

Vision Australia Submission

Aged Care Bill

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# Vision Australia Submission: Aged Care Bill

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## Introduction

Vision Australia appreciates the opportunity to comment on the Aged Care Bill which is presently before Parliament. Vision Australia is the largest national provider of specialised vision services within the aged care sector and is currently funded to deliver a high volume of vision supports under the Commonwealth Home Support Program each year. We also manage Home Care Packages for a number of consumers who are blind or have low vision that will be transitioning to Support at Home following its introduction in 2025.

The new Aged Care Bill takes several important steps toward the creation of a person-centred aged care system. It is encouraging to see that the legislation focuses on the safety and well-being of older Australians, whilst prioritising their needs and preferences. While the provisions of the Bill are largely positive, Vision Australia considers that there are improvements which must be made in order to ensure people who are blind or have low vision are not disadvantaged in the evolution of Australia’s aged care system. The prevalence of non correctable vision loss increases with age, however, vision Australia remains concerned that the specialised services that facilitate independence and reablement for this cohort of consumers have not been adequately considered or understood in the current Bill, or in the design of the Support at Home program. A service model that can cater to the needs of these consumers is crucial, particularly given that the majority of those who acquire an impairment after the age of 65 are expected to access disability supports through the aged care system. The Support at Home program structure proposed in the Aged Care Bill appears to be directed solely toward the delivery of ongoing care. This is problematic, because it is not typically the manner in which vision impaired consumers access aged care services. The majority of clients that we work with access specialised clinical services on an episodic basis as their vision changes. Services are focused on reablement and the development of compensatory skills that prolong independence. Access to timely early intervention supports following diagnosis is also of paramount importance to this cohort, in order to obviate the risks associated with loss of confidence and functional decline. It is crucial that episodic care needs and early intervention supports are equally factored into the design of the Support at Home model. We consider that there are unique challenges involved in providing high quality aged care services to this consumer cohort which have not been addressed in the current Aged Care bill. This must be remedied in the scope and design of Support at Home prior to its commencement in 2025.

## Recommendations

* The Bill should include the need for disability supports as an explicit reason to access aged care services as part of the entry provisions in Chapter 2.
* The definition of illness or sickness should be expanded to expressly include people with disability, regardless of whether they have a medical condition.
* The definition of Care Needs included in Chapter 1 should be expanded to encompass sensory difficulty, in addition to the physical, mental and social difficulties already stated.
* Consumers presenting with non correctable vision loss should have an additional loading applied to their care management budget, in recognition of the increased barriers they face in accessing information and engaging with digital environments.
* Chapter 4 of the Bill should be amended to allow consumers presenting with non correctable vision loss at time of assessment to carry over a higher percentage of their Support at Home budget for up to 12 months, for the purposes of accessing clinical and specialised reablement services. This should include services such as orientation and mobility and assistive technology training that build a consumer’s capacity and independence, in addition to clinical supports such as occupational therapy.
* the provisions of the Bill should include a commitment to co-design of support plans between assessors and individuals. Individuals should ideally have an opportunity to preview their approved service types, with a clear process to raise any identified concerns with their assessor before a support plan is finalised.
* the Bill should include provisions similar to the NDIS Participant Service Guarantee, which sets clear timeframes for key processes such as access requests, plan approvals and reviews.
* The Bill should include a requirement for the System Governor to report publicly on wait times from application to assessment, and from assessment to commencement of services.
* In order to maximise independence and ensure a reasonable quality of life, people with disability in residential aged care settings must have access to specialised support services and assistive technology funding.
* The Bill must include a requirement for Government to fund an aged care advocacy program.

## Explicit References to Disability Supports

Vision Australia is particularly pleased to see people who are vision impaired or deafblind included as an explicit diversity group in the Statement of Principles within the Bill. This is a crucial step in ensuring that the aged care system is equipped to facilitate reablement and maintenance of capacity and independence for consumers within this cohort. It will be important to ensure that the diverse needs recognised flow through to the implementation of the Bill and its subordinate legislation. Care must be taken to ensure that different pathways and support types can be provided for these diversity groups and that one size fits all assessment and eligibility approaches are avoided. We note with some concern that the draft Service List that will be included as subordinate legislation to the bill makes no provision for the inclusion of specialised vision services such as orientation and mobility or seeing eye dog training within Support at Home. While we acknowledge this is likely out of scope for consideration by this Committee, it is nonetheless an example of significant oversight in legislative drafting that, if not remedied, will drastically reduce the services that older Australians who are blind or have low vision can access in order to support their reablement and independence.

There are additional areas of the legislation where we feel that references to disability supports within the Bill could be further strengthened. It is understood that the Bill has been structured around providing services to people who have ill health or sickness. Whilst we recognise that this facilitates compliance with the Australian constitution, it also means that the Bill in its current form fails to acknowledge the fact that anyone who acquires a disability after the age of 65 must access support for that disability through the aged care system. Many people with disability will be required to engage with the aged care system primarily because they have a vision condition and not because they exhibit commonly understood signs of frailty. Use of the terms ‘sickness’ and ‘ill health’ imply a deficit-based approach which is not reflective of the way in which people with disability access services. For much of this cohort, service delivery is centred on developing adaptive strategies to improve or maintain independence and quality of life. Accordingly, it is suggested that the Bill should include the need for disability supports as an explicit reason to access aged care services as part of the entry provisions in Chapter 2. The definition of illness or sickness should also be expanded to expressly include people with disability, regardless of whether they have a medical condition. The definition of Care Needs included in Chapter 1 should also be expanded to encompass sensory difficulty, in addition to the physical, mental and social difficulties already stated.

## Percentage Cap on Care Management Fees

Vision Australia has concerns regarding the implementation of a 10% cap on care management fees under the new Support at Home program, as proposed in Chapter 4 of the Bill. We currently manage approximately 150 Home Care Packages for consumers who are blind or have low vision, many of whom would struggle to engage with the aged care system without extensive support. Consumers who are blind or have low vision often experience an additional level of vulnerability due to barriers in information access. Those who experience onset of vision loss later in life must learn new and vastly different ways of accessing technology, often requiring reliance on complex screen reading or magnification software. The learning curve associated with proficient use of these technologies is extensive, with challenges being further compounded by comorbidities that older consumers typically present with, such as dementia or cognitive impairment. The difficulties that consumers who are blind or have low vision face in accessing digital environments will make self-management of funding and services unattainable for many. Moreover, the implementation of the 10% cap on administration fees means we will be unable to maintain the levels of support to these consumers that we are currently providing, resulting in the risk that they may miss out on vital care and services. We propose that consumers presenting with non correctable vision loss should have an additional loading applied to their care management budget, in recognition of the unique information access barriers that they experience and the resulting need for additional support.

## Quarterly Budgets

Vision Australia has concerns that the implementation of quarterly budgets within Support at Home will significantly disadvantage consumers with blindness or low vision, who tend to access specialised allied health and therapy supports on an episodic basis. While it is understood that consumers can carry over up to 10% of their budget to a subsequent quarter, we do not think this is sufficient to ensure that those with fluctuating service needs will be able to access crucial early intervention supports in a timely and efficient manner. While vision impaired consumers will access some services such as home maintenance and social support regularly, more specialised services that support reablement, such as orientation and mobility and assistive technology training, are generally accessed sporadically in response to a change in need, circumstance or vision condition. Interventions of this kind do not fit neatly within a quarterly budget structure, as they may be intensive initially, taper off as the consumer builds capacity, then increase again following a change in circumstance or level of vision. It is therefore difficult to predict the ongoing level of service required and exactly when it may be needed. In order to address this, we propose that consumers presenting with non correctable vision loss at time of assessment should be permitted to carry over a higher percentage of their budget for up to 12 months, for the purposes of accessing clinical and specialised reablement services. This should include services such as orientation and mobility and assistive technology training that build a consumer’s capacity and independence, in addition to clinical supports such as occupational therapy.

## Aged Care Assessments

Our current understanding of the process outlined in the Bill is that assessment of a consumer will be carried out using the Integrated Assessment Tool. Following this, the system Governor will determine which service types are to be approved, thereafter informing the consumer of the outcome. While discussion with the consumer during the assessment appears to be contemplated, there is no indication that consumers will have an opportunity to input into the design of their support plan, or preview any recommended services before a final decision is made. It is also unclear as to whether the assessor and the delegate of the System Governor who ultimately approves services will be one and the same. This is regrettable, given that one of the key challenges identified in the recent NDIS Review concerns the lack of meaningful interaction between participants, and those who make decisions about them. Long years of experience in navigating the NDIS have led us to the view that that direct interactions between consumers and the delegates who approve their funding are crucial in ensuring transparency of process, whilst reducing the extensive administrative burden involved in conducting reviews and appeals. Moreover, if initial assessments and service approvals are not carried out by the same entity, NDIS experience indicates that there is often a significant disconnect between the needs and goals discussed with the client and the service types and funding levels that are ultimately approved. It is suggested that the provisions of the Bill be bolstered to include a commitment to co-design of support plans between assessors and individuals. Individuals should ideally have an opportunity to preview their approved service types, with a clear process to raise any identified concerns with their assessor before a support plan is finalised.

## Clear Timeframes and Guaranteed Access to Services

One of the objects of the Bill is to ensure equitable access to services, regardless of an individual’s background, location and life experience. The only guarantee included in the current draft is that consumers will have equitable access to an aged care assessment and will be notified of the services that they have been approved to access within 14 days of a decision being made. The Bill makes no guarantee around timeframes for the System Governor to make decisions about service approvals or reviews and appeals where required. It is suggested that the Bill should include provisions similar to the NDIS Participant Service Guarantee, which sets clear timeframes for key NDIS processes such as access requests, plan approvals and reviews. This provides participants and their families with greater certainty about how long processes will take. The NDIA is also required to report quarterly against the timeframes in the Participant Service guarantee, thus providing an objective measure of performance. The inclusion of similar provisions in the Aged care Bill would help to support timely access to services. Additionally, the Bill should include a requirement for the System Governor to report publicly on wait times from application to assessment, and from assessment to commencement of services. This would aid in highlighting thin markets where wait times have historically been extensive. Vision Australia acknowledges that the Bill includes emergency provisions to allow for delivery of aged care services without an assessment in urgent situations, however, these provisions are not sufficient in and of themselves to ensure equitable and timely access to services for everyone.

## Access to Specialised Disability Services in Residential Aged Care

It is somewhat disappointing to see that the draft legislation does not provide for improved delivery of specialised vision services in residential aged care settings. Indications are that under the new Aged Care Bill, funding will continue to flow directly to the residential provider that the consumer has chosen to deliver their services, the assumption being that said provider will offer the full range of supports required. This approach presents various challenges, which seemingly have not been addressed in the draft legislation thus far. People who are blind or have low vision currently receive little, if any, specialised support in residential aged care, largely because service providers tend to utilise available funds on generalised allied health services, in the interests of reaching the highest possible volume of clients. There is little incentive for residential providers to subcontract services from a specialist vision provider for the benefit of a comparatively small number of residents. This is unfortunate, because services such as orientation and mobility, recommendation of vision aids by an orthoptist, or assistive technology training can support vision impaired residents to adapt to their environment, navigate a care facility safely, and remain engaged with activities that they have previously enjoyed such as reading. In order to maximise independence and ensure a reasonable quality of life, people with disability in residential aged care settings must have access to specialised support services and assistive technology funding.

## Recognition of Specialised Advocacy Expertise

It is important that the new Aged Care Bill require Government to fund an aged care advocacy program. It is alarming to see that this has not been legislated in the current draft, given its inclusion in the previous iteration of the Aged Care Act. Furthermore, specific consideration must be given to the funding of advocates with specialist expertise for the diversity groups that are listed in the Statement of Principles. Independent advocates can play an important role in supporting all aged care consumers, however, they play a particularly pivotal part in bridging the information access, digital literacy and service engagement gaps that often exist for diversity cohorts.

## Conclusion

Vision Australia thanks the Community Affairs Legislation Committee for its consideration of this submission. We would be happy to provide further information concerning any of the issues discussed in this paper and would welcome additional opportunities to provide feedback as additional amendments to the Bill and pieces of subordinate legislation are considered.

## 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.