



# Blind Citizens Australia

Ph 1800 033 660 | E [bca@bca.org.au](mailto:bca@bca.org.au) | W [bca.org.au](http://bca.org.au) | ABN 90 006 985 226

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## Response to the Exposure Draft – Aged Care Bill 2023

Lodged via email: [AgedCareLegislativeReform@health.gov.au](mailto:AgedCareLegislativeReform@health.gov.au)

Author: Dr Corey Crawford, National Policy Officer

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15th February 2024

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# 1. Introduction

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## 1.1 About Blind Citizens Australia

Blind Citizens Australia (BCA) is the peak national representative organisation of and for the over 500,000 people in Australia who are blind or vision impaired. For nearly 50 years, BCA has built a strong reputation for empowering Australians who are blind or vision impaired to lead full and active lives and to make meaningful contributions to our communities.

BCA provides peer support and individual advocacy to people who are blind or vision impaired across Australia. Through our campaign work, we address systemic barriers by promoting the full and equal participation in society of people who are blind or vision impaired. Through our policy work, we provide advice to community and governments on issues of importance to people who are blind or vision impaired. As a disability-led organisation, our work is directly informed by lived experience. All directors are full members of BCA and the majority of our volunteers and staff are blind or vision impaired. They are of diverse backgrounds and identities.

## 1.2 About people who are blind or vision impaired

There are currently more than 500,000 people who are blind or vision impaired in Australia with estimates that this will rise to 564,000 by 2030. According to Vision Initiative, around 80 per cent of vision loss in Australia is caused by conditions that become more common as people age.<sup>1</sup>

Australians who are blind or vision impaired can live rich and active lives and make meaningful contributions to their communities: working, volunteering, raising families and engaging in sports and other recreational activities. The extent to which people can actively and independently participate in community life does, however, rely on facilities, services and systems that are available to the public being designed in a way that makes them inclusive of the needs of all – including those who are blind or vision impaired.

## 2. Submission Context

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Recommendation 1 of the Royal Commission into Aged Care Quality and Safety, also known as the Aged Care Royal Commission, was that the Commonwealth government develop a completely new Aged Care Act.<sup>2</sup>

BCA welcomes the opportunity to make a submission to the Department of Health and Aged Care regarding the exposure draft for the Aged Care Bill 2023. This submission builds on BCA's contribution to the Aged Care Royal Commission.<sup>3</sup>

The aim of the Bill, according to the Department's Consultation Paper No. 2, is 'to create a simplified, rights-based legislative framework that comprises one main piece of primary legislation that establishes and regulates the aged care system, and a single set of subordinate legislation, known as the Rules.'<sup>4</sup>

BCA's submission is based on the following legislative and policy frameworks:

- Aged Care Bill 2023 (Cth) – Exposure Draft.
- A New Aged Care Act: Consultation Paper No. 2.
- Royal Commission into Aged Care Quality and Safety – Final Report.
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability – Final Report.
- Australia's Disability Strategy 2021–2031.
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

BCA's submission is also based on extensive consultations with members and other people who are blind or vision impaired, and our ongoing advocacy work in the disability sector.

## 3. Blind Citizens Australia's Submission

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### 3.1 Eye health and aged care

#### The origins of the Aged Care Royal Commission

The Commonwealth government announced the Aged Care Royal Commission in September 2018. The following day, the first of a two-part Four Corners exposé of the deplorable state of residential aged care in Australia was broadcast on ABC TV.

Some of the most disturbing footage was of a woman in her nineties who was blind and hard of hearing. She had sold her unit and used her pension to move to a residential aged care facility (RACF) in Sydney, where her family thought she would be safe and well cared for.

Instead, she was severely neglected by the staff. This Second World War veteran spent the final months of her life alone and without basic sanitation, adequate nutrition or functional hearing aids.<sup>5</sup> No person who is blind or vision impaired should ever be treated this way.

#### The need for document accessibility

Highlighting the inaccessibility of government websites, smartphone applications and documents is one of BCA's most often repeated tasks. Screen reader users' inability to access the recent final report of the Independent Review into the National Disability Insurance Scheme is just the most recent example.

BCA welcomes the explicit reference to people who 'are deaf, deafblind, vision impaired or hard of hearing' in the new Act's Statement of Principles.<sup>6</sup> However, the new Act must go further and include a guarantee that all aged care materials will be available in multiple accessible formats.

This accords with Recommendation 4.14 of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (also known as the Disability Royal Commission or DRC).

DRC Recommendation 4.14 stipulates the Commonwealth government's duty to provide information 'in at least two formats accessible to people with disability.'<sup>7</sup> BCA

recommends that the Commonwealth provide aged care materials in the following accessible formats: audio, large print, e-text and braille.

To meet DRC Recommendation 4.14, BCA reminds the Commonwealth that it is essential for all government websites – including those pertaining to aged care – to conform with the most recent version of the Web Content Accessibility Guidelines (WCAG), currently WCAG 2.1.

**Recommendations:**

1. Include in the new Act a guarantee that all aged care materials will be available in audio, large print, e-text and braille formats.
2. Ensure that all Commonwealth websites – including those pertaining to aged care – conform with the most recent version of the Web Content Accessibility Guidelines (WCAG), currently WCAG 2.1.

**The need for more data**

Approximately seven per cent of Australians aged 65 or older lived in RACFs in 2019–20.<sup>8</sup> The absence of national level survey data makes it difficult to determine the prevalence of eye diseases and conditions for Australians living in RACFs.

Smaller Australian studies and international research suggest that 60 to 75 per cent of Australian aged care residents are vision impaired and/or in need of active monitoring or treatment for eye conditions.<sup>9</sup> BCA strongly recommends that the Commonwealth undertake additional research in this area.

**Recommendation:**

3. Undertake much-needed research into the prevalence of eye diseases and conditions amongst aged care residents.

**The need for collaborative eye care**

Ageing contributes to a number of common eye conditions that need to be monitored, including cataract, glaucoma, age-related macular degeneration, and diabetic retinopathy.<sup>10</sup> There is, however, room for optimism.

As explained by Optometry Australia, 'While older people are more likely to develop a chronic vision disorder, early diagnosis and treatment can stop or slow the progression of many conditions.'<sup>11</sup>

In Recommendation 38b of the Aged Care Royal Commission, Commissioner Briggs set a 1st July 2024 deadline for RACFs to 'have arrangements with optometrists and audiologists to provide services as required to people receiving care.'<sup>12</sup>

Optometry Australia noted that, as of April 2022, that recommendation had not been fulfilled. Difficulties in accessing ophthalmic care due to location or cost results in a 20 per cent drop out rate for RACF patients who require intravitreal injection treatment.<sup>13</sup>

A 2018 report by Macular Disease Foundation Australia similarly found that only 25 per cent of aged care residents had an ophthalmology consultation in their clinical records. Residents' major barriers to receiving specialist treatment were transport to the ophthalmologists' rooms, cost and securing family/carer consent.<sup>14</sup>

Nascent collaborative eye care models have allowed participating optometrists around Australia and New Zealand to work with ophthalmologists and other health professionals to improve outcomes for all patients – not just those in aged care settings – and to lower costs and improve the efficiency of the health system.<sup>15</sup>

Replacing the siloed approach to eye care with collaborative care has produced promising results in both hospital and community settings, including those in urban, regional and remote locations.<sup>16</sup>

BCA thus echoes Optometry Australia's call for the Commonwealth to provide the funding needed to embed collaborative eye care models into mainstream healthcare services across Australia.

**Recommendation:**

4. Provide additional funding to embed collaborative eye care models into mainstream healthcare services across Australia.

### The spillovers of improved eye care

Australian researchers have found that poorer levels of eyesight in older people are associated with comorbidities such as depression and frailty.<sup>17</sup> Researchers have also

demonstrated that vision impairment leads to more frequent falls for older people, and that 39 per cent of injury deaths and 43 per cent of hospitalised injuries for older people are due to falls.<sup>18</sup>

Providing additional funding for the prevention and treatment of vision loss is therefore one of the best things the Commonwealth could do to reduce the burden on Australia's creaking aged care sector.

**Recommendation:**

5. Provide additional funding for the prevention and treatment of vision loss, thereby reducing the likelihood of older people experiencing depression, frailty and falls.

## 3.2 Closing the gap between aged care and the NDIS

### A failure to meet Recommendation 72

Aged Care has become a sector which, according to a recent world-first study, routinely fails to provide appropriate care for residents.<sup>19</sup>

In the landmark study, published in January 2024, a team of Australian researchers found that aged care residents received evidence-based care for common conditions such as skin integrity, end-of-life care, infection, sleep and medication less than half the time.<sup>20</sup>

Depression symptoms affect 52 per cent of permanent RACF residents, and yet management of depression had the lowest rate of care for any common condition. On average, residents with depression receive care in line with guidelines just 12 per cent of the time.<sup>21</sup>

These statistics confirm what BCA members have known for several years. That is, the level of care offered in aged settings does not meet the standards people with disability have come to expect since the national rollout of the National Disability Insurance Scheme (NDIS).

This constitutes a failure to achieve Recommendation 72 of the Aged Care Royal Commission, namely:



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.<sup>22</sup>

### The ongoing neglect and abuse in aged care

Despite three years elapsing since the completion of the Aged Care Royal Commission, neglect and abuse remain persistent features of Australia's aged care system. In the 2022–23 financial year, for example, two-thirds of safety and quality inspections at RACFs were carried out by third-party consultants, despite the significant risk entailed by outsourcing this service.<sup>23</sup>

In October 2023, Oscar Care Group warned that up to half of RACF residents were still 'at risk of malnutrition or malnourished.'<sup>24</sup> In January 2024, the Department confirmed that COVID-19 vaccination booster rates for aged care residents had fallen from 58 per cent in September 2023 to the current level of 30 per cent.<sup>25</sup>

The Committee for Economic Development of Australia (CEDA) has found that the recent aged care reforms (preceding this new Act) – which require staff to perform 200 minutes of direct care a day per resident, including 40 minutes of nursing care – have, ironically, forced some aged care providers to shut down beds and wards.<sup>26</sup>

CEDA reported that at least 18 RACFs closed down entirely in 2023. With more than half of all aged care facilities operating at a loss, additional closures are anticipated.<sup>27</sup>

The closure of beds, wards and entire facilities are largely a result of severe staff shortages, particularly in regional and remote areas. CEDA has warned of a shortfall of 110,000 frontline workers in the aged care system by 2030.<sup>28</sup> This will further burden Australia's healthcare system, as many older people will be consigned to living indefinitely in hospitals.

### 3.3 The growing need for aged care policy reform

#### A bevy of challenges

As noted in the Department's Consultation Paper No. 2, 'Embedding the concept of high quality care in the new Act sends a strong message that we want [aged care] providers and workers to aim higher and not just comply with minimum requirements.'<sup>29</sup>

In reality, the confluence of relatively low wages, poor working conditions, limited career progression and a lack of affordable housing is discouraging workers from entering and remaining in the aged care sector.

A lack of workers is limiting providers' capacity to meet minimum requirements, let alone, as the Consultation Paper envisages, 'to innovate, continuously improve and strive towards delivery of high quality care at all times.'<sup>30</sup>

These problems are structural and, without reform, will only worsen as Australia reckons with steadily declining birth rates and the world's third longest life expectancy.<sup>31</sup>

#### Potential areas of reform

Without substantial policy reform in the near future, Australia will not have the resources needed to provide its ageing population with high quality care. Aged care reform, according to CEDA, should be situated within 'a broader tax-reform conversation.'<sup>32</sup>

As recognised by the Aged Care Task Force, Australia's aged care system requires a funding overhaul.<sup>33</sup> As outlined by CEDA, the Commonwealth should consider 'a user-pays system for aged-care clients who meet certain income or asset thresholds.'<sup>34</sup>

Furthermore, exorbitant housing costs are having a significant effect on the aged care sector. Pensioners living in private rentals are moving to RACFs sooner than they otherwise might have liked to, as they cannot afford to pay the rent.<sup>35</sup>

Those RACFs do not have enough staff because many low-income earners simply cannot afford to live in major cities like Sydney anymore.<sup>36</sup> Nor can they afford to live in many regional areas.<sup>37</sup>

As explained by the Productivity Commissioner, Peter Achterstraat, 'High housing costs work like a regressive tax, with the burden falling disproportionately on low-income earners.'<sup>38</sup>

**Recommendations:**

6. Pursue aged care reform as part of a broader national tax reform agenda.
7. Create more affordable housing so that older people are not forced to enter RACFs prematurely and younger people can access housing whilst working in the aged care sector.

## 4. Summary of Recommendations

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In developing the new Aged Care Act and additional aged care reforms, the Commonwealth government should consider the following recommendations:

1. Include in the new Act a guarantee that all aged care materials will be available in audio, large print, e-text and braille formats.
2. Ensure that all Commonwealth websites – including those pertaining to aged care – conform with the most recent version of the Web Content Accessibility Guidelines (WCAG), currently WCAG 2.1.
3. Undertake much-needed research into the prevalence of eye diseases and conditions amongst aged care residents.
4. Provide additional funding to embed collaborative eye care models into mainstream healthcare services across Australia.
5. Provide additional funding for the prevention and treatment of vision loss, thereby reducing the likelihood of older people experiencing depression, frailty and falls.
6. Pursue aged care reform as part of a broader national tax reform agenda.
7. Create more affordable housing so that older people are not forced to enter RACFs prematurely and younger people can access housing whilst working in the aged care sector.

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<sup>36</sup> The Guardian, “Sydney Risks Becoming ‘City with No Grandchildren’ as Housing Costs Push Out Families, Expert Warns,” 13 February 2024, <https://www.theguardian.com/australia-news/2024/feb/13/sydney-risks-becoming-the-city-with-no-grandchildren-as-housing-costs-push-out-families-expert-warns>

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