Submission to initial consultation paper – Review of Regulation of Aged Care Workforce, June 2020

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Introduction

Vision 2020 Australia is the peak body for the eye health and vision sector. It has around 45 member organisations, that work across all parts of eye care, from prevention of vision loss and research through to blindness and low vision services.

Through Vision 2020 Australia, the eye sector welcomes the opportunity to make an initial submission to this process.

We understand that this is the start of a process, and have developed this submission to briefly highlight some issues that are key to the overall design and implementation of any regulatory or other arrangements to strengthen workforce protections in aged care.

We have also provided specific insight and recommendations in response to a number of questions posed in the discussion paper.

We are keen to ensure that any changes to safeguarding arrangements are proportionate to risk, and reflect an understanding of the complexity of the workforces involved in the provision of care and support.

This includes not just personal care and clinical workforces, but those providing a range of specialists supports, peer workers and volunteers.

Eye care, in particular the provision of blindness and low vision services, provides a valuable insight into this complexity. While personal care workers will be delivering close, physical support on an ongoing basis to people who are physically frail and/or have significant cognitive impairment, staff providing eye examinations and/or blindness and low vision services are often doing so to older Australians who are physically and mentally well, and on an episodic or one off basis.

Vision 2020 Australia looks forward to further discussion with government as this process continues, and would be happy to convene a meeting with sector experts to explore further the issues raised in this submission.

For further engagement, please contact Vision 2020 Australia's Chief Executive Officer, Judith Abbott via ceo@vision2020australia.org.au

Scope of the review

The eye sector highly values the rights of older Australians and recognises that over the years, there have been substandard and failures of care in both funded residential and home based aged care services.

Instances of abuse, exploitation and/or systemic poor care such as those profiled through the Royal Commission and more recently in the media, highlight why it is essential that there are appropriate controls in place to protect the health, wellbeing, rights and dignity of older Australians in the aged care system.

The various reviews that have been conducted in this area and indeed, the current consultation paper, have a heavy emphasis upon personal care workers and others who are involved in the ongoing care of older Australians who are physically frail or have other health conditions.

Vision 2020 and our members recognise the need for a system of safeguards to be applied to these staff, given their close and ongoing contact with older Australians who are vulnerable. We are committed to promoting good quality services, that can reduce the incidence and the impact of blindness and low vision for

There is, however, a **need for any changes to take into account the diversity of workers that may, from time to time, provide services to older Australians. These considerations must address** qualifications, skills and expertise and their relevance to the service being provided, whether these are one off, episodic or ongoing, and what other controls currently exist for those workforces). This includes consideration of how groups such as peer support workers and volunteers fit within the broader system of care and supports.

A number of sectors, including eye care and / or blindness and low vision organisations provide services to both people under 65 (though the NDIS) and to people aged 65+. Considering how schemes to safeguard service users and promote good quality services can be aligned has the potential to achieve the policy objective without increasing additional administrative costs and complexity for both providers and service users.

Our sector recognises the need for there to be safeguards, but notes the complexity and variance of current arrangements (for example in disability services where a combination of national and state specific regulatory requirements exists) and is keen to see arrangements simplified where possible for the benefit of all.

Importantly, any changes need to be proportionate to the assessed risk and avoid the potential for adverse consequences, such reductions in service due to reductions in the supply of workforce able to perform certain roles, stifling of current or emerging innovation, and/or increases in costs of services due to increased administrative compliance.

The sector is keen for any changes to current arrangements to strike the optimal balance between addressing risk and providing sufficient flexibility for older Australians to have access and choice to more specialised services where they need them.

It is understood that the government is currently considering a broad based regulatory scheme. We strongly encourage additional consideration and discussion of the scope of the scheme, to clarify whether:

- **all employees providing government aged care funded services will be in scope;**
- **volunteers and peer workers will be in scope; and**
- **external practitioners attending a residential aged care facility and/or a person's home to provide non-aged care funded services will be in scope**

Provision of eye care, blindness and low vision services to older Australians – an example of the interface between specialised care and the aged care system

A diversity of roles and qualifications

Through Vision2020, our members are keen to participate in this review, as our members have substantial experience providing a range of services, in a range of different settings.

As a highly specialist sector, services are often delivered by staff with a diverse range of qualifications who have specific expertise.

Engaged by individuals clients or generalist aged care providers and often supported through funding streams such as CHSP and home aged care packages, there are a wide mix of staff who work within consumer-centred models to promote the independence and continued wellbeing of individual clients.

These include, for example"

- Assistive technology advisors, who provide specialist assessments of technology equipment needs for people with permanent vision impairment and associated advice and instruction in their use. Staff in these roles often combine mainstream qualifications with further specialist training and/or extensive on the ground experience, given the highly technical and specific nature of the work
- Orientation and mobility specialists, who will work with vision impaired people to assess their home, community, educational and work environments and assess functional needs and equipment to facilitate independent travel and within their home and community. This incorporates assessing which mobility equipment will best meet their needs safely and effectively. In additional recommendation of, and training with specific mobility aids, an O&M specialist will also support individuals to develop skills and strategies to mobilise independently, including activities such as shopping, using transportation and navigating around their local communities. These kinds of supports are essential to support independent living in the community and at home.
- Occupational therapists, who will provide a range of support to clients to help them adapt to their changing vision and its impact on their day to day activities of daily living including meal preparation, clothes selection etc.
- Guide Dog Mobility Instructors, who work with both the dogs and the client to help them learn the necessary skills and strategies to safely and effectively navigate their local communities with Guide Dogs. This not only requires highly developed dog skills, but substantial knowledge of the functional and psychological impact of blindness and vision

loss and the complexity of developing a trusting, safe and effective Guide Dog and Guide Dog Handler 'team'.

- Peer support workers in roles such as supporting self-directed group programs
- Braille instructors who can assist people with blindness or low vision to learn the use of braille
- Optometrists and orthoptists who assess the level and nature of vision loss and provide recommendations on maximising the use of vision to achieve personal goals. This may include low vision aids or improving lighting within the home.

Depending on the individual client, their circumstances and the model of care, a range of these supports may also be supplemented by volunteers in a range of capacities.

Alongside the kind of roles and services described above, there are also a range of eye health professionals and blindness and low vision services who provide in-reach services to older Australians in residential aged care services.

Some of these, such as eye examinations and treatment, will be funded through MBS and/or other sources, but may require those professionals to attend the aged care facility and/or for the patient to be supported to attend an appointment. This raises some other challenges to be considered in exploring how the quality and safety of care is managed in residential aged care, namely:

- The skills and knowledge of residential aged care staff in understanding common signs of eye and vision problems, and proactively seeking the necessary care and support for those residents so that any vision loss is appropriately managed.
- How expert, visiting staff to residential aged care facilities would be managed under any proposed regulatory arrangements. Practitioners already report a significant range of barriers to providing care to residents[1], and given the importance of good vision to broader quality of life for older Australians, creating further disincentives to engaging with this population group would be problematic.

A focus on supporting independence

One of the things that sets this sector apart from much of the aged care system is that most services are focussed on both reducing vision loss and the impact of vision loss, rather than personal care to address frailty or other physical or cognitive impairments.

The priority is on retaining or regaining as much independence and confidence as possible to delay the progression to a reliance on more 'dependent' supports such as personal care workers.

It is very much a sector focussed on keeping people able, rather than supporting those who are no longer able. As a result, the nature of these services varies significantly from personal care and the day to day support that appears to be the primary focus of the proposed reforms in key ways:

1. Often the services are short term, involving a small number of relatively short, scheduled appointments
2. The nature of the services poses limited opportunities for physical contact: it may be necessary to touch/place items on a person's face or in the instance of a person with

[1] Vision 2020 Australia has been advised of difficulties in managing relationships with facilities, complexities in relation to consent/decision making, accessing facilities to provide care, and securing translation services where provided. It is noted that national guidelines in this area could be beneficial.

severe vision loss, provide physical guidance but unlikely personal care and therapy, there is minimal contact

3. There is little call for provision to older Australians with cognitive loss, beyond the prescription of appropriate visual aids.

The sector's concern is that including its staff in a scheme primarily designed to address the risks associated with unregulated personal care workers has a **high likelihood of imposing restrictions and costs while delivering few benefits to service users** because of the substantial differences in the services provided and the workforces themselves.

The sector is also concerned that **application of such a scheme could have unintended consequences**.

In a small specialist area like blindness and low vision, people are often recruited for their combination of qualification and technical expertise yet the way that safeguards are imposed can work against service users being able to access that expertise.

An opportunity for integration?

Vision 2020 Australia and its members are concerned that if the services it provides are captured by a separate, more onerous set of regulatory arrangements designed to address the risks associated with provision of personal care, that it may result in increased prevalence of vision loss and/or associated risks due to delays in care and/or reduced access to services.

Conversely, the sector notes that there is an opportunity to integrate any arrangements with existing schemes to provide a simpler, clear set of arrangements for both clients and providers. A number of the questions raised as part of this consultation recognise that there are already a range of other schemes in place for safety and quality assurance, and that some aged care providers will already be complying with these.

The documentation prepared for this review recognises that there are existing arrangements in place through AHPRA which apply to eye care professionals such as optometrists and ophthalmologists. Those providers, who provide Medicare funded services, are also subject to that scheme's expectations and standards.

Across the blindness and low vision sector, services are provided to Australians both under 65 and in the 65+ age group, and the same staff are often seeing clients from both age groups, funded through different arrangements. Some members have also noted that young people with disabilities are sometimes living in residential aged care.

The blindness and low vision sector is broadly comfortable with the idea of having a common, overarching code of conduct applied across both NDIS and aged care services, as long as there is scope within such arrangements for their to be client or sector specific requirements established.

There are significant benefits for clients in having a consistent approach to the setting, and enforcing, of quality and safety requirements. It could simplify arrangements, making them easier for all involved to understand, and also reduce red tape – particularly if such arrangements could over time be extended to accreditation processes which are costly and time intensive, often have similar requirements and yet require separate submissions of data and evidence because of differences in how the schemes are administered.

In discussing this option, existing examples of how mirroring or adopting existing standards or schemes has been effective were discussed. For example, some members noted that while state and territories have established their own registration schemes for disability providers that sit

alongside NDIS requirements, in jurisdictions such as Victoria the NDIS Quality and Safeguard Compliances and Standards has been accepted.

What are the risks of not including eye care providers in a proposed scheme?

The risks are low, as a number of safeguards already exist for this sector:

- Some parts of the eye sector that provide eye care services to older Australians using aged care are already captured by national registration and accreditation arrangements (occupational therapists, optometrists and registered medical practitioners).
- Those providing Medicare funded services such as eye examinations are also subject to the controls within that scheme.
- Most blindness and low vision providers deliver services under the NDIS and thus comply with the existing Code of Conduct and other safeguarding requirements for that scheme. Given that most staff work across both aged care and disability services, that Code in effect is in force for the blindness and low vision workforce.

Conclusion

Vision 2020 Australia and its members want to see the health, wellbeing, rights and security of Older Australians protected in ways that are effective, efficient and proportionate to risk.

Designing a scheme to address the risks identified with unregulated personal care and applying it to very different workforces that are also funded through the aged care output runs the risks of:

- imposing additional complexity,
- increasing administrative costs and burden, and
- adversely impacting on the employment of, and availability of, staff with the required specialist skills into the future.

There are opportunities through this process to get more sensible alignment between the disability and aged care systems, and to ensure that any arrangements do not overburden those practitioners already regulated through health structures (such as AHPRA and Medicare) with additional extraneous requirements.

Striking this balance will improve safeguards for older Australians in the areas where it has been demonstrated significant risks persist without compromising patient access to essential care or driving up the cost and complexity of providing that care.

Vision 2020 Australia and its members look forward to working with government to capitalise on those opportunities and deliver a future system that is targeted to maximise the benefits and avoid adverse consequences.

Responses to consultation survey

Consultation question	Response
1. What is your preferred approach to aged care worker criminal history assessments? – **Option A1** – Providers continue to assess criminal history for workers in line with aged care legislation, funding agreements and guidance – **Option A2** – Centralised assessment of criminal history for workers (based on NDIS model)	If a national scheme could be established that provided accurate information to prospective employer and removed the need for multiple checks to be run to gain similar information for multiple regulatory schemes, this would be more efficient however scope and operation of this would require clarification
2. Are there other options that should be considered?	
3. If there were to be a centralised assessment of criminal history, should any other matters be routinely taken into account? If so, which of the following options should be considered? – **Option B1** – Information from disciplinary bodies such as health complaints bodies, the NDIS Commission and National Boards – **Option B2** – Information from relevant government agencies – **Option B3** – Information from courts and tribunals – **Option B4** – Information from employers	It would be helpful for any national centralised assessment to take account information from the bodies identified in options B1-B3 where this information is robust and objective. Information from employers likely to be variable in content and may be more subjective/context specific, so garnering this through usual employment/referee checking processes likely to be more feasible and appropriate. Organisations representing people living with blindness or low vision emphasised the value in not using the language of 'vulnerable' in describing any such assessment or associated register as felt this was unhelpful and potentially demeaning
4. Are there any other matters that should/should not be considered as part of any aged care worker screening scheme?	See written submission

5. What is your preferred approach to a code of conduct? *(select one or more options)* - **Option C1** – Retain existing arrangements requiring providers to ensure the conduct of aged care workers is in line with the Aged Care Quality Standards and Charter of Aged Care Rights (status quo) - **Option C2** – Adopt the NDIS Code of Conduct for aged care workers - **Option C3** – Develop a new code of conduct specific to aged care workers	Option 2
6. What do you consider are the advantages and disadvantages of introducing a code of conduct for aged care workers?	If it were being applied to all workers, would need to be broad enough to accommodate significant diversity in roles and responsibilities as well as the nature of the client sub=group they work with
7. What is your preferred approach to strengthening English proficiency in aged care - **Option D1** – Require providers to be satisfied that PCWs have the necessary English proficiency to effectively perform their role (extension of the status quo with improved guidance as to the expected thresholds for proficiency) - **Option D2** – Establish a requirement for PCWs to demonstrate their proficiency in English as part of a registration process (consistent with the National Scheme)	Option D1, Clear communication between client and worker is essential to achieving a safe and effective professional relationship. It is noted that the nature of communication skills/language proficiency required will vary according to workforce roles.
8. What are the other options for strengthening English proficiency in aged care (particularly for those providing personal and clinical care)?	See above
9. What is your preferred approach to minimum qualifications? - **Option E1** – Providers must ensure that PCWs are competent and have the qualifications and knowledge to effectively perform their role (status quo) - **Option E2** – Require providers to be satisfied that PCWs have certain minimum qualifications or competencies - **Option E3** – Establish a requirement for PCWs to demonstrate their qualifications as part of a registration process (consistent with the National Scheme)	This appears to relate to PCWs, which is a workforce outside the expertise of our sector. It does however highlight the fundamental issue of the scope and application of any proposed requirements if it is not appropriately targeted to PCWs or other parts of the workforce where there is considered to be significant and documented risk. Generally speaking, in the absence of cross sector agreed standards (which is difficult to achieve in a small, relatively niche sector like our own), blindness and low vision providers support arrangements that place the onus on employers to ensure employees meet required

	qualifications and competencies as this enables them to align roles to client needs: It would be difficult to implement an E3 type arrangement for blindness and low vision services, as significant technical knowledge would be needed by the registering body to administer, and the cost of compliance would also be significant.
10. What are the other options for strengthening the skills and knowledge of PCWs in delivering aged care?	Use of approaches such as requiring PCWs to complete continuing professional development in areas of highest risk could be considered. In areas like general practice, use of 'health pathways' type software has proven effective by embedding current information into evidence based pathways for care. If a similar arrangement were put in place for personal care workers, the eye sector would be able to assist with content regarding appropriate care and referral pathways for older Australians who are living with, or experience, blindness or low vision. We note that information, whether in digital or printed format must be accessible to people who are blind or have low vision.
11. What is your preferred approach to continuing professional development? - **Option F1** – Retain existing arrangements whereby providers must ensure that PCWs are recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards (status quo) - **Option F2** – Require providers to be satisfied that PCWs meet specified minimum CPD requirements - **Option F3** – Establish a requirement for PCWs to demonstrate they have met specified minimum CPD requirements as part of a registration process (consistent with the National Scheme)	This appears to relate directly to PCWs, whose roles, responsibilities and practises vary significant from that of other workforces such as eye care and blindness and low vision providers. Generally speaking, the eye sector supports arrangements that place the onus on employers to ensure employees maintain appropriate, current skills and knowledge It would be difficult to implement an F3 type arrangement for blindness and low vision services at this stage, as significant technical knowledge would be needed by the registering body to identify, then administer CPD requirements given the complexity of the eye sector
12. What are the other options for strengthening the CPD of PCWs and others delivering aged care?	

13. How should the register of cleared workers be presented? - **Option G1** – A list of workers who have been cleared to work in aged care (positive list) - **Option G2** – A list of workers who have been excluded from working in aged care (negative list) - **Option G3** – A list of workers who have been cleared to work in aged care and a list of workers who are excluded from working in aged care	Option G2. We are of the opinion that this would be simplest to maintain and access, and appears the most proportionate and efficient of the options identified. It would be important to be clear about how 'workers in aged care' would be defined for this purpose. The eye sector does not believe that just 'any' staff member providing aged care funded services should be considered in scope for a G1 or G3 type register. Specific consideration and clarification is required as to whether visiting providers would also be in scope.
14. What are the advantages and disadvantages of different bodies managing screening of all aged care workers and/or registration of PCWs?	The simplest administrative arrangements that are fit for purpose should be established, are likely to provide the greatest clarity to both consumers and providers, and should also minimise costs by removing duplication and achieving economies of scale
15. In principle, should a person cleared to work with people with a disability be automatically cleared to work in aged care?	Yes
16. Are there any other clearances that should support automatic clearance in aged care?	AHPRA registered practitioners
17. What are the relevant considerations regarding the interplay between AHPRA (and any other professional registrations) and PCW registration for aged care?	N/A