

Vision Australia Submission

A New Program for In-Home Aged care

Submitted to: Aged Care Taskforce

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Vision Australia Submission

# Aged Care Taskforce: Draft Aged Care Funding Principles

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## Introduction

Vision Australia welcomes the opportunity to provide this submission to the Aged Care Taskforce, as part of its consultation on the draft funding principles for aged care. Vision Australia is currently the largest national provider of specialised services to people who are blind or have low vision. We offer services across a range of funding programs, including NDIS, aged care and veterans’ affairs. We have worked both within grant funded environments and individualised funding programs and are therefore well-placed to share insights regarding the challenges and opportunities that these models present.

## Submission questions

### Question 1: Is Australia’s aged care system and how you pay for aged care easy to understand? If not, why not?

In vision Australia’s experience, the pathway to access supports via the current aged care model appears to be relatively straight-forward for most consumers, if not always timely. While aged care assessments and payment for services generally operate fairly smoothly, there are nonetheless some barriers that prevent people who are blind or have low vision from engaging with the aged care system effectively. Additionally, we have some concerns that the transition toward an individualised funding model will further exacerbate these issues and increase complexity of the system overall. Vision Australia has been an active provider of NDIS services since the Scheme’s inception. We have found that participants often struggle to engage with the Scheme, due to the complexity of its processes, funding categories and payment structures. Older Australians must be supported in the transition toward individualised funding, through appropriate information and resources that are accessible and easily comprehended. Care plans must be structured in a way that represents a common-sense approach for consumers and supports them to understand how funding can or should be utilised.

The capability of consumers to engage with the aged care system is also influenced by their capacity to access digital spaces and electronic information. There is already a digital literacy gap for older Australians, and this is further compounded for those who are blind or have low vision, who must often learn new and vastly different ways of accessing technology, following diagnosis in later life. Both accessibility and useability must be factored into the design of any proposed digital platforms that are introduced with this new care model. People with disability must be included in co-design and user testing of these platforms, to ensure they are fit for purpose. Individual support plans, information about services and other materials must also be provided in a variety of alternate formats, such as Braille, accessible electronic documents, large print and audio. Without this commitment, consumers who are blind or have low vision will struggle to engage with the aged care system and will consequently miss out on vital services to support and prolong their independence.

A further area which has proven challenging under the current model relates to the payment and collection of co-contributions toward aged care services. Consumers generally expect to contribute to the cost of services that they access on a regular basis, such as cleaning, gardening and home and community supports. In the case of specialised allied health and vision services, however, consumers tend to access these episodically and often in response to changes in environment or level of vision function. For example, an older person with vision loss might seek support from an orientation and mobility instructor if they move to a new location. Similarly, they may access support from an occupational therapist or assistive technology specialist when their vision deteriorates to a point that they can no longer manage daily tasks such as cooking and reading. It is commonly the case that compensatory strategies can be put in place with entry level supports over a few service events. The sporadic nature of these services means that the cost and administrative burden associated with collecting co-contributions from consumers often outweighs the monetary value of the contributions themselves. Unlike other service systems such as Medicare, aged care does not currently have a single billing interface that allows for seamless collection of co-contributions by service providers. Moreover, older Australians with vision loss are acutely aware that their younger peers who access equivalent services through the NDIS do not contribute to the cost of these supports, and this leads to confusion and resistance around payment of co-contributions.

### Question 2: What does “fairness” in aged care funding and care services look like?

A fair and equitable funding model must cater to the diversity of services that are offered across the continuum of aged care. Prolonged independence and quality of life should be prioritised, recognising that the needs of consumers will vary widely, both in the types of services they require and the intensity of supports that are needed. It will be important to ensure that aged care consumers are not viewed as a homogenous cohort, and that those with specialist needs are able to access the unique supports that allow them to remain independent for as long as possible. People in the early stages of vision loss will often require highly tailored supports involving more than one vision professional. For example, they will often need to re-learn technology skills, whilst also requiring support from an orientation and mobility specialist to ensure they can navigate their home and community safely, alongside support from an occupational therapist to facilitate maintenance of daily living skills. In many cases, they will also require emotional and facilitated peer support, specifically to adjust to vision loss. The significance of these services must not be underestimated, as they can promote positive engagement and maximise outcomes for other reablement services.

A fair funding model should also strive to ensure that as far as possible, no consumer is disadvantaged by location, and that all older Australians have equitable access to services, wherever they live. For example, the distribution of funding across aged care planning regions in the current Commonwealth Home support Program, means that it can be difficult for people who are blind or have low vision to access the specialised services they need to support their independence at home. For instance, Vision Australia has an extensive staff presence in Western Australia, but is not currently funded to deliver specialised Support Services Vision across the entire State. This system is confusing and frustrating for assessors, providers and consumers alike, and should be simplified under the new model. Ideally, service providers with areas of specialist expertise should be able to offer these services in all areas where demand exists, and where they have the capability and reach to do so. This will improve equity of access to services for consumers and is a crucial factor in ensuring that those in regional and remote areas do not miss out on essential supports.

### Question 3: Is funding for Australia’s aged care system sustainable? If not, what is needed to make it sustainable?

As noted elsewhere in this submission, aged care consumers who are blind or have low vision tend to access services episodically as their needs change. Vision Australia does not offer daily or weekly supports, as may be typical of other service types within the aged care system. One of the key sustainability challenges in the current model is that it is not designed for infrequent or fluctuating service delivery. Variations in frequency of service, along with the fact that we work with a relatively small and complex cohort of consumers, means that our cost of on-boarding clients and meeting compliance requirements, versus the number and monetary value of services provided, is higher than many other providers. This, coupled with the challenges associated with collecting co-contributions, as outlined elsewhere in this paper, create a financially challenging environment that is unlikely to remain sustainable in the long-term. We have grave concerns that these sustainability issues will be exacerbated as the aged care system transitions to a more individualised funding model. As this transition takes place, it will be important to ensure that the time and complexity involved in individual planning and funding package design is relative to the complexity of the consumer’s needs. In cases where entry level services at relatively low intensity are needed, there would be value in developing a streamlined pathway to access these supports. Without this, there is a risk that assessment and planning services will take considerably more time than the consumer’s required service delivery, thus leading to long-term impacts on sustainability of the funding model.

### Question 4: What costs do you think consumers in aged care should contribute to and to what extent? How is this different for care, compared with everyday living expenses or accommodation?

Vision Australia considers that it is reasonable to expect consumers to take responsibility for payment of everyday living and accommodation expenses, with the proviso that the system should provide a safety net where people do not have the means to maintain an acceptable standard of living. Notably, costs associated with specialised services, assistive technology and home modifications for people with disability should not be considered as everyday living expenses. These supports are crucial in prolonging and maintaining independence at home and should therefore be funded through the aged care system. Many of the supports that people who are blind or have low vision rely upon to remain independent consist of a combination of specialised skill building and technology. It is imperative that the Government should contribute to these care costs. If it does not, consumers will cease services, or will not access them early enough, if at all. Ultimately, this will increase long-term strain on the aged care system, because consumers will lose independence and functionality, thus becoming prematurely reliant on high level home care or residential supports.

### Question 5: What does quality and appropriate care mean to you?

In order to facilitate quality care, the funding model should prioritise streamlined access to aged care services, including assessment and planning processes that cater to varied consumer needs around complexity and intensity of supports. In the case of people who are blind or have low vision, it will be particularly crucial to ensure that early intervention supports are readily available, with the aim of preserving independence and level of function before significant deficits occur. Where higher intensity or ongoing supports are needed, the referral pathway must be both straight-forward and timely for consumers to access.

A skilled workforce that is flexible enough to meet the varied needs of consumers is also a key component of quality care. In order to achieve this, service prices must be sufficient to allow providers to offer salaries that attract skilled workers to the sector and invest in their ongoing training and professional development.

Finally, quality care must be underpinned by a safeguarding system that appropriately balances provider compliance obligations with the achievement of consumer goals and outcomes. All aged care providers should possess qualifications that are relevant to the specific service types they deliver. Additionally, all aged care providers should be registered, to ensure visibility and accountability within the market.

### Question 6: What does innovation in aged care mean to you? How can funding support it?

If innovation is a key focus of the new aged care program, there must be relevant funding available to support this. In particular, pricing structures developed as part of the new funding model must recognise that if margins are too thin, the focus of service providers will necessarily be drawn toward sustainability and efficiency, potentially at the expense of innovation. It may be beneficial to look at options similar to those offered to NDIS providers as part of the Information Linkages and Capacity Building (ILC) grant rounds. This type of funding can foster innovation by encouraging providers to adopt new projects that ultimately contribute to quality outcomes for the sector overall. Dedicated funding could also be provided to support service providers in developing pilot programs, to trial innovative methods of service delivery or new technologies, in order to build an evidence base for new services and products. Ultimately, there is a need to drive innovation that is not simply founded on financial efficiency, but which motivates providers to focus on qualitative benefits for older Australians.

## Conclusion

Vision Australia thanks the Aged Care Taskforce for its consideration of this paper. We look forward to additional opportunities to contribute to the design and implementation of the new aged care funding model. We would be pleased to provide further information around any of the responses provided in this document if required.

## About Vision Australia

Vision Australia is the largest national provider of services to people who are blind, deafblind, or have low vision. We are formed through the merger of several of Australia’s most respected and experienced blindness and low vision agencies, celebrating our 150th year of operation in 2017.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families.

Vision Australia service delivery areas include:

* Allied Health and Therapy services, and registered provider of specialist supports for the NDIS and My Aged Care
* Aids and Equipment, and Assistive/Adaptive Technology training and support
* Seeing Eye Dogs
* National Library Services
* Early childhood and education services, and Felix Library for 0-7 year olds
* Employment services, including National Disability Employment Services
* Accessible information, and Alternate Format Production
* Vision Australia Radio network, and national partnership with Radio for the Print Handicapped
* Spectacles Program for the NSW Government
* Advocacy and Engagement, working collaboratively with Government, business and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has gained unrivalled knowledge and experience through constant interaction with clients and their families. We provide services to more than 26,000 people each year, and also through the direct involvement of people who are blind or have low vision at all levels of the Organisation. Vision Australia is therefore well placed to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant Client Reference Group, with people who are blind or have low vision representing the voice and needs of clients of the Organisation to the Board and Management. Vision Australia is also a significant employer of people who are blind or have low vision, with 15% of total staff having vision impairment.

We also operate Memorandums of Understanding with Australian Hearing, and the Aboriginal & Torres Strait Islander Community Health Service.