

21 March 2011

**Response to the Caring for Older Australians Draft Report
(Draft Report)**

The Royal Society for the Blind of South Australia Inc (RSB), a quality endorsed organisation, with over 125 years of service, is the primary provider of the full range of specialist rehabilitation services to over 11,500 South Australians who are blind or vision impaired. The RSB also has several levels of quality assurance including ISO 9000, DESQA and Service Excellence Framework.

RSB believes passionately that people who are blind or vision impaired have the right and ability, irrespective of their vision loss or age at acquisition of their vision loss, to be valuable and contributing members to society. Indeed the RSB's range of specialist services are there to assist them to remain independent and to participate and enjoy the quality of life to which they aspire.

In South Australia, a genuine continuum of care between the primary medical sector and the RSB exists and is working exceptionally well. Every Ophthalmologist in South Australia refers directly to the RSB with subsequent attendance rates at 97% within 12 months of referral. Accordingly, the imposition of a separate system will only serve to create barriers for the consumer and extra costs for "the system".

The RSB endorses the submission made by the Australian Blindness Forum (ABF) of which it is a member and requests that the submission from the ABF be read in conjunction with this submission.

Since the release of the Draft Report, the Productivity Commission has released a further draft report on Disability Support which, whilst acknowledging people with a severe and profound disability have a right to an entitlement to specialist services, then introduces an arbitrary restriction allowing only access to those acquiring their disability prior to the age of 65 years. The inference being that the Aged Care Sector will assume responsibility for the costs of supporting these people. This is a significant issue for people who are blind or vision impaired where the majority acquire their vision loss later in life.

Our Services

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Counselling
Employment Services
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Industrial Services
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Low Vision Centre
Mobility Services
Outreach Services
Peer Support
Print Alternatives
Recreation & Leisure
Systemic Advocacy

Adelaide

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Office 8232 4777
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Corporate Office

254 Angas Street
Adelaide SA 5000
8223 6222

**Industrial & RSB
Guide Dog Services**

11 Blacks Road
Gilles Plains SA 5086
8261 4121

Regional Offices

Mount Gambier
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The Royal Society for the
Blind of SA Inc.

The RSB does not accept that this is part of a “natural” aging process but rather considers this to be a cost shifting exercise from disability to aged care services with no genuine provision being made within the aged care sector for support of these people affected. Indeed the services required do not differ between someone acquiring their vision loss at 64 years of age and someone acquiring their vision loss at 66.

Accordingly, the RSB does not believe that these reports can be considered in isolation but rather need to be considered together and provision made within either the Aged Care Sector or the Disability Sector to acknowledge the need and provide access to specialist services enabling people who are vision impaired to enjoy their full rights of citizenship.

The RSB believes that the framework created by these two draft reports creates a sub class of people with disabilities based on the age of acquisition of their disability and not need.

One of the major concerns expressed in the ABF submission is that the Draft Report contravenes the United Nation’s Convention on the Rights of Persons with Disabilities (UNCRPD) which has been ratified by Australia. The UNCRPD is a rights and entitlement based system which the Draft Report ignores, particularly in recommending a co-payment or user pays system dependent solely on an artificially selected date of age of onset.

This is clearly a major reversal in Australia’s position on the rights for people with disabilities.

In addition, by recommending a different system for people who acquire their vision impairment over the age of 65 to those who acquire it under the age of 65 this would appear also to breach both the Disability and Aged Discrimination Acts. The RSB strongly supports the right of people who acquire vision loss over 65 to have access to the same services, at the same cost as those acquiring their vision loss under 65.

The Draft Report also fails to distinguish between those people who acquire their vision loss over the age of 65 and who are still leading active lives and maintaining their independence with appropriate specialist services. It also fails to acknowledge or even understand that people with appropriate specialist support may not require supported or residential accommodation but will maintain their quality of life and enjoy the many activities as they have always done.

The RSB is particularly concerned by the fact that today there is no ‘mandatory’ retirement age and indeed, access to the Age Pension has recently been amended upwards to 67 years of age. Many people will work far beyond the previously accepted retirement age, continuing to contribute to the Australian community. This applies equally to those people who are vision impaired.

Accordingly, it seems grossly unfair to restrict their access to specialist services merely because they acquire a vision impairment after a randomly selected age.

The Draft Report focuses primarily on reform to the personal care and residential care system but has failed to provide any framework for community based services which support people remaining in their own homes and independently participating in their community. Of greatest concern is the lack of acknowledgement for “therapies” provided by specialist service providers. It fails to specify how specialist service providers will work within this framework, apart from noting that they will need to be accredited and will be

heavily regulated. Further the type or quantum of services which will be approved is not discussed, nor the criterion for eligibility for either the service or individual.

This also ignores both the work done and funding provided to subsidise these specialist services by organizations such as the RSB. The RSB currently funds 60% of the total services provided.

For example, the RSB provides services in counselling to assist the adjustment to vision loss, training in independent living skills, orientation and mobility, Braille, adaptive technology and a wide range of other skills required by people who are blind or vision impaired. There are also a wide range of peer support and recreation and leisure activities which give people with vision loss the opportunity to participate in their communities and assist with maintaining both their physical fitness and general well being.

The RSB has also been a leading force in advocating in South Australia for accessibility for people with vision loss. This includes the right to have access to information in their format of choice as well as the built environment.

Thus, the RSB's view is that it is a specialist service provider of excellence who has been operating according to the objectives recommended in the Draft Report partly funded by Government. How does the Commission believe these services and activities will occur under a generic Aged Care Model? What criteria will be established to identify which services and individuals will be included?

Assessment

Effective service responses require a thorough and accurate assessment, with none being more critical than an initial assessment. The current Age Care Assessment Program does not provide adequate screening of vision loss and its impact on a person's independence.

A current researcher (Dr Neil Kirby) from the University of Adelaide who are working to develop a universal assessment tool for people with disabilities have advised there are no tools currently available or appropriate to assess the needs of people with an intellectual disability or brain injury. These tools only assess support needs such as personal care and are not directed to skills development, rehabilitation nor are they outcomes focussed.

Experience has demonstrated through previous attempts with the Worker Assessability Tables (WAT) and Service Needs Assessment Plan (SNAP) that this is also the case for people who are vision impaired. Any assessment tool is also bound to fail if the assessor has no knowledge of the functional impact of vision loss and the specialist service responses available.

For people who are blind or vision impaired their service responses are generally episodic and any system needs to be flexible enough to cater for changing needs and re-entry into support programs.

The RSB strongly recommends that for the development of any assessment tools consultations occur with organizations such as the RSB to ensure the needs of this client group are adequately assessed or are undertaken by specialist providers.

Early Intervention

The RSB is already active in providing early intervention services to people who are diagnosed with severe vision loss through its Low Vision Clinic, counseling and independent living services. It supports the importance that the Draft Report gives to this area but again notes that the Draft Report has failed to acknowledge the critical work that is done in this area by existing specialist service providers.

For example, vision loss is a known factor in causing falls. Through orientation and mobility training, home assessments and the use of home modifications, services have successfully minimized the impact of falls. This leads to a continuation of lifestyle for the individual and their family, a reduction in medical costs and in many instances prevention of early loss of independence and early entry into residential care.

Other than consideration as part of personal support or residential care plan, the Draft Report ignores genuine consideration of this issue.

Workforce

It is critical that the Gateway systems being recommended for both assessment and early intervention have a workforce which is knowledgeable about the functional impacts of vision loss and the services available from specialist service providers.

Many of the services noted throughout this response are very specialist in nature and require detailed knowledge of vision impairment and the service responses. In many instances the specialist knowledge and experience is obtained through cadetship or on the job training that will not be available in a generic setting. It is highly unlikely a non specialist provider will invest in training people in, for instance, Braille, mobility or training a Guide Dog.

Information

The RSB strongly agrees with the Commission in its recommendation to establish Information Centres, and include regional and remote areas.

Informed choice is a very important principle being established.

However, to allow people who are blind or vision impaired to make informed decisions, it is:

- Critical that all information resources are available in alternate formats – Braille, audio, large print, Audio (MP3) and e-text; and
- Important that assumptions are not made that all people can access on line material.

People who are blind or vision impaired require specialized equipment and software to:

- Access the internet and websites – all government and community websites need to be successful and comply with the highest levels of accessibility standards.

People who speak languages other than English also need material in alternate formats.

Equipment

The availability and use of special equipment enables people with vision loss to optimise their ability to continue with daily living tasks, including employment, recreation community responsibilities and to continue to enjoy a high quality of life without the need for personal support. In many instances access to appropriate specialist equipment may be the difference between the need for significant personal support or early access to residential care or remaining independent in their own home.

However, in South Australia people who are blind or vision impaired are excluded from the Independent Living Equipment Program, as a result, the RSB provides financial support and a loan scheme to enable people to access this equipment.

In contrast, clients of the Department of Veterans Affairs who acknowledge this and are well supported in this area. People with hearing loss also receive government subsidies to purchase necessary equipment.

The RSB recommends the creation of a well resourced National Equipment Program which will allow people, regardless of age, to live an independent and meaningful life with minimal reliance on personal support services.

The RSB is of the view that the expansion of the current Workplace Modifications Scheme, for which infrastructure already exists, can effectively deliver a National Equipment Scheme.

Improving Choice of Age Friendly Housing

The RSB commends the Commission on its recognition of the importance of universal design and accessible residential facilities.

However, the Report only considers access for people with 'physical' mobility issues and/or those who use wheelchairs.

The needs of people with vision loss are addressed in many cases by simple measures such as, even and consistent lighting, luminance contrast and large clear signage. These are covered by Australian Standards AS1680 and AS1428 and need to be taken into account.

People without vision loss but who are aged, also are able to navigate more easily and safely if these features are in place. In addition the training of personal care and residential care staff in the functional impact of vision loss and strategies for inclusion will substantially reduce an individual with vision loss reliance and dependence on others and empower them.

These principles should be embedded in funding grants, policies and accreditation programs.

Mr Moir, Deputy CEO will be speaking to the above when the Productivity Commission visits Adelaide, however in the interim if you require any further information please do not hesitate to contact the undersigned.

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RSB