**Submission template**

**Aged Care Legislated Review**

**Submissions close 5pm, 4 December 2016**

**Instructions:**

* Save a copy of this template to your computer.
* Populate Section 1 with your details.
* If you would like to respond to a specific criteria please use Section 2 of the template.
* If you would like to provide general comments please use Section 3 of the template.
* Upload your completed submission on the [Consultation Hub.](http://consultations.health.gov.au/ageing-and-aged-care/increasing-choice-delegated-legislation) Alternatively, if you are experiencing difficulties uploading, you can email your submission to agedcarelegislatedreview@health.gov.au

Table of Contents

[1. Tell us about you 2](#_Toc463789238)

[2. Response to Criteria in the Legislation 3](#_Toc463789239)

[2.1 Whether unmet demand for residential and home care places has been reduced 3](#_Toc463789240)

[2.2 Whether the number and mix of places for residential care and home care should continue to be controlled 3](#_Toc463789241)

[2.3 Whether further steps could be taken to change key aged care services from a supply driven model to a consumer demand driven model 3](#_Toc463789242)

[2.4 The effectiveness of means testing arrangements for aged care services, including an assessment of the alignment of charges across residential care and home care services 4](#_Toc463789243)

[2.5 The effectiveness of arrangements for regulating prices for aged care accommodation 4](#_Toc463789244)

[2.6 The effectiveness of arrangements for protecting equity of access to aged care services for different population groups 4](#_Toc463789245)

[2.7 The effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers 5](#_Toc463789246)

[2.8 The effectiveness of arrangements for protecting refundable deposits and accommodation bonds 5](#_Toc463789247)

[2.9 The effectiveness of arrangements for facilitating access to aged care services 5](#_Toc463789248)

[3. Other comments 6](#_Toc463789249)

**Thank you for your interest.**

# Tell us about you

1.1 What is your full name?

#### First name Karen

#### Last name Knight

1.2 What stakeholder category do you **most i**dentify with?

Disability support organisation

1.3 Are you providing a submission as an individual (go to question 1.4) or on behalf of an organisation (go to question 1.5)?

Organisation

1.4 Do you identify with any special needs groups?

Choose an item.

1.5 What is your organisation’s name?

#### Vision Australia

1.6 Which category does your organisation **most** identify with?

Aged Care Provider

1.7 Do we have your permission to publish parts of your response that are not personally identifiable?

[x] Yes, publish all parts of my response except my name and email address

# Response to Criteria in the Legislation

## Whether unmet demand for residential and home care places has been reduced

*Refer to Section 4(2)(a) in the Act*

In this context, unmet demand means:

* a person who needs aged care services is unable to access the service they are eligible for
e.g. a person with an Aged Care Assessment Team / Service (ACAT or ACAS ) approval for residential care is unable to find an available place; or
* a person who needs home care services is able to access care, but not the level of care they need
e.g. the person is eligible for a level 4 package but can only access a level 2 package.

Based on Australian Bureau of Statistics disability prevalence and population figures, Vision Australia estimates there are 357,000 Australians who are blind or have low vision, 70% of whom are aged 65 years or older. There will be an estimated 381,254 people who are blind or have low vision over the age of 65 in 2030 (this extrapolation is based on ABS figures and prevalence factors). Longer lives translate into more years living with disability, and this fact should be addressed as Living Longer Living Better is reviewed. Changes to the disability and aged care systems since 2012, including age restrictions for NDIS and disability supports (which take full effect from 2019), mean there will be greater number of older Australians with vision impairment who will be relying on the aged care system to receive necessary support to maintain their independence, safety and dignity. For an older person with disability, access to relevant supports and services is as important as the level of care they may receive. For people who are blind or have low vision, unmet demand is increasing. Vision Australia provides specialised services to people who are blind or have low vision across the nation. We are a part-funded and registered provider of CHSP and Home Care services. We also provide services to nursing home residents: however, this service delivery is wholly underwritten by philanthropic means. It is Vision Australia’s experience that the unmet demand for specialist services within nursing homes and residential care is somewhat hidden. Specialist services provided by organisations such as Vision Australia are made possible through philanthropic funding, a cost that has not been borne by Government or Aged Care Providers: the cost of this service delivery is rarely accounted for. Additionally, there is significant unmet need across all aged care programs relevant to the needs of people with vision impairment (not related to wearing glasses or lenses). The average age of a Home Care Package recipient is 82 years old – and at this age approximately 1 in 10 Australians have a vision impairment. The average age of a person in residential care is 84 years old, and at this age approximately 1 in 10 Australians have a vision impairment. Vision Australia believes the review should identify and reverse the pull towards a medical model and re-tool to include and accommodate disability - we believe the aged care system would benefit from moving towards a social model that places importance on, and resource towards a restorative approach to help reduce future economic pressure and address current unmet demand. Anecdotally, Vison Australia is aware of a lack of availability in some levels of care packages, although until the national waitlist commences in 2017 the numbers are difficult to confirm.

## Whether the number and mix of places for residential care and home care should continue to be controlled

*Refer to Section 4(2)(b) in the Act*

In this context:

* the number and mix of packages and places refers to the number and location of residential aged care places and the number and level of home care packages allocated by Government ; and
* controlled means the process by which the government sets the number of residential care places or home care packages available.

Vision Australia believes the Australian Government has the expertise to determine nationally consistent aged care services through this reform period. Vision Australia supports increases in supply via expanding the number of places available, and greater transparency in planning ratios, prioritisation and allocation rationale, and levels of subsidies. However, the continued control by Government should be predicated on the inclusion of disability in the consideration of the control of number and mix of places, to provide a clear signal to the market and taxpayers that the needs of people with disability have been considered and will be met within the aged care system. It also allows for the correct prioritisation of package and place allocation, accounting for the specific needs of older Australians with disability. The Australian Government needs to reassure older Australians with disability, and the specialist service providers who support them, that the aged care system is adequately geared and resourced to meet their specific disability needs. The cost of disability is not an optional cost and individuals should be provided with access to relevant support and services. Leaving the availability and provision of specialist disability supports to the market, or indicating that consumer choice and control will be incentive enough for mainstream providers to develop a relevant service approach and offering, is problematic. There is little profit incentive or economic rationale for current providers to move into the provision of disability services and there are other more lucrative markets in aged care for example in respect of accommodation and lifestyle options. Vision Australia supports addressing waiting lists and sub-quality services by incorporating disability, continuing to lift planning ratios particularly in home care settings. We seek also that gatekeeping on the home care and residential care places incorporate consideration of disability with targeted assessments and greater controls and supervision of quality.

## Whether further steps could be taken to change key aged care services from a supply driven model to a consumer demand driven model

*Refer to Section 4(2)(c) in the Act*

In this context:

* a supply driven model refers to the current system where the government controls the number, funding level and location of residential aged care places and the number and level of home care packages;
* a consumer demand driven model refers to a model where once a consumer is assessed as needing care, they will receive appropriate funding, and can choose services from a provider of their choice and also choose how, where and what services will be delivered.

#### Vision Australia supports a consumer demand driven model if it can deliver appropriate and equitable access and outcomes for people who are blind or have low vision. Vision Australia supports the portability of Home Care from February 2017 to foster competition among providers, and empower choice for consumers. We also support the merge of Home Support and Home Care in 2018 into one stay at home program, on the proviso that disability is included as a relevant group with support to access relevant quality services. Merging into one stay at home program has the potential to simplify the system for consumers. In the long term all aged care programs should be merged into one funding structure that provides equitable funding which follows the consumer. To foster greater choice and control we would emphasise the system needs to ensure that care is available which is responsive to people’s level of ability, life goals and strengths, by providing tailored service options across the service systems and embedding a restorative care approach that focuses on independence, safety and dignity. At present people who are blind or have low vision struggle to receive equal access to the services they require under an individualised, market-driven, health/medical model. This is particularly the case when considering residential care – many aged care providers do not recognise the need for specialist services, do not provide routine access to required service providers, or fail to provide information in accessible or relevant formats within residences. Access should be based on an assessment that is capable of identifying relevant needs. Crucially, until newly blind or low vision people have the correct assessment, and begin to use services themselves, it is difficult or impossible for choices to be made. The difference between medically determined vision and functional vision – functional vision can mean that different and specific needs to be met. This can be supported by staff training and awareness on disability, both within aged care providers and for MAC Portal and assessors. This training should be made a requirement of funding, as there may be limited incentive for current aged care providers to undertake such training. A consumer demand driven model requires an appropriate level of knowledge and understanding to make a choice, which in turn requires information. Access to information can be the biggest barrier to accessing specialist services, particularly within the residential care system. This takes numerous forms: inappropriately situated information; information provided in inaccessible formats; mental, physical, and sensory disabilities making physical access to information challenging; or the failure to provide information in a verbal manner. Additionally the Australian Government needs to provide relevant guidance and support so that disability providers are included in the aged care system as funded providers, or as the relevant quality service providers applicable to the provision of disability supports and services that are not broadly available within the aged care system. It makes sense to leverage existing disability services and expertise. To increase consumer choice and control, Vision Australia supports monitoring and evaluation of the My Aged Care assessment and referral processes to understand equity of access and outcomes for consumers with special needs, make the outcome of evaluation publicly available, and use it to amend processes or establish targeted supplementary or parallel processes for specific groups as required. We support improvements to the My Aged Care website to enable consumers to understand what services are available on a comparable basis including types and quality, including provision for consumer feedback.

## The effectiveness of means testing arrangements for aged care services, including an assessment of the alignment of charges across residential care and home care services

*Refer to Section 4(2)(d) in the Act*

In this context:

* means testing arrangements means the assessment process where:
	+ the capacity of a person to contribute to their care or accommodation is assessed
	(their assessable income and assets are determined); and
	+ the contribution that they should make to their care or accommodation is decided
	(their means or income tested care fee, and any accommodation payment or contribution is determined).

#### Vision Australia supports the concept that a person with the means to contribute towards their cost of care should be asked to do so. However, we believe it is more important to ask whether the aged care system currently provides appropriate disability specific support, given the emphasis on managing frailty. We believe this matter must be dealt with and included before moving the discussion to what individual capacity a person may have to contribute to the costs of services and supports they receive. We believe it is important that there is equitable access to disability services and that the current system does not deal with this. In terms of equitable services, we note there are non-optional costs of disability, not faced by others in the community. This can include additional transport costs (taxi, public transport), mobility or communication aids, and medical expenses. Additionally, we note that many older Australians with a disability may have lived their entire lives, or a large part of their lives, with their disability, and this will have impacted their ability to accumulate assets and resources that other members of the community will have access to in arranging their aged care supports. By way of example, a person in a residential care facility, who is contributing up to 85% of their pension towards the cost of their care, would not have the means to purchase a relevant communication or mobility aid, or access to information, should not be asked to purchase these supports from their limited means. Nor should the provider be expected to provide it for free. People who are blind or have low vision are often isolated from community and social supports at all points of residential care and home care services– the costs of participating in social or recreational activities is placed out of their reach. This can include specialist recreation such as Blind Bowls, or non-specialist community social groups such as art gallery visits, trips to shopping centres, or knitting groups where memberships are unaffordable.

## The effectiveness of arrangements for regulating prices for aged care accommodation

*Refer to Section 4(2)(e) in the Act*

In this context:

* regulating prices for aged care accommodation means the legislation that controls how a residential aged care provider advertises their accommodation prices.

#### Vision Australia supports transparency in the rates that are charged by the aged care sector including residential care. The current approach does not adequately inform taxpayers, consumers, or the aged care sector more generally. There must be simple and easy to access information that can be easily understood and compared about the amount of subsidy paid to residential care providers, and what specific services and supports are made available through the provision of the subsidy. Equally important is the acknowledgement that certain types of services and supports, in particular, disability supports, are not available). This should be via regular reporting requirements that are publicly accessible through a central website, and requirements for transparency of advertising and contractual arrangements with aged care providers.

## The effectiveness of arrangements for protecting equity of access to aged care services for different population groups

*Refer to Section 4(2)(f) in the Act*

In this context equity of access means that regardless of cultural or linguistic background, sexuality, life circumstance or location, consumers can access the care and support they need.

In this context different population groups could include:

* people from Aboriginal and/or Torres Strait Islander communities;
* people from culturally and linguistically diverse (CALD) backgrounds;
* people who live in rural or remote areas;
* people who are financially or socially disadvantaged;
* people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran;
* people who are homeless, or at risk of becoming homeless;
* people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations);
* parents separated from their children by forced adoption or removal; and / or
* people from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.

People with disability over the age of 65 were excluded from the NDIS on the basis that the aged care system would meet their needs and provide appropriate supports. At present, this is not occurring, and it is difficult to see how this will change without recognition of disability as a different population group within the Aged Care Legislation. Vision Australia supports equity of access for legislated groups and urges the creation of a category for people with a disability. Disability is not an identity, but requires specialised approach. Mainstream providers are not adequately educated or geared to understand and respond appropriately to the specific needs of disabilities, and often respond with outdated approaches that impinge on the human rights of individuals. Additionally, the disability system operates using a social model rather than what appears to be a medical model that prevails within aged care and which acts negatively to constrain an individual’s capacity to maintain their independence and dignity within the system. Recently, ‘Specialist Support Services’ was included as a category for the CHSP Growth Funding Round – this will go some way to increasing consumer access to specialist services, including those for people with disability such as a vision impairment. However, this process was needlessly protracted – were disability included as a specific category alongside ATSI, CALD, etc., service provision would be streamlined. It should be noted that the current exclusion of disability is an outlier, as it is standard practice for disability to be considered alongside other different population groups. At present, this has the effect of denying equality of service provision to people with disability within the aged care system. The changes in the Aged Care System are intended to maintain and improve independence, yet it retains a reliance on the medicalisation of ageing that fails to account for the priorities of the individual, or the need for a range of specialised and coordinated services to maintain that independence. Central to this need for ageing Australians is disability – as noted above, at least 1 in 10 people at 82 years old will have a vision impairment, and many experience comorbidity of disabilities. Too often a disability acquired in old age is merely seen as a frailty, which makes equity of access for adequate service provision challenging or impossible to achieve. Acknowledging the role of disability within the aged care system is integral to a discussion of individual capacity to contribute to costs.

## The effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers

*Refer to Section 4(2)(g) in the Act*

In this context aged care workers could include:

* paid direct-care workers including: nurses personal care or community care workers; and allied health professionals such as physiotherapists and occupational therapists; and
* paid non-direct care workers including: managers who work in administration or ancillary workers who provide catering, cleaning, laundry maintenance and gardening.

#### Vision Australia notes that the aged care workforce is anticipated to double in 10 years in response to growing demand. Vision Australia seeks that there is greater support provided to MAC contact centre, assessors (RAS/HAS/ACAS/ACAT), facilities, service providers and workers to understand and respond to the needs of people with a disability, including vision impairment. There is a tremendous gap in awareness of how to meet the needs of older Australians with disability in the aged care workforce, particularly in respect to blindness or low vision. Education and training should be provided at various stages of worker training and professional development on the need to be disability aware. This of particular importance within remote or regional areas outside major centres, as aged care facilities and services have limited access to specialist support.

## The effectiveness of arrangements for protecting refundable deposits and accommodation bonds

*Refer to Section 4(2)(h) in the Act*

In this context:

* arrangements for protecting refundable deposits and accommodation bonds means the operation of the Aged Care Accommodation Bond Guarantee Scheme *.*

#### Nil comment.

## The effectiveness of arrangements for facilitating access to aged care services

*Refer to Section 4(2)(i) in the Act*

In this context access to aged care services means:

* how aged care information is accessed; and
* how consumers access aged care services through the aged care assessment process .

#### Vision Australia has been directly engaged in the aged care reform process, and is a registered aged care provider, with all of our outlets using the My Aged Care provider portal. There have been various problems with the operation of the MAC Gateway. In terms of information for consumers, we note many older Australians, including those with vision impairment have some difficulty accessing and using online platforms, and we suggest there should be more opportunities for consumers to find out more about aged care through their existing community channels. In terms of assessment, we believe the NSAF and ACFI are holistic tools which have proved incapable of identifying and responding adequately to disability. In terms of the funded service providers, again there is limited funds available to and recognition of the role of disability providers within aged care, and this needs to be addressed. Consumer choice may go some way to assisting service providers to receive some financial return for service provision, but we seek the Australian Government make adjustments and provide clarity to the aged care sector so that our services are considered equal to those which have been offered historically within aged care. It appears that the gatekeepers to consumers are the nursing home operators and the case managers of Home Care. Ultimately, if there is no incentive on these gatekeepers to provide appropriate disability specific support, then consumers will continue to have to rely on charity to get the supports they are entitled to, and the aged care system will not be equitable for older people with a disability. Vision Australia recommends that the current Aged Care Legislated Review takes into account any changes to the National Aged Care Advocacy Program (NACAP) which is currently under review. Consumers rely on the information and support from NACAP and other advocacy services, such as that provided by Vision Australia, when making decisions about services, and advocacy has an important role to play to ensure consumers can access aged care services and address any concerns about the aged care assessment process.

# Other comments

#### The aged care system as it currently stands does not cater for the needs of people who are blind or have low vision. The Access Economics report Clear Focus found that “The estimated cost of lost wellbeing from vision disorders for people aged over 40 was estimated at $9.4 billion in 2009. This represents 57% of the total estimated economic cost of vision loss in 2009. Vision loss prevents healthy and independent ageing and it is associated with the following: Risk of falls increased two times; Risk of depression increased three times; Risk of hip fractures increased four to eight times; Admission to nursing homes three years early; Twice as likely to use health services.” To change this, the system should investigate ways to embed restorative care approaches in phase two of Living Longer Living Better.