



National Skills Commission: Care workforce labour market study

Vision 2020 Australia submission

June 2021



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.

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Introduction and Context

According to estimates by Vision 2020 Australia, there are currently around 840 thousand people with some level of vision loss living in Australia. If appropriate preventative measures are not introduced, by 2030, that number will likely increase to around 1.04 million. The vast majority of these people (around 588 thousand) are over the age of 65.¹

People who require supports for vision loss usually access them through either:

- The NDIS
- The aged care system, or
- The Department of Veterans Affairs (DVA).

People who are blind or have low vision currently represent only a small proportion of participants in each of these three systems. For example, of the 450 thousand NDIS participants, as of 30 March 2021, only 8,897 (around 2 per cent) listed vision loss as their primary disability. In comparison, the largest disability group is autism, which is listed as the primary disability for more than 144 thousand participants.²

Vision 2020 Australia estimates there are around 347 thousand older Australians currently accessing aged care services, representing just under 20 per cent of the 1.19 million clients currently using the system. But the assessment processes via which clients enter the system don't detect vision loss very well, and thus the system is more likely to miss opportunities for prevention or treatment of vision loss, and mitigation of its impacts. A new assessment model is being developed for this system, and ideally, that model will be more capable of recording vision loss as part of the assessment process.

People who live with permanent vision loss can live very independently, through a range of supports and training, prescribed or provided by a small and highly specialised workforce. These specialists can include:

- Orientation and mobility instructors
- Occupational therapists
- Orthoptists
- Assistive technology specialists.

They may also access the traditional care support workforce (e.g. disability support or aged care workers) to help with certain tasks which they cannot perform independently (e.g. completing paperwork, attending appointments in unfamiliar or dangerous locations, meal preparation, shopping in rare cases). However when appropriate reablement supports are delivered and maintained, this kind of support is less frequently required.

¹Analysis based on 2018-19 aged care data, ABS population figures, and prevalence data from the National Eye Health Survey 2016.

² Sourced from [NDIS data releases](#) regarding quarter to 31 Mar 2021.



There is a strong economic case for ensuring people who experience vision loss have supports introduced as early as possible, because without them, they face:

- Double the rates of falls
- Three times increased risk of depression
- Four times the risk of hip fractures
- Greater utilisation of health, aged care, and social services
- Earlier entry into residential aged care.³

In answering the questions offered by the Commission, this submission will highlight some opportunities for systemic improvements which would both assist our specialist workforce in providing supports, and better equip the general care and support workforce to respond to the needs of a comparatively small but growing cohort.

Workforce observations

- What observations do you have about the job roles in the care and support workforce? Over the past 5 years how have you seen the care and support workforce change? How do you expect the workforce to change in the near-term and out to 2050? Consider:
 - emerging/new job roles
 - skill change (required and new skills)
 - job design
 - specialisation and hybridisation of roles
 - transferability of skills across different job roles
 - skills for person-centred approaches to care and support
 - entry pathways
 - employment conditions
 - workforce leadership and management.
- What do you consider to be the key drivers of change to the care and support workforce into the future? How will the workforce need to adapt?

Changes noted in the past 5 years

Some of the new workforces established to deliver functions under reformed arrangements for disability and aged care have not been as well equipped as necessary to effectively perform functions that were previously performed by workers with sector expertise.

The assessment workforce has been an example of this in both disability and aged care, as generalist workforces do not usually have the necessary knowledge and skills to

³ Clear Focus – the Economic Impact of Vision Loss in 2009 (Vision 2020 Australia, 2010)



effectively assess or address the needs of a person with vision loss, given its unique set of causes and impacts.

Roll out of the NDIS and its focus on endeavouring to establish a common system across all disabilities has posed some workforce challenges for the blindness and low vision sector, because its workforce provides quite specialised services to a relatively small cohort of participants.

For example, approaches to regulation and quality assurance can have unintended adverse impacts. Orientation and mobility instructors are specialists who teach skills and strategies that allow people with vision loss to navigate their environment safely. These skills are typically provided through post-graduate accreditation, but in some cases, occupational therapists have been capable of delivering some elements of orientation and mobility training, particularly in locations where it is not possible to source a fully qualified instructor, or there is not sufficient work to justify that single focus for a staff member. In the blindness and low vision sector, attempts to establish sector-wide quality assurance by setting qualifications has posed the risk of preventing occupational therapists who have expertise in these areas from safely and appropriately managing the delivery of such services.

This has posed the risk of reducing workforce flexibility and exacerbating thin market challenges, because if implemented, it would mean that staff with occupational therapy qualifications that could both safely deliver O&M and other services to people who are blind or have low vision would be prevented from doing so. It is important that arrangements have the capacity to accommodate a range of professionals where it is evident they are able to deliver services safely and appropriately.

The eye sector has also observed that, with high levels of turnover across the general aged care and disability support care workforce, it has been difficult to achieve and maintain an adequate base knowledge of areas such as blindness and low vision across those workforces. The recently released [NDIS National Workforce Plan 2021-25](#) noted that if historical trends continue, around 253,000 workers would leave the disability workforce by 2024. Initiatives proposed in the plan which are designed to decrease this degree of turnover will be valuable in retaining workers who have learned skills through experience.

Turnover has also been a significant issue in the aged care setting, given rates of vision loss are higher in older populations. In 2018, some 347,000 older Australians receiving funded aged care services were estimated to have vision loss, but the majority of the staff working with them had little or no knowledge of how to support people in that circumstance.

Given that vision loss becomes more prevalent with age, and the low general knowledge of vision loss supports in the broader population, many people are likely missing out on the specialist help that would maintain their independence, because the aged care workers, who are the primary connection to the system, don't themselves know how to connect their clients with more expert assistance.

Changes into the future

The changing burden of disease will increase demand for many of the services provided by the care and support workforce, and exacerbate existing skills shortages. For example, in the blindness and low vision sector, providers and clients already experience significant delays in accessing services because of workforce shortages in professions such as occupational therapy and orientation and mobility, particularly outside metropolitan and regional centres. It will be important to increase supply of those occupations, and explore opportunities to extend the scope of practice of workforce groups to supplement service capacity, if supply growth alone is unable to do so.

The forecast increase in the number of people with blindness and vision loss will drive a need for increased numbers of workers with the specific skills and experience needed to support those Australians.

Two main elements will be essential to meeting this need:

1. Growing specific workforces that play an integral role in maximising the independence of people with vision loss,
2. Developing a more effective way of ensuring that the general support and care workforce of the future has access to the knowledge and expertise it needs to support those Australians. Historically, this has been attempted through traditional training approaches, but other more creative options require consideration. For example Vision 2020 Australia has proposed, as part of its 2021/22 federal budget submission, a just-in-time coaching service that could be provided to aged care workers who have clients with vision loss, either via video or phone call. This service would connect workers with experts and resources who could offer short-term advice, connect them to available training if they wanted to enhance their skills, and/or help them connect their clients with service providers capable of maintaining their independence, or even processes that could help prevent or address their vision loss.

Workforce attraction, retention and development

- To what extent are *mobility* and *skills transferability* between and across job roles important factors in workforce/worker attraction and retention?
- What strategies and tactics are most effective in attracting and retaining a workforce/worker with the right skills?
- What barriers exist to entry and establishing career pathways for the care and support workforce/workers?
- What role do formal and informal training have in contributing to the supply and ongoing development of the care and support workforce?
- Is there anything specific, which has not been previously identified that is a blocker to attraction, retention and/or ongoing workforce development?



In principle, the blindness and low vision sector would like to see the entire care and support workforce have basic knowledge and skills in relation to working with people with vision loss, skills that would be transferrable across all job roles.

The challenge however is that sometimes these require a depth of knowledge or specificity that means they are only relevant to clients with blindness and low vision, and the 'market' for these skills may be overshadowed by the size and breadth of demand for generalist skills.

For providers, it means there may be limited scope to offer extensive career paths for the care and support workforce and/or current funding may be insufficient to meet the costs of employing people who have that additional, more technical or specialised knowledge.

A recent example of this occurred in the NDIA, where there were changes to pricing of some activities that meant that an existing provider who was running a highly effective program was no longer able to meet the costs of wages, putting the program at risk.

In relation to formal and informal training, some of the issues have been identified in the previous response but include:

- The need to ensure adequate numbers of care and support workers with knowledge in specialist areas such as blindness and low vision, with the level of knowledge tailored to the need of their role.
- The need to explore different strategies to impart or equip those workers with that knowledge: given the breadth of conditions the workforce will likely be required to work with, applying traditional training strategies to address all of these no longer seems highly feasible, at least for those parts of the workforce who may only need a small level of knowledge and/or narrow information.

The NDIS National Workforce Plan's first identified priority is to "improve community understanding of the benefits of working in the care and support sector and strengthen entry pathways for suitable workers to enter the sector". It is hoped that actions toward this priority may result in growth within the vision sector specifically. One of the unique problems for this sector is that the majority of people, even within the general care workforce, are unaware of potential career paths and professions unique to vision support, or where they might gather the necessary training and experience to pursue them. The initiatives presented in the plan regarding improvement of job boards and accessible tools for job seekers will be valuable opportunities to increase awareness of these roles.

There is also a need to consider how more culturally safe workforces can be developed. For example, in the area of blindness and low vision, the benefits of supporting more community led approaches to service coordination and delivery have been identified, but there is significant work required at a systems level to fund and support development of this capacity -, as well as ensuring that the mainstream care and support workforces are delivering culturally safe support.



Aboriginal and Torres Strait Islander People over the age of 40 experience vision loss at three times the rate of the general population.⁴ Service providers have also found that the NDIS interface is not culturally appropriate for this cohort, and that as a result, people with vision loss are not receiving services or supports. Vision 2020 Australia's position, therefore, is that funding and training must be provided to Aboriginal Community Controlled Health Organisations (ACCHOs) so they can provide services to Aboriginal and Torres Strait Islander People with vision loss, including:

- Culturally safe independent assessments (to enable access to the scheme)
- Support coordination (assisting NDIS participants to navigate the system and find appropriate services and supports)
- Culturally safe training in skills for living with vision loss.

Thin markets

- What strategies, initiatives and organisational structures are effective in improving the availability and sustainability of the care and support workforce in thin markets?

There are often thin markets for blindness and low vision services because of both a smaller concentration of service demand beyond metropolitan and regional centres, and continued workforce shortages and maldistribution.

Ensuring that system settings do not exacerbate these by for example preventing professionals who could perform multiple tasks from doing so will be an important strategy. Alongside this, blindness and low vision providers have adopted various approaches to try and address the problem of thin markets. Thanks to the COVID-19 pandemic, a systemic change across both disability and aged care system settings allowed provision of some services via telehealth (see section on technology).

While this was a positive development, it should be noted that for people with vision loss, there are some supports which should not be delivered remotely. These include:

- Independent assessments for NDIS access and planning, due to the difficulty faced by people who are new to vision loss, the complexity of maintaining a video connection, and safety issues regarding aspects of the assessment process as it was demonstrated through pilots.
- Services for Aboriginal and Torres Strait Islander People, due to remote delivery being culturally inappropriate.

Technology

What role do you see for technology in enabling the care and support workforce?

Consider:

- training and skills acquisition for the workforce

⁴ National Eye Health Survey, 2016



- optimising the delivery of care and support
- enhancing care and support activities
- monitoring and enhancing quality
- potential change in ways people access services
- provider resource management
- technology adoption factors.

There are some activities provided by the care and support workforce that require face to face attendance and/or delivery to meet basic safety requirements.

This is particularly so where a new client is being equipped and trained to manage the impacts of their condition. For example, a person with newly diagnosed vision loss requires a set of assessment and training to determine how they can be equipped to independently complete activities of daily living such as cooking, navigating their local environment, catching public transport etc.

In instances where workforce shortages, thin markets and other factors prevent delivery of traditional face to face models, some Vision 2020 Australia members have invested in innovative models that provide remote assistance. These involve a different set of staff, equipment and arrangements to support and funding for such technology based approaches would need to be sufficient to accommodate this.

For example, an orientation and mobility instructor may be able to deliver a face to face orientation session in Perth that equips someone with vision loss to safely navigate traffic and transportation. If providing similar guidance in a remote setting, the Perth based practitioner may provide expert advice via a technology based solution. But in this case it would be necessary for a second person (e.g. a support worker) to accompany the client as they seek to implement those strategies and advice. Funding arrangements would need to be sufficient not just to meet the Perth professional's time but also that of the local assistant, the technology and other associated costs.

In terms of workforce training and skills acquisition, as previously noted Vision 2020 Australia feels this is an area that would be amenable to innovative approaches including those that rely on technology and can provide 'just in time' tailored advice and guidance to support workers with individual client needs.

Monitoring framework

There are many challenges in ensuring a ready workforce to deliver the essential services Australians require. There is an ongoing need to monitor and assess pressures in the care and support workforce. What should be included in a workforce monitoring framework? Consider:

- key elements of the framework
- data required, new or existing, to support the framework
- information needed for the framework to be an effective input into planning for, and development of, the care and support workforce.



To understand and assess likely need and pressure points, it will be essential to have an understanding of the forecast demand for not just the large categories of care and support (such as assistance with activities of daily living/personal care/etc) but also how many of those workers will need to have knowledge in areas such as working effectively with people with sensory impairment, given the major impact that impairment can have on the independence and quality of life of clients if it is not understood and accommodated.

For example, in 2020 there were around 1.19 million Australians receiving funded aged care services across all system settings. An estimated 27 per cent of those aged care clients had vision loss and hence ideally, in considering workforce adequacy and pressure areas, there would be scope to measure the gap between the number of workers with base knowledge in the area and the level of need.

Data gaps

[What workforce data gaps have you observed and how could these be addressed?](#)

See previous commentary regarding monitoring framework.