Position statement on meeting the needs of people who are blind or vision impaired within the aged care system

Executive Summary

The number of people aged 65 and over in the Australian population is increasing, and the proportion of the total population who are between 50 and 65 years of age is expected to continue to grow significantly.[1] Given the link between the older population and the increased incidence of blindness and vision loss, it is expected that there will be a greater number of people who are blind or vision impaired relying on the aged care system to receive the supports and services necessary to maintain their independence and live the life they choose. It is therefore critical that the aged care system is effective for people who are blind or vision impaired, given that the majority of this population group are aged over 65 years and will therefore be ineligible for support through the National Disability Insurance Scheme (NDIS).

Ensuring access to funded specialist blindness and vision impairment services for older Australians is a crucial aspect of improving the aged care system and ensuring that consumers have equal access to the right services and supports. There is therefore a need for greater Government recognition and investment to address blindness and vision impairment as an issue predominately affecting older Australians.

Vision 2020 Australia therefore considers it critical that the Australian Government address the issue of access to aged care for people who are over the age of 65 and who are blind or vision impaired by implementing the following measures:

1. Amend the *Aged Care (Living Longer Living Better) Act 2013* to include people with disability, including people who are blind or vision impaired as a special needs group.
2. Appropriately resource and inform aged care assessment to identify and respond to the needs of people who are blind or vision impaired and people with disability more broadly.
3. Ensure that co-payments do not create a barrier for people who are blind or vision impaired in accessing the most appropriate supports and services they need to remain independent and engaged in their community.
4. Develop a nationally consistent aids, equipment and assistive technology program for older Australians to redress the current inequitable access to aids and equipment and assistive technology.

[1] Australian Institute of Health and Welfare. **Older Australia at a glance: 4th edition**. Canberra. 2017.

Vision 2020 Australia position

1. Amend the *Aged Care (Living Longer Living Better) Act 2013* to include people with disability, including people who are blind or vision impaired as a special needs group.

For many years, the eye health and vision care sector has expressed concern that people with disability, including people who are blind or vision impaired, are not explicitly recognised as a special needs group within the Aged Care Legislation.

Clause 1 of Schedule 1, section 11-3 (definition of people with special needs) of the *Aged Care Living Longer Living Better Act* (the Act) defines a person with special needs as the following:

a. people from Aboriginal and Torres Strait Islander communities
b. people from culturally and linguistically diverse backgrounds
c. people who live in rural or remote areas
d. people who are financially or socially disadvantaged
e. veterans
f. people who are homeless or at risk of becoming homeless
g. care leavers
h. parents separated from their children by forced adoption or removal
i. lesbian, gay, bisexual, transgender and intersex people
j. people of a kind (if any) specified in the Allocation Principles.

In the current definitions specified in the Act, disability acquired in older age is perceived as frailty, rather than disability. The focus on frailty creates a barrier to accessing necessary supports and services for people who are blind or vision impaired, as they are often not frail but require support relating to their requirements and their wish to remain independent.

Amending the Act to include people with disability, including people who are blind or vision impaired as a special needs group, will not only ensure that places in the Commonwealth Home Support Program (CHSP), Home Care Packages Program and residential aged care could be allocated to meet their specialist needs, but will also allow for them to be matched to professionals who hold expertise specific to the holistic needs of the individual.

2. Appropriately resource and inform aged care assessment to identify and respond to the needs of people who are blind or vision impaired and people with disability more broadly.

Regional Assessment Services (RAS) or Aged Care Assessment Teams (ACATs) assess the needs of those who wish to access aged care services in order to determine the level of support required by the individual. Given the circumstances, RAS and ACATs are accustomed to assessing the needs of those who are frail, rather than the needs of a person with disability. Assessors are therefore often not equipped with specific expertise in determining the types of services and support required for a person who is blind or vision impaired.

This means they may not consider whether a person would benefit from specialised blindness and vision impairment services, such as orientation and mobility, literacy aids, library services or assistive technology training.

Furthermore, the National Screening and Assessment Program (NSAF) is itself limited in its capacity to respond to the needs of older people who are blind or vision impaired and people with disability more broadly. While disability is identified as a health condition that may prompt referral to an allied health professional, there is no trigger to refer an individual to specialised support services, such as providers of blindness and vision impairment services. In relation to blindness and vision impairment, NSAF instructs assessors to refer the person to an optometrist if the person has had changes to their vision in the last three months and does not seek any information on underlying vision impairment or consider the need for specialised blindness and vision impairment services.

It is therefore essential that specialist knowledge regarding individual need is available once an individual presents to the My Aged Care portal, the website through which available services can be identified. A specific trigger mechanism that identifies applicants who are blind or vision impaired will ensure an effective passage through the My Aged Care portal by providing the option for a specialist assessment, undertaken by a service provider in blindness and vision impairment, to substantiate the correct services and supports to meet the identified needs.

The **Aged Care Funding Instrument** (ACFI), an assessment tool utilised to evaluate the care required by residents of a residential aged care facility and allocate funding based on the assessed needs, is also limited in its capacity to address the specific needs of people who are blind or vision impaired. This primarily due to the structure of the lines of enquiry, which refer to the domains of daily living, behaviour and complex health care, and under which a resident's mobility, nutrition, hygiene, cognitive skills and other day-to-day care factors are assessed. As there is no direct claim for blindness or low vision under these lines of enquiry, ACFI appraisers are able to utilise the daily living domain, including nutrition, hygiene and mobility, to maximise their claim.

In order to ensure that the specific needs of people who are blind or vision impaired are met, consideration of incorporating these specific needs into the lines of enquiry should therefore be made.

3. Ensure that co-payments do not create a barrier for people who are blind or vision impaired in accessing the most appropriate supports and services they need to remain independent and engaged in their community.

While aged care services are subsidised by the Australian Government, there is also an expectation that individuals over the age of 65 accessing the aged care system will contribute to the cost of the services that they require if they are able to do so. The amount that an individual will contribute towards their required services and supports is determined through negotiations with the service provider, and may also involve income or other forms of means testing.

As outlined by the Productivity Commission in their 2011 inquiry report on *Disability Care and Support*, the major goal of the aged care system is to minimise the loss of autonomy of those accessing it, and to allow people to live as independently and as fully as possible.

This approach also recognises that people over the age of 65 have generally had lived a 'full life' to accumulate wealth during their lifetime, which can therefore be used to fund the costs of the care that they require.

However, this approach assumes that those accessing the aged care system will have had the *opportunity* to live a full life. While this assumption may be applicable to people who acquire disability, including vision loss, after the age of 65, individuals who were born with or acquired disability early in life have often experienced discrimination and exclusion through their lifetimes, and have therefore not had the same opportunities for wealth accumulation.[2]

Given that the aged care system is currently structured to accommodate the support needs of Australia's ageing population, commonly-funded mainstream services that may sometimes cross over with those that are required by people who are blind or vision impaired do not sufficiently cater to the requirements of this group. As the requirements of people who are blind or vision impaired have the potential to be more cost prohibitive than those of the average older person, it can be expected that co-payments paid by a person who is blind or vision impaired would be higher due to their higher support needs.

Consideration of the rules for co-payment under My Aged Care should therefore be taken, with acknowledgement of the fact that co-payments can, for some, create a barrier to the specialist services and supports uniquely required by people with disability. Exemptions to specialist services and supports required by people with permanent and severe disability could also be considered, and may include such services as mobility and support training, or adaptive technology training among others.

4. Develop a nationally consistent aids, equipment and assistive technology program for older Australians to redress the current inequitable access to aids and equipment and assistive technology.

Services and supports for people who are blind or vision impaired may range from assistance with orientation and mobility, training in using acentric viewing methods, training in Braille or adaptive technology for literacy, occupational therapy, peer or emotional support to deal with vision loss, as well as a range of aids and equipment to assist with their mobility or literacy.[3] Under the NDIS, participants can access fully-funded aids and equipment if they are eligible for a package that is individually funded.[4] However, people who acquire a disability over the age of 65 are not eligible for individually funded NDIS packages, and would be expected to access these supports through the aged care system.[5]

Outside of the NDIS, while Home Care Packages offer some aids and equipment, as well as assistive technology, only a limited number of packages, which are often not prioritised for people who are blind or vision impaired, are available. In addition, the CHSP, through which individuals can access entry-level support while on the waiting list for a Home Care Package, is not adequately funded to offer aids and equipment supports and services. It is therefore imperative that My Aged Care staff are made aware of the range of services and supports people who are

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[2] Blind Citizens Australia. **Blind Citizens Australia Submissions: Aged Care Legislated Review**. Melbourne. 2016.
[3] National Aged Care Alliance. **Improving the Interface between the Aged Care and Disability Sectors**. Canberra.
[4] Ibid.
[5] Ibid.

blind or vision impaired may require, but also of the existing inequities that may present a barrier to accessing these supports.

Therefore, as per the recommendation put forward by the both the Macular Disease Foundation's **Low Vision, quality of live and independence: A review of the evidence on aids and technologies** and supported by the National Aged Care Alliance in its report, **Improving the Interface between the Aged Care and Disability Sectors**; the development of a nationally consistent aids, equipment and assistive technology program is critical and would redress the current inequitable access to aids, equipment and assistive technology.[6] [7] Such a program must be aligned with the NDIS Assistive Technology Scheme and other disability, aged care and both government and non-government health programs. This type of federally supported, nationally consistent scheme with harmonised and streamlined eligibility, access and co-payment requirements across all jurisdictions would provide information and support to allow consumers to make informed choices about the aids, equipment and assistive technologies available and the related services.

[6] Macular Disease Foundation Australia. **Low Vision, quality of live and independence: A review of the evidence on aids and technologies**. Sydney, 2016.
[7] National Aged Care Alliance. **Improving the Interface between the Aged Care and Disability Sectors**. Canberra, 2016.

Policy context

The number of people aged 65 and over in the Australian population is increasing, and the proportion of the total population who are between 50 and 65 years of age is expected to continue to grow significantly.[8] Of the total Australian population, it is estimated that more than 453,000 people are living with vision impairment or blindness, and that the majority are over the age of 65.[9] In 2010, Access Economics projected that the number of people over the age of 40 who are vision impaired will rise to almost 801,000 by 2020. It was also projected that the number of people over the age of 65 who are blind will rise to 102,750.[10] This rise reflects the ageing population and the fact that the prevalence of vision impairment and blindness doubles with each decade over the age of 60.[11]

It is estimated that on average, supporting people who are blind or vision impaired over the age of 65 requires less frequent interventions than their younger counterparts, and that they can remain engaged in their communities and live in their own homes for longer, with relatively little intervention.

However, despite the benefits associated with supporting people who are blind or vision impaired and over the age of 65, only a fraction of funding for blindness and vision impairment services is derived from Government-funded aged care streams. For example, according to the 2015 *Snapshot of Blindness and Low Vision Services in Australia* (the Snapshot Survey) conducted by Vision 2020 Australia, National Disability Services and the Australian Blindness Forum, funding for the blindness and vision impairment services sector generated from all government sources amounted to only 30 per cent of all funding, or $56 million, in 2013.[12]

Government funding streams for the sector are spread across disability, aged care, health and education, however the greatest proportion of funding for the blindness and vision impairment services sector is generated by fundraising and bequests at 43 per cent (nearly $81 million).[13] A further 18 per cent is derived from sales ($34.4 million) and nine per cent ($17.1 million) from investments, grants and other sources.[14]

As a result, many organisations within the blindness and vision impairment services sectors, who are registered providers of aged care, are only partly funded through the aged care sector. These organisations therefore provide services which are not funded from aged care to people aged 65 years and older living with blindness and vision impairment. These services include low vision clinics, information and library services, alternative formats, assistive technology training and advocacy services, specialised support services and allied health.

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[8] Australian Institute of Health and Welfare. **Older Australia at a glance: 4th edition**. Canberra. 2017.
[9] The Centre for Eye Research Australia and Vision 2020 Australia. **The National Eye Health Survey 2016**. Melbourne, 2016. 214p.
[10] Vision 2020 Australia by Access Economics Pty Limited. **Clear Focus: The Economic Impact of Vision Loss in Australia in 2009**. Melbourne, 2010. 106p.
[11] The Centre for Eye Research Australia and Vision 2020 Australia. The National Eye Health Survey 2016. Melbourne, 2016. 214p.
[12] Vision 2020 Australia, National Disability Services and Australian Blindness Forum. **A Snapshot of Blindness and Low Vision Services in Australia**. Sydney, 2015. 20p.
[13] Ibid.
[14] Ibid.

Furthermore, the provision of specialist blindness and vision impairment services by these organisations is only made possible through philanthropic funding, a cost that has not been borne by the Government or aged care providers.

According to the results of the Snapshot Survey, more than one-quarter (27 per cent) of organisations reported that they have had to refuse services to clients.[15] For organisations that reported that they had not been able to meet demands, the main impediments were cited as a lack of financial resources to hire staff or being unable to pay staff to work longer hours. Furthermore, with no current mechanism in place for residential aged care providers and other generalist aged care organisations to refer or pay for specialist blindness and vision impairment services, unmet demand for specialist services within nursing homes and residential care is hidden.

Reforms to aged care

Introduced in July 2012, Living Longer, Living Better is a ten year reform program intended to establish a flexible and seamless aged care system. The aim of the Living Longer, Living Better reform program is to ensure that Australians aged 65 and over have easier access to services and supports, with a focus on a model of consumer-directed care that puts choice and control in the hands of consumers. Under the Living Longer, Living Better reform package, a number of initiatives have been introduced or expanded upon, including:

My Aged Care

My Aged Care was introduced in July 2013 and provides an entry point to the aged care system, offering information to consumers and service providers, as well as family members and carers. In 2015, My Aged Care was expanded to include a central client record, adoption of the NSAF and a web-based My Aged Care portal for clients, assessors and service providers.

National Screening and Assessment Form

The NSAF is a tool used to determine eligibility level and to inform the development of support plans within the Aged Care system. In relation to eye health and vision care, the NSAF instructs assessors to refer the patient to an optometrist if they have had changes to their vision in the last three months.

The Commonwealth Home Support Program

The CHSP is a consolidated program that provides entry-level home support for older Australians who wish to live independently at home, but may require assistance. These supports include nursing, allied health, assistive technology, home modifications, home maintenance, food services, domestic services, personal care, social support and specialised support.

Home Care Packages

The Home Care Packages Program provides more complex support for older people who wish to stay at home, offering access to a range of ongoing personal services, support services and clinical care that can provide assistance with day-to-day activities. Under the Living Longer, Living Better reforms, the Home Care

[15] Vision 2020 Australia, National Disability Services and Australian Blindness Forum. A Snapshot of Blindness and Low Vision Services in Australia. Sydney, 2015. 20p.

Packages Program was modified to mandate that all home care packages be delivered on a consumer-directed care basis, ensuring that consumers have a choice in the types of care and services they access, how and when the services are delivered and by whom.

Vision 2020 Australia

Established in October 2000, Vision 2020 Australia is part of *VISION 2020: The Right to Sight*, a global initiative of the World Health Organization and the International Agency for the Prevention of Blindness. Vision 2020 Australia is the peak body for the eye health and vision care sector, representing around 50 member organisations involved in local and global eye care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support.

The Vision 2020 Australia Independence and Participation Committee

Vision 2020 Australia's Independence and Participation Committee (the Committee) brings together a diverse group of members providing services and supports to people who are blind or vision impaired across Australia; enabling an unique platform for stakeholders to collaborate, foster consensus and develop a shared understanding on matters of significance affecting member organisations and consumers. Through drawing on the knowledge, experience, and resources of the Committee's broad and inclusive membership, the Committee is central to supporting one of Vision 2020 Australia's key roles as an effective conduit to government, offering a unified and consistent voice.