



Submission to the Department of Health

Improving Choice in Residential Aged Care

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Responses to Survey Questions

Consumer Journey

Statement	Response
Aged care assessments should consider a person's urgency for care	Strongly Agree
Assessments should consider whether a consumer is from a special needs group	Strongly Agree
Time restrictions for taking up a residential aged care place should be introduced	Agree
Location restrictions for taking up a residential aged care place should be introduced	Disagree
Places should be assigned according to priority within regions with limited supply	Agree

Please provide any comments about consideration of urgency in assessments

According to the [National Eye Health Survey \(2016\)](#), 90 per cent of blindness and vision impairment in Australia 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 with age, and as several of them are progressive, their impact can also change over time.

However, a range of supports and services can help those living with permanent vision loss to continue with many of the same activities they previously enjoyed. The ideal system settings should allow a person to remain capable even with vision changes. Prioritizing supports that enable continued reading, communicating, safely preparing food where possible, and navigating their home and/or their community will decrease the well-known risks of poorer mental and physical health outcomes that people with vision loss often face. As a result, it will reduce their need to access other parts of the aged care and health systems.

Current aged care assessments focus significantly on frailty, but do not ask any questions about vision, even though prevalence of vision conditions increase with age.

To address this aged care assessments should:

- Ask questions about a person's ability to access annual vision care. Are they able to book and access an Optometrist as a preventable measure of vision loss?

- ask questions about a person's vision, and trigger a referral to blindness and low vision services if vision loss is identified;
- Standardise that when a new applicant's assessment indicates likely vision loss, additional supports (Care Finder, referral to low vision services) are urgently required.

The aim is to ensure that vision loss is explicitly considered by aged care assessors and Care Finders to address and mitigate risks prior to or on entry into the aged care service.

Please provide any comments about consideration of special needs of individuals or cultural considerations in assessments

Although the vast majority of people with vision loss are over 65, the current residential aged care system is not well-equipped to recognise and address vision loss or to minimise its functional impact. This is in contrast to the National Disability Insurance Scheme (NDIS), where people with vision loss can access supports far more easily, with early evidence suggesting they enjoy better quality of life as a result.

An NDIS participant with blindness or vision loss can access a variety of supports based on an assessment of their needs, including occupational therapy, orientation and mobility instruction, and Assistive Technology. Upon transitioning to residential care, this person immediately loses access to all these supports.

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) recommends a new aged care system that aims to "support and care for people to maintain their independence as they age". The Government has accepted this recommendation, providing an opportunity to create a system that leads people with preventable vision loss toward appropriate treatment, and connects people with permanent vision loss to supports as early as possible, decreasing and/or delaying the need for aged care services.

People who are blind or have significant low vision are included within the disability special needs group. This very broad grouping means that the needs of a specific cohort and how best to meet them can be easily overlooked. This can be addressed if the aged care assessment process explicitly asks questions to identify the needs of participants and refers them for support prior to, or on entry, to aged care.

In addition to this, providers should be supported to better care for people who are blind or have vision loss, and should be given specific information/training about meeting the needs of these residents. Where a provider has a resident who is blind or has low vision, the accreditation system should ensure they are appropriately supporting that resident's needs.

To create a system that genuinely promotes dignity, independence, quality of life and informed choice, the Government must accept Recommendation 72 by the Royal Commission into Aged Care Quality and Safety, which says that "by 1 July 2024, every person receiving aged care who is living with disability, regardless of when acquired, should receive through the aged care program daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those that would be available under the National Disability Insurance Scheme to a person under the age of 65 years with the same or substantially similar conditions".

Getting the assessment and supports right early will prevent people from acquiring permanent vision loss, and ensure that those who are living with permanent vision loss have the same supports and opportunities available as they would under the NDIS.

Informed Choice

A range of changes are being implemented to support informed choice (see pages 15-17). Please identify the importance of each of the following

measures:

Measure	Importance
Star Ratings	Very Important
Face-to-face support	Very Important
Dedicated support for Aboriginal and Torres Strait Islander people	Extremely Important
Advocacy	Extremely Important
My Aged Care Changes	Extremely Important
More transparent accommodation information	Extremely Important

Please provide any comments about the changes being implemented to support informed choice

The proposed changes will have a positive impact for people who are blind or have low vision seeking to enter residential care. For example, the introduction of more face-to-face supports and Care Finders will be beneficial to those who have recently acquired vision loss, as they may not yet have accessed training and/or technology that would help them navigate information provided online or in print.

In the NDIS, Support Coordinators play a similar role to the proposed Care Finder workforce. We have recommended that support coordination be included in the first NDIS plan of any applicant who is blind or has low vision. This should be adopted in aged care as without appropriate supports in place, it is difficult for people to navigate the system and/or access necessary information.

Aboriginal and Torres Strait Islander people are three times more likely to suffer vision loss than other Australians. Vision 2020 Australia strongly supports the creation of dedicated supports for these people through a culturally informed workforce. This aligns with recommendations from our [Strong Eyes, Strong Communities report](#), which has been endorsed by government.

Recommendations include approaches that prioritise community-lead eye care and vision support wherever possible. Aboriginal Community Controlled Health Organisations (ACCHOs) are best placed to provide culturally safe support to Aboriginal and Torres Strait Islander people who are

blind or have vision loss. Recommendation 50 by the Royal Commission suggests that priority is given to existing and new Aboriginal and Torres Strait Islander organisations, including health, disability, and social service providers, to cooperate and become providers of integrated aged care services which we fully support.

In accordance with Recommendation 51 by the Royal Commission, employment and training of experts in vision loss and/or eye care should be prioritised in development of the national Aboriginal and Torres Strait Islander Aged Care Workforce Plan.

As the first point of contact to the system Vision 2020 Australia strongly supports intended changes to My Aged Care (MAC), in response to Recommendation 27 by the Royal Commission. Thoroughly implementing this recommendation would partially address long-standing difficulties people who are blind or have low vision have faced finding information about choices and supports. These positive changes to My Aged Care should prioritise accessibility of information for people using screen readers or magnifiers. This should not be only on MAC but the foundation for a broader commitment to accessible communication. Inaccessible or hard copy formatted information, such as home care package letters, create barriers to navigating and accessing the system. It also creates additional distress for individuals if their visual capacity is diminishing.

Inaccessibility of information is not just at the access point. The complaints process is currently inaccessible, which means people who are blind or have low vision may not be able to raise concerns discreetly and confidentially. A person could be receiving inadequate care, but be unable to access the complaints system and relevant supports in the same way as sighted residents. Older Australians with vision loss must be able to make complaints independently and anonymously in the same way any other older person can.

Accessibility requirements for all aged care information, and the links to related services, processes and systems (including complaints processes and other key documentation) must be mandated in the new Aged Care Act and standardised throughout the aged care system. This is the only way of making it possible for older Australians with vision loss to independently self-advocate and have access to key information that will shape their decisions and quality of life. This is fundamental to achieving the human rights foundation recommended by the Royal Commission. A person should be asked about their preferred format for communication the first time they ask for support from the aged care system ensuring that throughout their time they can read relevant information and make their own decisions.

Please provide any comments about additional measures or information needed to support informed choice

Vision 2020 Australia's members strongly support the introduction of quality indicators and star ratings for aged care providers as recommended by the Royal Commission, as well as the Review of Quality Standards announced in March 2021.

As discussed in later responses, explicitly highlighting people with vision loss as part of the disability special needs group, should result in a more methodical approach to catering for them, as well as encouraging some providers to undertake additional measures to better support these clients. It is important that in the absence of specialist residential care providers, mainstream providers can offer the support required.

Vision 2020 Australia's members are seeing some organisations reaching out for assistance to be able to provide appropriate care to residents who are blind or have low vision. This should be encouraged and supported in the system design.

People and families should be able to judge how successfully providers are meeting the needs of residents who are blind or experiencing vision loss. The introduction of voluntary additional quality indicators and/or star ratings for providers who choose to cater for the special need of vision loss would assist. These should be additional to the minimum quality standards discussed in other responses, and most importantly, in accordance with Recommendation 24 by the Royal Commission, should be readily understandable and allow people and their families to make meaningful comparisons between providers.

These additional quality indicators could include, for example:

- Current training for workers in understanding fundamental aspects of blindness and low vision;
- Quality of life measures specifically for people with permanent vision loss (see Royal Commission Recommendation 22);
- Specific types of supports for vision loss in residents' rooms (e.g. large print or Braille room numbers, task-specific lighting, kettle tippers, liquid level finders, large-button telephones).

Development of such measures and outcomes, which could hold providers accountable to their claims that they are meeting the needs of residents with permanent vision loss, should be advanced as part of the Review of Quality Standards currently in progress.

How important is it for people to be supported to move aged care homes if they need to?

- Not At All Important
- Slightly Important
- Moderately Important
- Very Important
- Extremely Important**
- Not Sure

What is needed to better enable and support people to move between aged care homes if they want to do so?

Aged care residents who are blind or have low vision are vulnerable to the consequences of poor quality care. Dissatisfaction often arises when access to resources, communication or information is insufficient. But this precise problem makes it even more difficult for a person who is blind or has low vision to choose a new aged care home and/or transition between residences with any level of independence.

One of the most effective ways to assist people who are blind or have vision loss to transition to a more appropriate aged care home is through the Care Finder and Older Persons Advocacy Network. This workforce would be ideally placed to:

1. Support a resident to make a complaint or mediate an issue;
2. Assist a resident to choose a more suitable facility, such as one with vision loss supports in place, and
3. Ensure the appropriate transitional supports are in place to ensure the resident's safety and comfort in the new facility (e.g. orientation and mobility training).

Care finders and OPAN advocates should have access to training to assist them in supporting residents who are blind or experiencing vision loss, including how to bring in support from a blindness or low vision service.

Market Stewardship

How could regulatory functions be strengthened to address any potential gaps due to the removal of the ACAR?

The current Review of Quality Standards is a positive step and it is hoped that it will improve standards and regulatory requirements in relation to people with vision loss. Quality Standard 3, relating to personal and clinical care, theoretically already requires providers to ensure that residents, for example, regularly receive eye tests in order to maximise their health and wellbeing. Quality Standard 5 requires that “the organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment”. Vision 2020 Australia’s members have reported that neither of these standards are ensuring such support is available to people who are blind or are experiencing vision loss. Greater specificity in the requirements for providers to understand and apply them to support residents with vision impairment is needed.

Recommendation 45 by the Royal Commission proposes the development of “a comprehensive set of National Aged Care Design Principles and Guidelines on accessible and dementia-friendly design for residential aged care”. This is an opportunity to clarify what is necessary to ensure the accessibility of a facility for people who are blind or have vision loss. These principles/guidelines should:

- be developed in consultation with the blindness and low vision sector;
- include minimum accessibility standards (e.g. Braille or high-contrast signage, adjustable lighting in residents’ rooms);
- Include additional design principles which could be addressed by providers seeking to specifically cater to the needs of people with vision loss.

In addition, Vision 2020 Australia believes the recently introduced Quality Indicators program is a valuable mechanism via which the care and support for residents could be improved through requiring every resident to:

- Receive an annual eye test ;

- Have a “vision care plan”, which records their vision status, most recent eye test, and their use of corrective vision aids (e.g. glasses, contact lenses) and any specific supports needed.

What measures would further ensure providers cater to special needs groups and those with additional cultural needs?

There are a number of steps which could ensure people with avoidable vision loss gain access to treatment, and those with permanent vision loss can remain as independent as possible.

1. Improve Access to Eye Tests

There is minimal access to eye tests or vision care in aged care homes due to:

- Insufficient Medicare rebates for optometrists;
- No funding stream for transport to external appointments, and;
- Inconsistent recording of residents’ vision status by providers.

As a result, preventable or treatable vision conditions go undetected, basic eye care regimes are not maintained, and aged care residents experience avoidable vision loss.

Optometrists recognise the necessity of performing eye tests for aged care residents, and are able to obtain some information using portable equipment. This is likely simpler for providers than facilitating transport of every patient, particularly given the higher prevalence of mobility issues for aged care residents. But under current system settings, it is financially unsustainable for most optometrists to visit aged care facilities to perform eye tests.

For people whose vision loss can be treated, travel to services where more specialised equipment, treatments and staff are available is often required. But the cost of transport, particularly if a travelling companion is required, can present 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 is recognised that a systemic whole-of-government response is needed to fully address these challenges, but the following actions could address these issues:

- creation of a new Medicare Benefits Schedule (MBS) item, similar to those proposed in Recommendation 61 by the Royal Commission, to fund the provision of eye tests remotely in residential care facilities.
- Increased flexibility and funding of patient transport services for older Australians in residential aged care living with vision loss, so they can access sight preserving treatments.

2. Improved Access to Assistive Technology

Aged care residents who are blind or have low vision benefit from a variety of supports which can keep them connected to their families and living fulfilling lives. For example, an increasing range of Assistive Technology (AT) can help them perform both simple tasks (reading signs or labels) and complex ones (navigating the internet, corresponding with family and friends).

A variety of research has suggested that an investment in AT could have cost-saving benefits for Government. Most recently, a cost benefit analysis from a Review of Assistive Technology,

commissioned in 2020 by the Department of Health, suggested that for every dollar spent the return on investment could range between \$3.90 and \$25.63, depending on level of commitment.

There is currently no funding stream via which AT can be provided to aged care residents. Providers rarely have the resources to facilitate AT assessments, and residents often can't afford to independently pay for either the assessments or the technology. The Department of Health has previously suggested residents could access one of the more than 65 state and territory AT schemes, but the Review of Assistive Technology found that these were difficult to navigate and inequitable, meaning people would receive different levels of funding or equipment depending on where they lived.

In comparison, most participants in the National Disability Insurance Scheme (NDIS) can readily access AT they need, as well as training in its use and specialist advice on available options.

[A 2018 report](#) by the Macular Degeneration Foundation Australia (MDFA) found that AT was significantly underutilised by people with vision loss in aged care facilities, with only 16 per cent of residents surveyed reporting use of AT.

Additionally, insufficient knowledge of blindness and low vision limits the ability of Aged Care workers to offer the appropriate support and make the right connections. Many are not aware that AT is available to address problems residents are facing, nor that mainstream, readily available options such as iPads have the capacity to provide speech feedback and some magnification. This awareness problem leaves some people unnecessarily restricted from simple tasks such as reading and writing, or often unable even to communicate to the outside world due to lack of accessible equipment.

To address this issue the following needs to occur:

- Prioritised assessments for Assistive Technology provision by qualified specialists, triggered when vision loss is identified in an initial aged care assessment,
- A national, harmonised scheme to provide Assistive Technology to older Australians with disability who can't access it via the NDIS. This scheme would be grant-funded, as per Recommendation 34 by the Royal Commission, And
- An Assistive Technology strategy, similar to that which has already been created for the NDIS, which recognises the economic and humanitarian value of providing appropriate Assistive Technology to all people with disabilities.

3. Improved Training for Aged Care Staff

One of the keys to improving outcomes for people with vision loss is educating and supporting the care workforce.

The assessors who identify what supports people need, and the care workers who most frequently interact with them, should have basic knowledge about vision loss and be able to encourage residents to seek treatment, or connect them to expert service providers and peer support. A number of the Royal Commission's proposals in relation to workforce planning could potentially help achieve this aim. The needs of people with vision loss should be considered during:

- Development of the interim aged care workforce strategy and planning framework for 2022–25 (Recommendation 75);

- The review of certificate-based courses for aged care, which should investigate the prospect of including a unit on vision as a core competency (Recommendation 79);
- The development of “short courses, skills sets and micro-credentials for the aged care workforce” (Recommendation 81).

What information do providers need to help support decision making?

Little data is currently available around the prevalence of vision loss in aged care. Recent estimates by Vision 2020 Australia suggest there are around 347,000 clients with any level of vision loss (visual acuity <6/12) in the aged care system currently. The needs of many of these would be addressed either by access to treatment or appropriately prescribed glasses. A small number, however, will require access to blindness and low vision services such as support, training and AT.

A clear understanding of how many residents had vision loss would offer a sense of the level and scope of vision training is required for the aged care workforce. The Royal Commission has also acknowledged the value of better data about the aged care system for all parties, particularly in Recommendation 41, regarding planning, and Recommendation 108, regarding creation of a National Aged Care Data Asset. The National Aged Care Data Asset should include information on the number of people:

- whose aged care assessment indicates vision loss;
- who have been referred to a blindness or low vision service based on an assessment; and
- whose annual eye tests reflect deterioration in vision, as recorded in vision care plan.

Quality of life measures (see Royal Commission Recommendation 22) of people who are blind or have low vision living in residential aged care should also be included.

Overall Impact for People Accessing Residential Aged Care

Please indicate your level of agreement with the following statement: These changes will have a positive impact for people accessing residential aged care.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree**
- Strongly Agree
- Not Sure

What will be the biggest impact for people accessing aged care?

Greater transparency, better information and support to find and use services will support all older people in residential aged care. Given the higher prevalence of vision loss in older Australians, and the current experience of many residents, further consideration is required as these reforms are implemented.

In order to deliver improved choice and quality of service to older Australians who are blind or have vision loss, the Department of Health should:

1. Ensure questions about vision loss are asked in aged care assessments, and that indication of blindness or low vision triggers a referral to blindness and low vision services, and urgent access to Care Finder services.
2. Include people who are blind or have vision loss as an explicit part of the disability special needs group in the new Aged Care Act, and create resources to help providers cater to them.
3. Accept Recommendation 72 by the Royal Commission into Aged Care Quality and Safety, and ensure people who are blind or have low vision in residential care have appropriate access to services such as orientation and mobility and assistive technology.
4. Develop a national, harmonised scheme to provide assistive technology to people who need it, regardless of age. This should be underpinned by an “assistive technology strategy” similar to that which exists in the NDIS.
5. Commit, through the new Aged Care Act, to:
 - a. Make all communications and processes within the aged care system fully accessible.
 - b. Correspond with recipients of aged care and applicants to the system in the format of their preference.
6. Consult with people with blindness and vision loss as part of the currently in progress Review of Quality Standards for aged care.
7. Create new minimum quality indicators and/or star ratings in relation to vision, requiring:
 - a. A vision care plan for each resident, which records vision level, most recent eye test, and use of vision aids (e.g. glasses).
 - b. An annual eye test for each resident, regardless of vision level.
8. **Increase the flexibility and funding of patient transport services** for older Australians in residential aged care living with vision loss, so they can access sight preserving treatments.
9. Introduce additional voluntary quality standards which can be addressed by providers who intend to cater to residents with vision loss.
10. Consult with experts in blindness and low vision when developing the new national design standards for residential aged care.

11. Given the higher prevalence of vision loss in that cohort, prioritise the training and employment of culturally safe providers of eye care and vision supports for Aboriginal and Torres Strait Islander Peoples.
12. Gather, and regularly release, data around the number of aged care residents with vision loss and their quality of life measures, as per recommendations by the Royal Commission.
13. Introduce a new MBS item, in consultation with Vision 2020 Australia's members, which would better fund the delivery of eye tests by optometrists in residential aged care facilities.
14. Ensure that residents wishing to move to a new aged care home receive access to Care Finder services to facilitate transition.
15. Regularly release reports regarding vision loss, including:
 - a. The number of people whose aged care assessment indicates vision loss;
 - b. The number of people who have been referred to a blindness or low vision service based on an assessment;
 - c. The number of people whose annual eye tests reflect deterioration in vision, as recorded in vision care plan;
 - d. The quality of life measures (see Royal Commission Recommendation 22) of people who are blind or have low vision living in residential aged care.

Vision 2020 Australia and its members look forward to working with the Department of Health and aged care providers to ensure that in the future, residential aged care is more capable of maintaining the independence and quality of life of people who are blind or have vision loss.