleaning), peer or emotional support to deal with vision loss, or a range of aids and equipment to assist with their mobility or literacy.

However these supports may or may not be in conjunction with other more traditional aged care supports in residential or home care such as lawn mowing, cleaning services or catering.

Vision related supports and training should be made available to Australian seniors regardless of their needs for traditional aged care, and vision related supports must not be a secondary or peripheral optional extra prioritised below other daily aged care supports.

Recommendation

Vision Australia strongly urges the Committee recommend that the Aged Care (Living Longer Living Better) Bill 2013 be amended to give effect to a blindness and low vision strategy that incorporates the following provisions:

1. General aged care assessment tools that enable functional vision related disability needs to be identified and substantiated.
2. The option of referral to blindness and low vision organisations for additional specialist assessment.

3. The inclusion of additional weighting for individuals who identify as needing vision related supports to enable access to aged care packages at level 1 or a higher level to cater for additional needs.
4. The inclusion of specific vision related disability supports into funding and support guidelines such as rehabilitation and training, peer and emotional support and aids and equipment.

We sincerely thank the Committee for this opportunity to provide written comment on the Aged Care Reform bills before Parliament.

Vision Australia asks the Committee for a further opportunity to discuss our view during a public hearing in either Melbourne or Canberra in the first week of May 2013.

Yours sincerely

Brandon Ah Tong
Vision Australia

Appendix A

Appendix A - Vision Australia submission to Living Longer Living Better inquiry by Community Affairs Senate Committee April 2013

General profile

Based on Vision Australia's prevalence model, some 191,000 Australians aged 65 years or over are blind or have low vision, with around 17,000 people who are blind and 174,000 with low vision. The incidence of blindness and low vision in the general population over the age of 60 is as follows:

- 60-69yo - 3.39%
- 70-79yo - 5.67%
- 80-89yo - 9.59%
- 90+yo - 14.82%

The leading causes of blindness and low vision in the Australian community are related to ageing and lifestyle and include macular degeneration, diabetic retinopathy, cataract and glaucoma. Some seniors also lose their sight as a result of injury, genetic conditions, or illness.

The publication, "*Clear Focus – the economic impact of vision loss 2009*", produced by the Centre for Eye Research Australia (CERA) in conjunction with ACCESS Economics concluded that vision impairment prevents healthy and independent ageing and is associated with the following:

- Risk of falls doubled;
- Risk of depression tripled;
- Risk of hip fractures increased four to eight times;
- Admission to nursing homes three years early;
- Twice as likely to use health services;
- Social dependence doubled.

The report also states that "Low Vision can needlessly affect people's quality of life and independence. Quality of life and independence can be improved through rehabilitation, aids and equipment which enhance vision and improve functionality".

In FY2012, Vision Australia provided service to some 24,000 individuals (70% of total clients) from this age demographic across our entire suite of services. Removing from this broader group the clients who only accessed library and Seeing Eye Dogs services, approximately 15,000 individuals accessed NDIS type services, which equates to 65% of the total cohort of 22,500 clients.

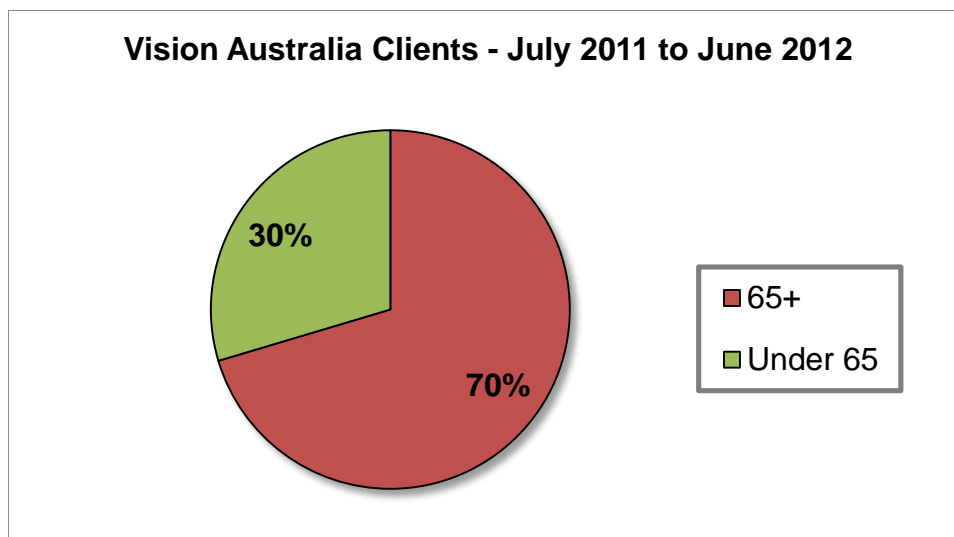
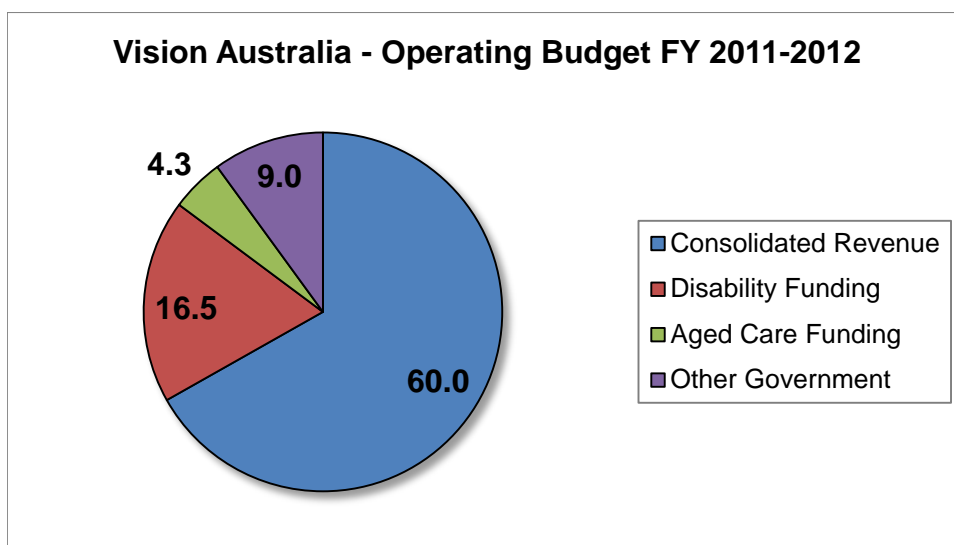
Of this group, approximately 2,700 or 18% are blind and 12,300 or 82% have low vision.

Comparison between disability and aged care funding

Vision Australia spends approximately \$90 million each year to provide services to people who are blind or have low vision. Of this total budget, \$30.3 million is provided by government including.

- \$16.5 million derived through disability portfolios.
- \$4.3 million or less than 5% derived from aged-care portfolios.
- \$9 million from other government streams i.e. print disability library funding, Disability Employment Services etc.

The remainder of Vision Australia's budget is subsidised through consolidated revenue derived from fundraising, bequests and donations and investment portfolios.



Essentially and as the above graphics illustrate in stark fashion, the number of clients over the age of 65 make up more than double their younger counterparts, more than 4 times the amount of funding is provided by disability portfolios for clients under 65 than aged-care portfolios for seniors, and whilst 70% of our clients are

aged over 65, only 5% of the revenue to provide them service comes from government. At no stage has Vision Australia been adequately funded to provide services to seniors with vision loss. These services are funded largely by donations.

The under-met and un-met need

The majority of Vision Australia's HACC funded service hours for seniors is allocated to peer and emotional support, group programs and activities and respite for carers, equating to some 47,202 hours of combined service provision. In contrast, less than 50% of our time or 22,900 hours is spent on individual and group Allied Health and other therapy services to increase skill levels for greater independence in the home and the community, such as orientation and mobility and occupational therapy. Taking HACC funding utilisation as a guide, this would suggest that either clients over 65 are less interested in compensatory skills development and increasing their independence in the home and the community, or that the majority of clients receiving these types of services are accessing them through consolidated revenue. To better understand this, the table below provides a comparison of client numbers under and over 65 against five key service domains.

Service domain	Under 65 (discrete clients)	Over 65 (discrete clients)
Independence in the community	1,337	1,406
Independence in the home	1,563	3,456
Low vision clinic	1,997	6,881
Communication training/tools	649	222
Emotional support	326	370

From this perspective, contrary to what the HACC funding picture portrays, the discrete number of clients utilising Vision Australia's services to increase their independence in the community and emotional support is somewhat comparable between clients aged under and over 65. However, when looking at the number of clients looking to increase independence in the home, we see a doubling in the utilisation of older clients than those under 65, and an almost a 350% increase in low vision clinic services around low vision aids and low tech support devices.

This data also shows that only a third of clients over 65 are accessing communication training and high tech aids, such as screen readers and computer magnifiers, suggesting that this service stream is not effectively utilised by senior clients. These services are also not funded under HACC.

When considering that disability funding for Vision Australia clients under the age of 65 is four times that of clients aged over 65 and that the number of senior clients is more than double their younger counterparts, it is clear that services for our older clients are almost entirely subsidised by philanthropy and income from investments, and that service delivery for clients aged 65 and over is also propped up by disability funding received for clients aged under 65. Seniors who are blind or have low vision

want the same types of supports, they are just not funded for them by the government.

Across the board, the needs of Vision Australia clients who are 65 and over are not being met in any meaningful way through government funding. While Vision Australia manages to meet some of the needs of this group through consolidated revenue, it is the responsibility of Australian governments to provide adequate support for older Australians.

The gap created by NDIS

Increased funding delivered under a NDIS is expected to provide better certainty, greater choice and flexibility and better individual outcomes for people with disability. Vision Australia is optimistic that this will also be afforded to people who are blind or have low vision. It is clear that this benefit will not be afforded to people with a vision related sensory disability aged over 65 under the existing age care reforms and the current policy agenda.

The Productivity Commission report '*Caring for Older Australians*' did not consider disability in the context of ageing, as it applies to people aged over 65. The proposed '*Living Longer Living Better*' aged care reforms do not specifically cater for or contemplate the provision of specialist disability services to address blindness. Instead, a general health, home and residential care approach has been taken, which does not recognise disability outside of this context.

Currently, blindness is not recognised by government as a significant issue for seniors in Australia, with no specific program or policy in place to address their needs within the wider community. The new aged care reforms promise increased funding for the Home Care Packages Program to assist people to remain in their own homes for as long as possible and introduce more choice for people receiving care at home. The Government will provide \$880.1 million over five years to increase the total number of Home Care packages from around 60,000 to 100,000. And more than 40,000 additional packages are expected to be available over the following five year period, from 2017-18 to 2021-22.

However, the needs of people with disability, including those who are blind or have low vision over 65, do not necessarily fit into a "home care" model in the step between staying at home and moving into residential care. Clients wanting to learn practical skills to better adjust to their vision loss, such as using adaptive technology to read and write or orientation and mobility training, does not currently easily fit within a "home care" approach unless coupled with co-morbidities. Even when co-morbidities exist, in Vision Australia's experience they are still not considered for aged-care funding. The current aged care system does not work for people who are blind or have low vision and there are no current indications that it will work under the new reforms.

Essentially, not being able to read or write, or walk down to the shops safely or do the cooking and cleaning because of vision loss, is an issue of "disability" and is not

considered an issue of “ageing”. However, people who are considered to be “ageing” are not afforded “disability” funded support by the Australian government.

Vision Australia strongly believes that the combination of basic skill development, equipment provision, and effective support from trained people who have a sound understanding of the needs of older people with vision loss greatly assists people to maintain connected and live fulfilling and safe lives.

What are the needs not being met

Seniors who are blind or have low vision have the same needs as other older Australians. They want to: feel physically and emotionally safe; remain connected to and engaged with their local communities, families, and friends; remain living in their own homes for as long as possible doing their own everyday tasks.

Blindness and low vision can impact an individual in one or more of the following categories:

- communication;
- social interaction;
- learning;
- mobility;
- self-care;
- self-management; and
- Capacity for social and economic participation.

Our services to seniors can be broken down into the following program /individual areas of need:

- Independent Living Services - Independence in the home and community; Low vision clinics; Assistive technologies; Recreation; Training; Peer, emotional and social support; Braille.
- Library Services
- Seeing Eye Dogs and Orientation and Mobility - to assist people move safely and independently in their homes and the community.

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