

ASSOCIATION FOR THE BLIND OF WA INC.

**SUBMISSION INTO THE
PRODUCTIVITY COMMISSION INQUIRY ON
CARING FOR OLDER AUSTRALIANS**

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Productivity Commission
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1. About the Association

The Association for the Blind of Western Australia (ABWA) is committed to maximising the quality of life for those people who are blind or vision-impaired in this State.

Established for nearly 100 years, ABWA delivers services across the community of those Western Australians who are blind or have vision impairment. These services are delivered across all age groups and include:

- The training and provision of guide dogs
- The delivery of education and development activities to children (e.g. our reverse-integration kindergarten and Lotterywest Children's Centre)
- The assessment and provision of daily living products and assistive technology
- The delivery of a range of "Confident Living Programs" that provide seniors and younger people with opportunities to build confidence, wellness and connection
- As a Registered Training Organisation, ABWA delivers courses and workshops that support our clients to succeed in further education and the workforce
- A Braille and talking book library that gives over 2000 regular users access to literature for enjoyment and education
- Orientation and mobility services that enable our clients to safely access their communities
- Regional services that ensure that all Western Australians have access to their required level of support
- Vision Management services that assist clients to maximise their vision and develop strategies for coping with vision loss
- Our Guide Dog Discovery Centre that provides a state of the art facility for the building community awareness of blindness and vision impairment

The Association has a diverse staffing group with 130 staff from a range of backgrounds. Staff work across four sites in Western Australia and include teachers, therapists, trainers, library staff, mobility instructors and technicians.

The Association is the only provider of specialist assessment, support and intervention for people with vision loss in Western Australia. Each year the Association receives over 2500 referrals for service. Approximately half of these are from people who have not had any previous contact with the Association. Over 80% of these referrals are from people aged over 65 who have experienced functional difficulties as a result of vision loss.

2. Aspirations

The Association congratulates the Australian Government on its initiative and its resolve to reform the national aged care system. We welcome a financially and operationally sustainable, fair and efficient system that results in improved outcomes and tangible benefits for older Australians. Objectives to: allow flexibility; enhance choice; achieve quality improvements; and accommodate diversity and special needs are laudable.

3. Age Delineation

There are many vision loss risk factors including genetics, sun exposure, smoking and particular health conditions e.g. diabetes. While the Association contends that vision loss is not a natural and inevitable consequence of ageing, it acknowledges the high correlation between ageing and vision loss.

Given this high-correlation, the combination of population growth (more people in real terms) and more people falling into older age brackets is driving upwards the number of Australians with visual impairments. The incidence of visual impairment in Australia is projected to increase from 5.4% of the over-40 population today to 6.5% - nearly 0.8 million people – by 2024. Blindness is expected to increase by 73% over the next 20 years to more than 87,000 over 40 years of age. In addition, vision impairment and blindness are correlated to morbidity and premature mortality.^[1]

The *Caring for Older Australians* report places a person with a vision impairment into the aged care system if (s)he has a vision loss that has occurred after the age of 65 years. Such a proposal is concerning and can be viewed as potentially limiting because it treats people differently solely on account of their age.

The Association provides services to people of all ages and is focused on responding to their functional needs - as determined by their vision loss. This service model makes no differentiation between groups of people aged over and under the pension age. For example, an item of adaptive equipment will be just as relevant and useful to someone at 60 years as it will to someone aged 70 years. Tactile markers on a microwave will assist a 40 year person in the kitchen in much the same way that they will assist a 74 year old person.

Vision impairment agencies are highly experienced, well equipped and extremely effective in assisting people with a vision impairment to live independently within their communities. Each year, the Association supports more than 3,000 people who are blind or have a vision impairment, 70% of whom are 65+ years.

The Association understands and is pleased to know that the proposed system will allow people in the aged care system to access and receive services from specialist disability agencies. People who experience the onset of vision impairment at pension age would have their vision impairment-related needs best served by specialist vision impairment agencies rather than receiving services from within the aged care sector. However, provision for this group should be made in a fair and equitable way. These people should be able to receive the same services and benefits as those provided to people whose vision loss is acquired before they reach 65 years - without undergoing an income and assets test or being required to make a payment or co-contribution as proposed under the *Caring for Older Australians* report.

4. Functional Impact of Vision Impairment

There are many conditions that can result in vision loss and there are accepted definitions of blindness and low-vision / vision impairment. However, for many people with a vision loss, the medical definition is of less importance than the functional

[1] Clear Insight: The Economic Impact and Cost of Vision Loss in Australia, Eye Research Australia and Access Economics, August 2004

impact on their daily lives. In many cases, vision impairment has a significant and adverse impact.

Amongst some people depression, anxiety and social isolation are a consequence of vision loss. Particularly within the older population, vision loss that is not adequately addressed can ultimately lead to the need for: more expensive, full-time residential care; increased reliance on carers; and serious morbidity and mortality:

- Risk of falls is increased two times (Access Economics, 2004).
- Risk of depression increases three times (Access Economics, 2004). Data from a Randomised Control Trial (RCT) in Perth indicated that 41% of participants demonstrated clinical symptoms of depression (Geriatric Depression Scale) at pre-test. This is startling, considering these people were community living seniors who self-referred to the Association for the Blind (Girdler, Packer & Boldy, 2005).
- Risk of hip fractures increases four to eight times (Access Economics, 2004).

Each person's personal circumstance is different and it cannot be assumed that all people with the same condition have the same support needs. This is why it is so important that each person receives a *specialised, appropriate, individual assessment*.

5. Financial Impact of Vision Impairment

Vision impairment has numerous financial implications. For the broader community there are the socio-economic consequences of the associated morbidity and mortality issues. Furthermore, there are costs associated with the need for people with vision loss, whose needs are not adequately addressed, to: require expensive, full-time residential care; or depend on carers, thereby reducing any economic productivity contributions they might otherwise make.

For the individuals, aids and equipment specifically designed and manufactured for people with a vision loss typically sell at much higher prices than conventional equivalents. Yet owning and using such equipment can make the difference between being independent and relying on other people. As a consequence, the uptake of appropriate equipment can help to reduce support-related costs in the longer-term.

Being unable to independently perform certain daily living activities, results in personal expenses. For example, people with a vision impairment find it difficult to undertake routine home maintenance tasks, thus requiring the need to pay for such services. The inability to drive might force people with a vision impairment to use taxis or live close to public transport routes in areas where property attracts higher purchase or rental prices. Even being unable to carry out seemingly inconsequential actions such as browsing catalogues, reading advertisements and scanning items in shops for the best or sale prices limits a person's ability to make fully informed purchase decisions and compromises their ability to make savings.

Any new scheme must recognise and compensate people with a vision impairment for such additional, non-optional costs. This is why any suggestion that people *over* the age of 65 years be required to make payment for services that are provided to people with similar conditions who are *under* this age threshold, does not seem equitable.

6 Specialised Assessment

The provision of appropriate services to people with a vision loss requires considerable specialisation. The Association recruits a range of professional staff and invests in their development to ensure their acquisition of relevant experience and knowledge. Our expert position sharpens concerns about the use of any standardised or generic assessment tools that are not designed to adequately determine the functional impact of vision loss. Such assessments also need to be holistic, recognising functional need within the context of a person's life circumstance. Without this knowledge and experience, it would be very difficult to make appropriate determinations about a person's support, equipment or training needs.

Given eye conditions can change, re-assessments should be as easy as possible to arrange and not require a person to re-engage each time with bureaucratic processes that have been previously administered.

Notwithstanding concerns around "sympathy creep", specialised vision impairment service agencies would be best placed to undertake assessments under the proposed scheme and be accredited and funded to do so.

7 Information Centres

In its report, the Commission recommends the establishment of Information Centres. The provision of comprehensive and current information is critical to enable informed choice. However, in the case of people with a vision impairment it is critical that they be provided with information in a range of accessible formats that meet the needs of each individual.

8 Type of Support

The Association's motto is "Confidence, Wellness, Connection". Our services seek to enable our clients' independence; to become functioning, competent, confident members of their communities. We make an investment in their potential.

To a large extent, the Association's service delivery model is based around episodic intervention. Early intervention is of paramount importance at the onset of vision loss – *irrespective the person's age*. It is at this stage that a person will benefit most from intense intervention. This can include: emotional support; advice about benefits and entitlements; appropriate magnification aids; confidence-building by undertaking activities with peers; home visits to assist with lighting and other practical modifications to help with activities of daily living; orientation and mobility training; and enabling access to information in print-alternative formats.

Typically then, someone with a vision impairment will require relatively short-term assistance for example, the provision of a particular aid or item of equipment or training in the acquisition of a new skill. These short-term interventions are directed towards successfully enabling a person to live independently and continue his/her participation in community life. The episodic nature of such services mean that people with vision loss only seek the intervention required when their vision or circumstances change or when they have a need for something different. This might be: the uptake of a new piece of equipment or a software upgrade requiring further training; or moving house requiring orientation and mobility training in a different environment.

Through the provision of centre based activities and home based therapy support, many clients are able to enjoy an enhanced quality of life, develop social networks and acquire the required skills for coping with vision impairment. There is increasing demand from consumers who wish to participate in activities which they view as challenging, stimulating and contributing to their overall sense of wellness. This demand is directly related to the ageing of the Australian population and the impact of chronic health conditions such as diabetes and obesity, which are two of the National Health Priority Areas.

The Association is the only provider of specialist therapy support to people who are blind or have vision loss in Western Australia. Each week the Association receives up to 20 referrals from Ophthalmologists, Optometrists and medical practitioners requesting support for frail aged people who are suffering from the consequences of age related vision loss. This request is made because the vision loss cannot be improved and there are no avenues for further medical intervention. These individuals typically live independently within the community or with family carers and have suffered a loss of confidence and independence as a result of deteriorating vision. The Association's professionally qualified staff specialise in helping people minimise the adverse functional impact of their vision loss. Such expertise however, can be of direct benefit to people beyond those with a vision impairment. For example, Orientation and Mobility Instructors can transfer their skills to assist people with other difficulties, such as those with an acquired brain injury.

It could be argued that service provision of the type described above is not typical of the ongoing high care support (often in residential facilities) envisaged for many older Australians yet it needs to be accommodated within the proposed model.

9 Quality, Efficiency and Effectiveness

In order that people with a disability receive the best possible care and level of service provision, it would be reasonable to assume that this scheme will require service providers to meet some form of recognised quality assurance program.

Staff who deliver services to people with a vision impairment require a high level of expertise and there is need to ensure appropriate workforce training and planning for this sector – particularly for the uniquely specialised professionals such as Orientation and Mobility Instructors and Guide Dog Instructors.

Will service providers require accreditation? How will service providers be monitored to ensure that staff are appropriately qualified or experienced and that the services delivered meet required standards?

It will be necessary for service providers to be accountable and demonstrate their compliance with regulatory requirements and other quality measures in an open and transparent way. Such processes however, need to be effective but also simple, streamlined and efficient rather than many currently imposed, counter-productive systems that are cumbersome, unreasonably time-consuming and financially burdensome.

10 Checks and Balances

Any new scheme must provide access to *independent* advocates. Such advocates would support individuals with a vision impairment, as needed, to navigate processes and pursue their rights.

Individuals also need to readily and easily access a grievance or appeal process in cases where they experience difficulties, barriers or exclusions. This process needs to be separately administered, transparent, efficient and supportive.

11 Data

There are concerns that the report's calculation of the number of people with a disability does not reflect those clients serviced by agencies in the not-for-profit sector. Should this be the case, it will have immediate affect on the amount of available funding per person.

The Association has been participating in an important Western Australian study, the *Epidemiology of Blinding Eye Disease*. Study results have implications for the way in which the Association might follow up its clients and encourage further vision testing. From a broad perspective however, there has not been significant investment in research and data collection activities around rehabilitation services for people with a vision impairment – particularly within the not-for-profit sector.

There is a need to ensure comprehensive, timely data collection to inform and help shape future service provision and effect beneficial systemic change.

12 Complementary Systems

With respect to the two Productivity Commission reports (*Disability Care and Support* and *Caring for Older Australians*), there is a critical need to ensure that people with a vision impairment do not “fall down the cracks” that might arise due to any interface misalignments between the two proposed systems.

As detailed above, of considerable concern is the arbitrary age based criterion that determines whether a person who experiences vision loss is included within the NDIS system or the aged care system – and how this might impact on the services received and any financial implications for the individual. Whatever the structural outcome, individuals within either system should experience no difference regarding the manner and timeliness of their access to appropriate services, the nature and quality of services received and any costs to the individual.

13 Conclusion

The Association is supportive of the *intent* of the NDIS. However, its concerns about the impact on and outcomes for people with a vision impairment render it unable to provide unqualified support overall. Our organisation looks forward to a final report from the Productivity Commission that adequately addresses these concerns.

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