Submission to the Royal Commission into Aged Care Quality and Safety

December 2019

About Vision 2020 Australia

Vision 2020 Australia is the national peak body for the eye health and vision care sector. Working with and representing almost 50 member organisations, we focus on supporting policy and funding changes to prevent avoidable blindness, enhance eye care delivery and better meet the needs of people who are blind or living with low vision.

Our members span a wide range of areas and are involved in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support. This means that the work we do in developing sector-supported policy and advice brings a diverse range of expertise and perspectives to bear, and that the perspectives and experiences of both service users and service providers are at the heart of our work.

Avoidable blindness and vision loss in Australia, and our region, can be prevented and treated by working in partnership across government, non-government, private and community sectors. People of all ages who are blind or vision impaired will benefit from these partnerships, with improved access to services that support their independence and community participation.

For further information about this submission, please contact Vision 2020 Australia on 03 9656 2020 or via email, policy@vision2020australia.org.au

Contents

Executive summary

Vision 2020 Australia and its members value the many contributions that older Australians make to our society, and recognise the critical role the government-funded aged care system play in supporting their continued health and wellbeing. Maintaining good vision, and providing appropriate support to people who have lost vision, is important to ensuring the continued independence and participation of older Australians in our community.

The majority of vision loss occurs later in life. If early support is put in place for those people who experience age related vision loss, they can be well equipped to manage its effects. For those in the 65-75 age group, early support can help more of them remain employed. For all older Australians, maximising their available vision makes a significant contribution to their quality of life, regardless of how they spend their time.

The kinds of supports currently needed by older Australians with vision loss can include things like assistive technology and equipment (everything from simple magnifiers to complex, technology-based items), support to adapt their home environments to minimise glare and other challenges, and orientation, mobility and other support services.

Unfortunately, the current aged care system is not well equipped to provide these kinds of support to all who need them in a timely, affordable way, and our members report that:

- Older Australians who are blind or have low vision have difficulty accessing aged care services
- Key staff across the system do not have a strong understanding or awareness of blindness and low vision
- Current funding models do not allow the level of service to best fit changing needs and inequities which exist between service settings
- Key information is provided in formats inaccessible to people with vision loss

This means that older Australians living at home who experience blindness or vision loss are at avoidably high risk of falls and associated complications, and in some instances enter residential aged care earlier than they would have if their visual needs were met. It also means that older Australians in residential aged with vision loss can experience diminished quality of life, as they are unable to see as well as possible and/or readily access the services that could help them.

Fortunately, there are a range of actions that can be taken to address these issues that could significantly enhance the independence, safety and wellbeing of the many older Australians who experience vision loss. Many are relatively low or no cost, and seek to leverage existing expertise and resources.

Vision 2020 Australia through its expert membership has identified 14 recommendations for action that will improve access, enhance workforce capacity, increase funding flexibility, and enhance access to information and environments for older Australians living with blindness or low vision.

Many of these relate to enhancing existing processes, legislation and other changes to provide better access to much needed supports that can keep older Australians independent and well, and available economic modelling shows that relatively modest investments in areas such as aids and equipment can deliver major social and economic benefits to individuals, their families and the broader community. As Table 1 illustrates, many of these offer benefits that span a range of the areas under consideration by the Commission.

Vision 2020 Australia and its members stand ready, willing, and able to work with the Royal Commission, government, older Australians and the aged care sector to implement practical changes that will make a real and enduring change to the lives of older Australians living with blindness or low vision[1].

Table 1: Mapping of Vision 2020 Australia recommendations against the Commission's Terms of Reference

	ToR A –quality, availability, accessibility, issues of substandard care	ToR B – best delivery of services	ToR C – future challenges and opportunities	ToR D – strengthening system to provide high quality and safe services	ToR E person-centred services; choice control and independence	ToR F – sustainability, innovation, technology, workforce, infrastructure
Enhance access to priority supports						
Amend legislation	✓		✓	✓		
Enhance assessment	✓	✓	✓	✓	✓	
Patient transport services	✓	✓		✓	✓	
Enhance funding flexibility, ensure adequacy						
Clarify funding obligations for specialist assessment	✓			✓		
Increase funding flexibility, early intervention	✓	✓	✓	✓	✓	✓
Ensure funding sufficient	✓					
Strengthen obligations on providers	✓					
Clarify funding arrangements for expert service provision	✓					
National low vision aids and equipment strategy	✓	✓	✓	✓	✓	✓
Standardised referral pathways	✓	✓	✓	✓		✓
Enhance workforce understanding and capability						
Training and development leveraging existing resources	✓	✓	✓	✓		✓
Low vision hotline to support assessors	✓	✓	✓	✓		✓
Make information and environments more accessible						
Mandate accessible information and complaints processes	✓	✓		✓	✓	
Enhance accessibility of ACFs	✓	✓		✓	✓	✓

[1] It is also worth noting that several of these priorities have also been recommended by Vision 2020 Australia for people with vision loss who access services through the National Disability Insurance Scheme through other reviews and inquiries. The option of exploring a common solution across both systems in areas like early intervention could potentially offer a more efficient, systematic approach to driving improvement in some key areas ripe for improvement.

Recommendations

1. **Amend legislation** to provide access to blindness and low vision services and equipment for older Australians who are otherwise healthy and well, to help keep them independent and active
2. **Amend the assessment model** to more fully recognise, assess and respond to needs of older Australians with blindness or vision loss
3. Adjust current tender documents and contractual arrangements to ensure that where an expert assessment in relation to vision loss is required, **the specialist provider is routinely reimbursed** for providing that assessment
4. **Increase funding flexibility through the CHSP and supporting early intervention** approaches for older Australians diagnosed with progressive vision loss that will maintain their function and minimise their need for more costly, ongoing support
5. **Ensure funding is sufficient** to meet the costs of specialist assessment, supports and services for older Australians who are blind or have low vision
6. **Strengthen the obligation on providers to ensure that the basic visual needs of older Australians are met**, recognising the significant role that vision plays in contributing to continued independence and participation
7. Adjust current tender documents and contractual arrangements to clarify and confirm that where vision loss requires specialist service provision such as orientation and mobility training to a person living within a residential care facility in relation to vision loss, the **provider of that service is routinely reimbursed for providing that service**
8. Develop a **national strategy to support timely and streamlined access to the low vision aids and equipment** older Australians need
9. Implement **standardised referral pathways for blindness and low vision**, so that people experiencing vision loss can access services that allow their vision to be maximised/preserved as much as possible
10. **Enhance training and development opportunities for assessors and aged care workers**, supported by appropriately tailored resources and supports
11. **Trial a blindness and low vision 'hotline' for assessors**, providing expert advice and guidance to enhance assessment of older Australians with blindness or vision loss
12. **Increase the flexibility and funding of patient transport services** for older Australians in residential aged care living with vision loss, so they can access the required sight preserving treatments.
13. **Mandate accessibility requirements for complaints processes and other key documents/processes** essential to ensuring residents with vision loss are aware of their options, choices and avenues for raising issues and suggestions
14. Clarify expectations for the **accessibility of aged care facilities**, and embedding this in quality assurance mechanisms

Introduction and context

Vision 2020 Australia, the national peak body for the blindness and low vision sector, welcomes the opportunity to make a submission to this Royal Commission.

Over 20 organisations involved in blindness and low vision services are members of Vision 2020 Australia, and many other member organisations of Vision 2020 Australia also have a strong interest. Vision 2020 Australia works with its many members to advocate for changes that can achieve the full participation of people who are blind or vision impaired in the community, including those who are older Australians.

The submission addresses a number of the Commission's terms of reference including (but not limited to):

- The quality of aged care services provided to Australians and the extent to which those services meet the needs of the people accessing them
- How best to deliver aged care services to people with disabilities residing in aged care facilities
- The future challenges and opportunities for delivering accessible, affordable and high-quality aged care services in Australia, including:
    - in the context of changing demographics and preferences, in particular people's desire to remain living at home as they age; and
    - in remote, rural and regional Australia.

Vision loss and its impacts

Poor vision can make it harder to do many of the important things we all need to do in our day to day lives, such as manage our medications, move safely around our homes and communities, find the things we need such as keys and wallets, and do things like cook, clean or watch TV.

Poor vision is sometimes associated with a higher risk of falls, increased rates of anxiety and depression, and/or earlier entry to residential aged care.

In Australia, 90 per cent of blindness and vision impairment can be attributed to five preventable conditions: age-related macular degeneration, cataract, diabetic retinopathy, glaucoma, and uncorrected refractive error. The risk of developing each of these conditions increases as a person ages, and as several of them are progressive, their impact can also change and increase.

The prevalence of blindness or vision loss increases throughout a person’s lifetime, and with Australians continuing to live longer the numbers will only continue to grow. Of the estimated 1.4 million Australians over the age of 80 in Australia in 2027 approximately 40% will experience some form of vision loss or blindness[2], demonstrating the large increase in incidence throughout the ageing process.

[2] Op. Cit.

By 2027, it is expected that there will be roughly 6.5 million Australians aged 60 and over, representing a significant increase from current levels[3]. Without measures to increase early intervention and bring prevalence rates down, roughly 13% or nearly 850,000 older Australians in that cohort will be blind or have low vision[4].

Much can be done to support people living with vision loss

There is, however, much that can be done to minimise the adverse impacts that vision loss can have on an older person's independence and function, particularly if they can access equipment and support early in the course of their condition. Box 1 provides a summary of some of the specific supports that can make a real difference to people who are blind or have low vision.

Box 1 Examples of low vision aids and equipment

There are numerous low cost and effective pieces of low vision aids and equipment available for older Australians who are blind or have low vision. This can be provided as a mixture of supports and services including:

- Laminated line guides
- Practical demonstrations in the use of contrast and glare reduction
- Use of a reading lamp or changes to illumination
- Hand held magnifiers
- Identification canes to increase confidence when leaving the house

These simple interventions can greatly increase functional capacity, prevent falls, and make aspects of daily living easier.

As visual function changes it may become necessary to procure higher cost and more complex pieces of low vision aids and equipment. As technology continues to advance there is the potential for more people with blindness or vision loss to maintain their independence in their homes for longer periods. Complex or higher cost aids and equipment can be either analogue or digital and cover a wide range of supports and services, these include:

- Digital hand-held magnifiers
- Desktop closed-circuit-television with text to speech output
- Long cane or assistance dogs for navigating

Greater access to low vision aids and equipment, coupled with increased awareness among service providers and older Australians about the potential supports and services that are available, can ensure that people who are blind or have low vision can remain independent in their own homes and maintain their functional capacity.

[3] Australian Bureau of Statistics (2014), "*Australian Historical Population Statistics*", ABS cat. no. 3105.0.65.001. Canberra: ABS.
[4] Access Economic Pty Ltd (2010), "Clear Focus: The Economic Impact of Vision Loss in Australia in 2009", *Vision 2020 Australia*, Melbourne **and** Australian Bureau of Statistics (2014), "*Australian Historical Population Statistics*", ABS cat. no. 3105.0.65.001. Canberra: ABS.

Priorities for enhancing the aged care system

For many older Australians who are blind or have low vision, the government-funded aged care system is their only option for accessing the specialised equipment, services and support they need. That system thus has a critical role to play but with its current settings, Vision 2020 Australia members tell us that many older Australians who are blind or have low vision either struggle to access the most appropriate support or are missing out altogether.

In developing this submission, Vision 2020 Australia members with deep interest and expertise in this area have identified a range of opportunities which would not only have a tremendous impact on the lived experience of older Australians, but also reduce the future costs on the aged care system.

Ultimately, a more responsive and flexible approach that meets the needs of people who are blind or have low vision will reduce inefficiencies and allow older Australians living with vision loss to remain independent for longer.

Simplify entry to the aged care system for people with vision loss

The majority of permanent vision loss is age related, but the current aged care system design, processes and underpinnings place a heavy emphasis on frailty.

For example, the assessment tool used by the Regional Assessment Services (RAS) for CHSP referrals focuses on an older person's mobility and function for the Activities of Daily Living, with little mention of vision and how that impacts on their independence and quality of life.

This means that older Australians who have permanent vision loss but are in good health often struggle to access the supports they need, despite these being critical to maintaining their health and independence.

Without the necessary changes to access requirements, assessment pathways and funding packages these older Australians with vision loss will continue to face a profound inequity in the services they can access compared to other cohorts.

Ironically, in the absence of such support, peoples' health and quality of life is likely to deteriorate, with evidence indicating that reduced vision places people at higher risk of:

- Falls and hip fractures
- Depression or other mental health conditions
- Earlier admission to residential aged care, with people with vision loss attending nursing homes on average three years earlier

Amending the current legislative frameworks to accommodate the needs of older Australians who experience permanent vision loss would remedy this situation, allowing affected people to receive the support that would allow them to maintain their health, wellbeing and independence.

This could, for example, be achieved by amending the *Aged Care Act 2013* to include people who are blind or have low vision as a special needs group.

Recommendation 1

> Amend legislation to provide access to blindness and low vision services and equipment for older Australians who are otherwise healthy and well, to help keep them independent and active

Enhance assessment processes

The current assessment process and tool does not have well designed triggers to consider vision loss, given its current strong focus on physical health and frailty. Alongside the legislative amendments recommended above, amendments to the assessment system are required to ensure that greater consideration is given to vision and the potential impacts of vision loss.

As assessment of the functional impact of vision loss can be quite a complex area, it is often challenging for assessors to understand the nature of vision loss, the kinds of equipment and advice needed for people in that situation, and where to get it.

Some funded providers are seeking additional assessment and advice via specialist blindness and low vision providers. While this is beneficial to the service users as they are more likely to receive supports tailored to their needs, Vision 2020 Australia members report that sometimes they are being asked to provide those services free of charge which is not sustainable.

Recommendations 2 and 3

> Amend the assessment model to more fully recognise, assess and respond to needs of older Australians with blindness or vision loss
>
> Adjust current tender documents and contractual arrangements to ensure that where an expert assessment in relation to vision loss is required, the specialist provider is routinely reimbursed for providing that assessment

Enhance funding flexibility and support early intervention

Some of the key causes of permanent vision loss in older Australians are progressive. From experience, we know that if people get access to equipment and support early in the course of their condition they are much better placed to manage their subsequent vision loss.

This can be particularly important for people in the 65-75 year age group, as timely access to this support can keep them working or otherwise participating in society. Adopting an 'early intervention' approach in these instances would deliver better outcomes for individuals and the broader system, as this is likely to delay and, in some instances, prevent the need for more costly, intensive supports in later years.

To achieve this goal, a more flexible approach to funding that allows for greater investment in equipment, training and advice early in the course of a person's condition is needed, recognising that this may reduce the level of support required in subsequent years.

This would allow older Australians who are diagnosed with progressive vision loss to more readily adapt to the changing nature of their condition and pre-emptively begin training on the new pieces of equipment or supports they require as their condition progresses. This will best equip them to

remain independent, minimising the need for an ongoing aged care package and reducing the risk of early entry into residential aged care

Vision 2020 Australia members believe a modified, CHSP type model with the capacity to front load some supports would provide the most streamlined, cost effective way of achieving this outcome. The eye sector would strongly support a trial of such an approach if the government wished to explore and evaluate its costs, benefits and overall effectiveness.

Recommendation 4

> Increase funding flexibility through the CHSP to support early intervention approaches for older Australians diagnosed with progressive vision loss that will maintain their function and minimise their need for more costly, ongoing support

Ensure visual needs are met

The existing aged care system on frailty combined with the challenges of thin markets and inflexible and inadequate pricing arrangements creates significant challenges for older Australians with vision loss and specialist blindness and low vision providers alike.

Vision 2020 Australia members report that aged care packages are often focused on health-related needs, and do not consider the other needs of people who have had a disability or multiple conditions for their entire lives.

Sometimes, this is about the overall level of funding not being sufficient to meet their needs, as Case Study 1 overleaf illustrates. In other instances, it reflects a lack of understanding of the needs of people who are blind or have low vision.

Funding and pricing arrangements need to be sufficient to not just accommodate the specific visual needs of older Australians, but to better meet the actual costs of delivering those more specialist blindness and low vision services.

The summary below provides a real-life example of the current discrepancy that often exists between the funding available and the time required to provide services to a client experiencing vision loss (the full case study detail is provided in Appendix A).

Case study summary – the full cost of service provision

Activity	Time spent (mins)	Reportable time (mins)
Initial contact with provider	70	0
Service approval	75	30
Initial assessment and individual service plan	220	90
Service delivery	2100	1080
Review	45	30
Total time required for service delivery	**41.75 hours**	
Reportable time		**20.5 hours**

The outcome for the client, a 72-year-old male experiencing age related vision loss, was excellent – through the provision of tailored support, he was able to be assisted to develop the necessary skills and utilise equipment that enabled him to continue living independently and performing activities of daily living such as shopping, using public transport, paying bills and cooking meals without ongoing assistance.

However, the provider was able to claim for approximately half of the actual time taken to adequately support the client to a point where he has regained his independence and does not feel he needs ongoing support, and it is not sustainable for providers to continue providing that level of unfunded service delivery and support into the future.

Case Study 1: The challenges of funding multiple needs *(Source: Blind Citizens Australia)*

A Blind Citizens Australia member has been a long-time resident of a facility south of Brisbane. They are completely blind and have cognitive issues that prevent them from managing day-to-day affairs independently, coupled with severe diabetes and insulin dependence.

Their cognitive disability has resulted in them being placed under legal guardianship. Due to their health conditions, they are unable to leave the aged care facility independently, requiring assistance from friends, family members, paid support workers or volunteers. Not being independently able to leave the facility is a great source of frustration and has a detrimental impact on their daily life.

There are ways that they could go out into the community and even perform voluntary work if they had access to the support and the technology they require. They have previously operated a switchboard for community organisations, and enjoyed this work immensely. It gave them a sense of purpose and they still feel that they have the energy to take on a role like this, and to enjoy activities in the community with the appropriate support.

The issue preventing them from pursuing these activities is that their aged care funding, even though it is at the highest level, only covers the cost of accommodation and health care.

There is no further capacity to hire support workers or volunteers to assist them in pursuing the things that mean the most to them. Due to this, they are limited to what the facility has to offer, unless they can convince an acquaintance to assist them in leaving the home.

The activities the nursing home provides are not suited to their needs, and are often visual in nature, which can exclude the member from participating.

There is assistive technology available, which would assist greatly in keeping them safe and allow them to remain independent. For example, smart alert watches that will raise the alarm should they have an accident or a fall. These require an ongoing subscription however, and the member does not have the income to afford this.

Vision 2020 Australia members report significant challenges for people who are blind or have low vision who live in residential aged care, as there is often not a strong understanding of their condition and associated needs, nor the provision of the kinds of supports needed to maximise their function and enable them to participate both within the facility and in broader society.

As Case Study 2 (on page 13) highlights, the failure to provide these relatively low-cost interventions can have a substantial impact on the quality of life of people with blindness and low vision who live in residential aged care.

Geographic variations also pose a challenge for some older Australians, Vision 2020 Australia members report that the level of assistance and funding received by older Australians with the same level of vison loss varies according to where they receive care.

Factors such as geography and workforce availability are understood to be some of the factors contributing to this, with thin markets preventing some older Australians living in rural and regional settings from accessing levels of treatment equivalent to their urban based peers.

Case Study 3 (on page 14) provides an insight into the challenges faced by some older Australians with vision loss living in rural Australia.

A range of actions are required to ensure that the vision needs of older Australians, particularly those living with vision loss, are met. This requires not just changes to current funding arrangements, but also strengthening of contractual and other obligations to ensure that services are both accessed and appropriately funded.

Recommendations 5, 6 and 7

Ensure funding across home based and residential aged care is sufficient to meet the costs of specialist assessment, supports and services for older Australians who are blind or have low vision

Strengthen the obligations on aged care providers to ensure that the basic visual needs of older Australians are met, recognising the significant role that vision plays in contributing to continued independence and participation

Adjust current tender documents and contractual arrangements to clarify and confirm that where vision loss requires specialist service provision such as orientation and mobility training to a person living within a residential care facility in relation to vision loss, the provider of that service is routinely reimbursed for providing that assessment

Case Study 2: The challenges of service access in residential aged care (Source: Blind Citizens Australia)

A social worker referred Helen* to the aged care facility in which she has now lived for twenty years, following the sudden loss of her vision. At that time, Helen was in her early 50's. While alternative facilities for people who are blind no longer exist, there was such an option available to her at that time. However, she was not advised of their existence or given the option of rehabilitation and re-integration into the community.

People who are blind or vision impaired routinely live in their own dwellings in the community and have had the opportunity to develop life skills to enable them to do so effectively. Helen was never given this opportunity, despite there being services available, which could have assisted her to do so. Helen should have been supported to find appropriate accommodation in the community. Social workers could have assisted her to acquire public housing, and link her with blindness specific services, which could have trained her to cope effectively in her own home. Eventually, she could have developed the skills and confidence to contribute to activities of her choice in the community, just as most other people who are blind or vision impaired do.

Having lived in residential care for twenty years, Helen has had little income due to most of her pension being taken by the aged care facility to cover the costs of accommodation and care. She is reliant on the goodwill of community members who volunteer to assist her in small ways. Helen is not free to pursue the activities she would like to be involved in as an individual. The only outings she can have are those organised by the aged care facility, which are designed for a larger group of residents with whom Helen does not necessarily have anything in common.

While Helen is now in her 70s and it is not altogether inappropriate for her to live in an aged care facility, she has been stripped of the opportunity to develop social networks through participation in her community. She has not had access to the vast array of technology that has developed over the past twenty years that allows people who are blind or have low vision to live independently. She has never been able to develop orientation and mobility skills or cooking skills for example, which would have allowed her to live independently and to pursue whichever activity in the community she pleased. She is not allowed to ambulate independently, as her independent movement around the facility is viewed as a health and safety risk. She is therefore reliant on staff to convey her to where she wants to go using a wheelchair, even though she is perfectly able to walk.

She often has to sign paperwork she does not know the contents of because nobody took the time to explain what she was signing. She feels vulnerable because she does not know what medication she is taking when somebody gives it to her and has not been taught how to identify it using the methods and skills which many people who are blind use to manage their own medical situations.

The list of impacts and consequences of Helen being placed in aged care inappropriately is almost incomprehensible. She has become completely dependent on staff to have her daily needs met, even though if afforded the right supports and services she would have the capacity to live independently.

**name changed to protect individual's privacy*

Case Study 3: A rural experience of ageing with vision loss (Source: Vision Australia)

I am 70 years of age. I live on a small acreage property in rural Australia. I can independently do many of my personal care needs. I am active within my communities. I have the support of my husband. I am not frail aged.

However, I am vision impaired; I have a disability. I have health issues that require medication.

I have an independent spirit. I have dignity. I am capable and motivated.

I cannot drive, read my medication bottles, or recognise faces. I feel vulnerable, so I am dependent.

Nevertheless, I am not frail aged.

I am vision impaired and have been assessed and eligible for the Commonwealth Home Support Program.

All I need, at the moment, are special optical devices called low vision aids which would enable me to use my remaining vision more effectively and do things I can't do (except drive). Equipment would allow me to self-medicate, as I could read the labels; have access to the internet and shop on line; read text; recognizes faces, identify products. Aids are available. Aids that replace the need of others.

I have a disability and equipment is expensive.

I am too independent to receive individualised funding (a Home Care Package) where I would have more flexibility to purchase the equipment I need. However, I do not need ongoing support. At the moment, I need support for a one-off piece of equipment.

I am eligible for a $500 subsidy (up to $1000 if the organisation can provide this level) under the Commonwealth Home Support Program. This subsidy is too low and not available everywhere. There are limited providers with this subsidy.

I am vision impaired and I can remain independent.

However, what I need to remain independent is support to buy the expensive equipment.

My Aged Care is geared to frail aged but I am not frail, I have a disability. This makes it hard for the aged care system to recognise my needs, respond flexibly and support me to remain in my own home for longer. Due to the issues with the system, I believe my independence will be reduced and I will be dependent before I need to be.

Access to assistive technology

Assistive technologies (AT) like low vision aids and equipment can provide significant benefits to people who are blind or have low vision, by maximising the utility of their remaining eyesight. While in some instances these can be relatively 'low tech' items like specialised magnifiers, other more complex pieces of equipment like braille readers or computerised equipment that utilise complex optics can provide huge benefits in some instances.

A cost benefit analysis commissioned by the National Aged Care Alliance in 2018 quantified some of the benefits of such investments, alongside the estimated costs of not accessing assistive technology. This study and its findings related to visual assistive technology (AT) are summarised in Box 2, overleaf.

This study highlights the significant social, economic and individual benefits that investment in tailored aids and equipment can deliver as well as the practical impact that the cap on CHSP funding provides.

Box 2: Cost benefit analysis of assistive technology for older Australians with vision loss

In 2018, the National Aged Care Alliance (NACA) published a Position Paper: Assistive Technology for Older Australians incorporating both a commissioned research report and an economic analysis of the benefits of AT products and services delivered through an 'AT bundle'.

The research found firm evidence that AT delivers independence, autonomy, safety and participation. It said AT is demonstrated to substitute or supplement formal and informal support work such as the need for home support hours. AT offsets health-related expenditure, for example minimising falls and secondary complications, thus decreasing the need for health interventions such as GP visits, emergency presentations, or admissions.

While it is noted this review related to older people in general with a broad range of needs and disabilities, rather than older people who are specifically blind or have low vision, the Economic Pathway Analysis did include a case study of a woman whose primary needs related to sensory loss. The review did a detailed cost benefit analysis of an AT bundle versus Commonwealth Home Support Program (CHSP) funding for moderate functional impairment, vision loss and joint conditions, which found:

With AT bundle: after one year, government saves $2.93 for every $1 spent. This rises to $11.44 over 5 years, given GP visits and admissions likely to be avoided. This is without costing in the likely substantial social benefits to independence and autonomy at home.

With $500 annual CHSP spend only, the initial expenditure of $8,032 to get the AT bundle up and running, cannot be funded. Recipients must therefore select a smaller portion of the AT bundle to purchase, and will not realise full potential benefit of AT.

Providing timely access to appropriate assistive technologies for people who are blind or have low vision is a critical part of ensuring they maintain as much independence as possible, with the relatively modest up-front costs often reducing some of the ongoing (and larger) costs that might otherwise be incurred. A national strategy is needed to facilitate timely access to these supports so that older Australians who need them can access them, and the associated training, quickly.

Recommendation 8

Develop a national strategy to support timely and streamlined access to the low vision aids and equipment older Australians need.

Standardise referral pathways

The current delays in accessing funded supports and services can lead to increased dependence on higher levels of aged care packages, when simple early intervention supports and services could avoid this.

Over the past 2+ years, many Vision 2020 Australia member organisations have worked together to develop two pathways for older Australians with vision impairment to achieve broader and more timely access to the supports and services they require. Both pathways (summarised overleaf in Figure 1) are underpinned by a key design principle of flexibility, which allows older Australians with a progressive eye disease to adapt and respond to their changing levels of vision loss, with effective assistive technologies and reablement supports in a timely manner.

- Pathway 1: where vision loss is the primary presenting concern

Under the proposed model, if the primary presenting concern is vision loss and no other substantive co-morbidities are identified on triage, the referral for low vision assessment would happen immediately.

Once the low vision functional assessment has been completed, low vision and blindness service providers would be engaged to help develop a care plan for the client, aimed at addressing needs and achieving outcomes and goals, and funded through the aged care system.

A six month follow up review by the low vision assessor would help ensure that the prescribed supports and services are meeting the client's needs.

- Pathway 2: Managing multiple and/or complex needs

  When a person presents for an aged care assessment and has co-morbidities and complex needs, of which vision impairment is one, under the proposed pathways model the person would continue the aged care assessment model.

  After this has been conducted, and if vision impairment is identified, the client will transition into the low vision and reablement section of the pathway. This will follow the same steps as outlined in the previous pathway, but will ensure that older Australians have timely access to appropriate assistive technology supports and reablement services after their holistic needs have been met.

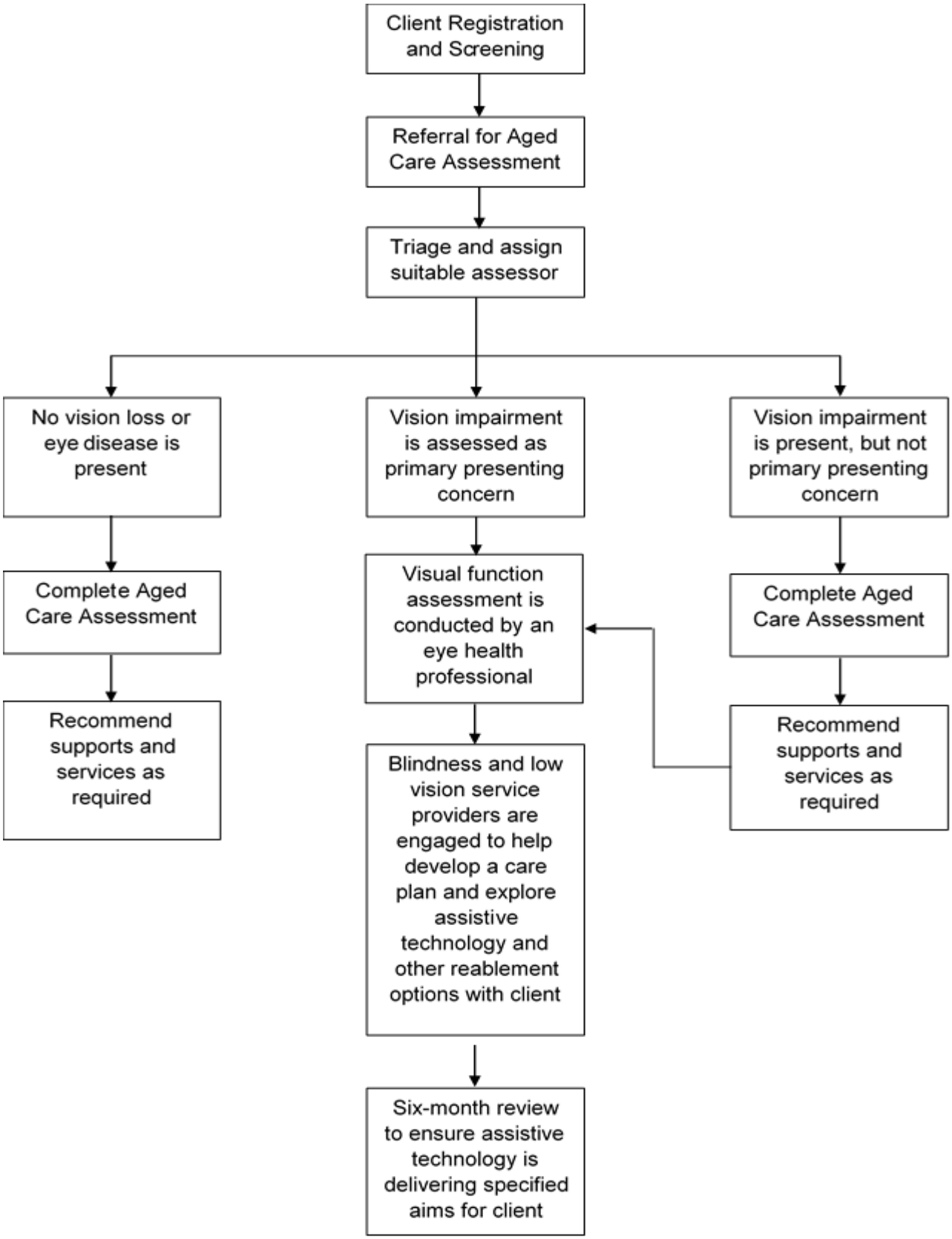
  Entering a separate assistive technology stream after other co-morbidities have been addressed through standard aged care assessment models will provide older Australians the flexibility to adapt their low vision aid requirements as their needs progress, without requiring full reviews of their supports and services.

The proposed approach also recognises that equipping older Australians to maintain their function despite vision loss needs to be a priority because without this in place, their ability to do many other things may be compromised.

Recommendation 9

Implement standardised referral pathways for blindness and low vision, so that people experiencing vision loss can access services that allow their vision to be maximised/preserved as much as possible

Figure 1: Streamlined Aged Care assessment models



Enhance workforce understanding of blindness and low vision

The field of low vision is one that requires significant knowledge and technical expertise to:

- Understand the nature of the presenting condition, its likely impacts and progression
- Understand the range of equipment, services and supports available, in a field where there are constantly evolving technologies and other developments
- Be able to know when to act, where to refer and/or understand the appropriate supports needed to address the person's needs, having regard for their presenting condition, their preferences and circumstances and the likely progression of their condition

Not surprisingly, this level of knowledge and expertise is not often present throughout aged care pathways, from assessment onwards. The consequences for the individual and the system can be significant:

- People who are blind or have low vision miss out on the kinds of equipment that could maximise their function and independence; and
- Sometimes the supports or services are unnecessary, because needs could have been better met with some smaller levels of funding for training combined with the procurement of assistive technology. As well as the potentially reduced benefit to the person receiving the services, this gap between provision and need results in system inefficiencies and unnecessary expenditure.

The eye sector is keen to work with the NDIA and government to develop opportunities to enhance aged care assessors' understanding of the varied functional impact that vision impairment can have on daily living of people with blindness or low vision. This could, for example, involve:

- Exploring opportunities to enhance assessment tools and operational guidelines to trigger appropriate consideration of vision-related issues. By better embedding of these issues in the assessment framework, the risk of these specific needs being overlooked would be reduced
- Exploring opportunities to enhance the awareness, knowledge and skills of aged care assessors. The blindness and low vision sector already have wide-ranging resources and online training options which provide information on the range of supports and services that are available, and the roles of different specialists that work within the blindness and low vision space
- Enhancing the knowledge and skills of both home care and residential aged care staff in how to work effectively with people who have vision loss, utilising current resources such as the Macular Disease Foundation Australia's residential aged care training materials

Trialling an expert hotline

It is recognised that aged care assessors have a broad and complex task in assessing the needs of a large and diverse group of older Australians.

It is therefore timely to think about whether there could be external supports established that enable assessors to access advice and information from technical experts to ensure they are well equipped to both understand the needs of people who are blind or have low vision and appropriately work with them in developing meaningful, appropriate plans.

This would allow assessors to be better supported in their roles by giving them access to information they can utilise in their work, rather than expecting them to know and maintain current knowledge pertinent to the diverse mix of participant disabilities.

Depending on the scope of such a trial, there could also be benefit in having this kind of support available for aged care workers.

There would be scope through Vision 2020 Australia to run a trial in the blindness and low vision sector to enhance outcomes for both individuals and the broader system through improved targeting of supports for older Australians who are blind or have low vision.

It is worth noting that particularly in relation to workforce development and support, there could be the potential to develop an approach that could span both the NDIS and aged care workforces, as a range of the issues and supports are common, regardless of the age of the person receiving the service.

Recommendations 10 and 11

> Enhance training and development opportunities for assessors and aged care workers, supported by appropriately tailored resources and supports
>
> Trial a blindness and low vision 'hotline' for assessors, providing expert advice and guidance to enhance assessment of older Australians with blindness or vision loss

Enhance access to funded transport

Older Australians living with vision loss need to be able to access the services that can help them both maintain as much vision as possible (by preventing, where possible, progression of their conditions) and maximise their available sight, through use of specialist blindness and low vision services.

In a range of instances, this will require travel to services where more specialised equipment, treatments and staff are available but the cost of transport, particularly if a travelling companion is required, can often be a major barrier to accessing care. This is particularly marked in regional and remote areas, where people often have to travel further distances to access those kinds of care It can also be very challenging for people living in residential aged care, as Case Study 4 overleaf illustrates.

It is recognised that a systemic whole-of-government response is needed to fully address these challenges, but some immediate action to improve access to funded transport for older Australians with vision loss living in residential aged care would help ensure that their remaining vision is preserved as far as possible.

Recommendation 12

> Increase the flexibility and funding of patient transport services for older Australians in residential aged care living with vision loss, so they can access the required sight preserving treatments

Case study 4: The challenge of accessing transport in residential care (Source: Macular Disease Foundation Australia)

Simone* had an injection treatment in both eyes every six to seven weeks, equating to roughly 10 trips a year, at an ophthalmology clinic in Gosford. It cost $37 for a return taxi between her residential aged care facility and the clinic.

This changed when the clinic moved to Erina. Simone decided that she would like to continue treatment with her ophthalmologist but feared the cost of travel may be too high, over $50 per trip. Simone then contacted Macular Disease Foundation Australia (MDFA) to seek information and assistance.

MDFA contacted My Aged Care and was advised that Simone was ineligible for subsidised community transport, as she was living in a residential aged care facility, and the facility had responsibility for her transport.

MDFA then contacted her local community transport organisation, which confirmed that the private fee for the community transport would cost more than a taxi fare. Simone was also ineligible for the Taxi Subsidy Scheme as she was not legally blind.

MDFA contacted the facility manager, but was informed they were unable to provide Simone with transport to and from the clinic. Simone unfortunately suddenly passed away less than two months after initial contact with MDFA, with the transport to treatment matter left unresolved.

**name changed to protect individual's privacy*

Provide information in accessible formats

Critical information supplied to people who are blind or have low vision within the aged care system can often be supplied in inaccessible formats, which may cause difficulties when attempting to navigate the complexities of the aged care system.

On many occasions, people who are blind or have low vision are supplied information via hard copy and letters, making accessing the required information virtually impossible without assistance. This can cause increased distress for individuals if they are both transitioning towards decreased visual capacity and into the aged care system.

This can be particularly problematic if complaints processes are inaccessible, as it means people who are blind or have low vision may not be able to discreetly and confidentially raise concerns or make complaints. This can create a situation where a person is receiving inadequate care, but does not feel comfortable or supported enough to raise their concerns, essentially trapping them in sub-optimal care practices.

Older Australians with vision loss must be afforded the same safety nets as every other Australian in aged care; a critical aspect of this is being able to make complaints independently and anonymously.

To support this critical aspect, accessibility requirements for complaints processes and other key documentation must be mandated and standardised throughout the aged care system, making it possible for older Australians with vision loss to independently self-advocate and have ready access to key information that will shape their decisions and quality of life.

A similar challenge was faced by the National Disability Insurance Agency, which has made a range of changes to its processes to support routine provision of information in the formats most suitable for individual participants with vision loss.

Recommendation 13

> Mandate accessibility requirements for complaints processes and other key documents/processes essential to ensuring residents with vision loss are aware of their options, choices and avenues for raising issues and suggestions.

Improve accessibility of residential aged care facilities

For buildings such as residential aged care services to be accessible for people who are blind or have low vision, they need to incorporate design features such as:

- Tactile surface markers, that provide a clear path of travel
- Braille and raised lettering on all access signs
- Well-lit rooms with sufficient lighting
- High contrast signage with clear writing and lettering
- Offices and meeting rooms laid out in a consistent way across floors with tactile information indicating the name or room number
- Pathways free from obstruction
- Audible announcements to compliment visual information.

Vision 2020 Australia members report that there are still residential aged care homes where these design elements which facilitate ease of movement of vision impaired residents are not present. In their absence, the ability of those residents to participate in all forms of daily activities (from important community participation opportunities to necessary health treatment) is reduced.

Ensuring that older Australians with vision loss are routinely provided with safe environments with ease of navigation in residential aged care facilities is critical. Failing to provide this environment can lead to both social and physical isolation.

To help provide these environments, expectations need to be clarified for the accessibility of aged care facilities, and ensure this is part of quality assurance mechanisms to help guarantee that older Australians with vision loss will always be able to exercise the same independence and access the same opportunities as any other resident in an aged care facility.

Recommendation 14

> Clarify expectations for the accessibility of aged care facilities, and embed these in quality assurance mechanisms

Appendix A

Case study – the full cost of service provision

Henry is 72 years old and lives alone in his own home. He was diagnosed with macular degeneration several years ago and more recently, glaucoma.

Henry stopped work last year and uses public transport and support from family and friends to access his community.

On his most recent visit to the ophthalmologist, Henry reports that he is having trouble reading and seeing fine detail, despite just getting new eyeglasses. The ophthalmologist refers Henry to VisAbility for services, and the table below summarises the services provided, the time spent and the reportable time.

Initial Contact with VisAbility	**Time spent**	**Reportable time**
A referral is received by a VisAbility Client Liaison Officer who completes administrative tasks to process the referral. A confirmation of receipt of referral is sent to the ophthalmologist. VisAbility contacts Henry to let him know the referral from his ophthalmologist has been received and to explain VisAbility's services. Henry is not registered with My Aged Care. The Liaison Officer provides Henry with an overview of the My Aged Care program, the referral process and generally what to expect once he registers. Henry consents to a referral to My Aged Care with the support of the VisAbility Liaison Officer.	70 min	0 min
Service Approval	**Time spent**	**Reportable time**
VisAbility receives My Aged Care approval indicating Henry is eligible for CHSP funded services or Allied Heath and Therapy and equipment relating to his vision impairment. Administrative processing required to finalise Henry as a VisAbility client and enter funding source in VisAbility CMS.	30 min	0 min
Henry is contacted by a Liaison Officer to verify all personal information, review approved My Aged Care support plan and conduct a home visit risk assessment. CHSP co-contribution fee discussed. Henry agrees and is scheduled for an initial assessment to further assess his current functional difficulties and identify goals based on his priorities. He is sent a VisAbility Client Services Information pack to supplement what has been discussed and the VisAbility Liaison officer completes required documentation.	45 min	30 min
Initial Assessment and Individual Service Plan	**Time spent**	**Reportable time**
The occupational therapist (OT) receives the referral for Henry and conducts a review of his ophthalmology report, My Aged Care referral and initial intake paperwork completed by the Liaison Officer.	15 min	0 min
The OT visits Henry at home (travel 20 minutes one way) to conduct an initial (service-level) assessment. The OT determines that Henry is experiencing several functional issues due to his vision loss and works with Henry to identify his goals and develop a service plan to help him achieve them. Documentation of initial assessment to develop service plan based on goals identified.	160 min (90min apt; 40min travel; 30m reporting)	90 min

Referrals completed and consultation with other therapy disciplines to provide referral details. Based on Henry's reported issues and goals, his service plan includes: • Comprehensive OT home assessment to further assess environmental factors, provide skills training and equipment to facilitate independence in daily activities – meal prep and managing paperwork. • Orientation and Mobility is also required to assess Henry's independent mobility skills and community access using public transport. • Specialist Assistive Technology assessment explores magnifiers and equipment to help him with reading and print access.	45 min	0 min
Service Delivery	**Time spent**	**Reportable time**
Services are delivered by multidisciplinary allied health team over 12 therapy sessions over a 6-month period: • Five OT sessions including environmental interventions such as increased lighting and tactile markings, prescription of kitchen and writing aids and a 4-week cooking program. • Three Orientation & Mobility sessions which included prescription of an ID cane & for public transport training to help him regain his confidence to get to the shops and his family's house. • Three Assistive technology appointments to assess, trial and receive training for desktop video magnifier to help Henry read his mail independently and a portable video magnifier to help him access print outside of his home such as bus time tables, price tags at the shops. *All appointments averaged approximately 90 minutes face-to-face with 40 minutes return travel and 30 minutes preparation and documentation and follow up.* **Planning/Preparation** for appointments include development and supply of large print documents - invoices, recipes and instruction sheets to ensure Henry is able to access resources required for sessions. **Documentation** includes progress notes following each session to capture Henry's improvement and any issues which require further therapy service input. Documentation is also essential to ensure reportable time is captured to attract funding. AT specialist also spent three hours completing a grant application to obtain the assistive equipment. This was counted as face-to-face time.	2100 min (35 hours) 12x160min/ session + 180 min equipment application	1080 min (18 hours) 12x90min/ session + 180 min equipment application
Review		**Time spent** **Reportable time**
Six months after engaging with VisAbility, Henry receives a review over the telephone. He reports he no longer feels he will need support for shopping and meal preparation as he can now get to the shops on his own taking the	45 min	30 min

bus, locate items on the shelves, and make his payments independently. He can now read his recipes select the correct ingredients from his pantry and prepare them confidently because of the additional lighting and magnification technology he received. Henry has achieved his goals and is able to continue to independently complete activities he did prior to his vision loss. He does not feel any further input from VisAbility is required at this time. Documentation is completed and Henry is discharged from VisAbility services. He is encouraged to contact VisAbility should his situation change.		
Total time required for service delivery	**41.75 hours**	
Reportable time		**20.5 hours**