Vision Australia’s response to the Productivity Commission’s preliminary findings on stage one of Human Services reform

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Summary

Vision Australia is pleased to have the opportunity to make recommendations to the Productivity Commission to help ensure that the services the Commission identified as being best suited to greater competition, contestability and informed user choice are accessible, affordable and high-quality and include legislative provisions that consider the needs and rights of the blindness and low vision community.

In this submission we will highlight issues that must be considered during development of the reform of the proposed reform areas in human services, including accessible information, access to third party advocates, the protection of thin markets, quality and safeguarding standards and the stewardship role of government.

People who are blind or have low vision are frequently reliant on the six priority areas for reform identified in the first stage of the Productivity Commission’s inquiry into human services reform. The blind and low vision community often experience lower income, lower employment rates, and higher reliance on the benefits system, leading to a greater representation in the grant based community services sector, public dental, social housing, and public hospitals. Aboriginal and Torres Strait Islander people have a higher incidence of vision impairment: this, combined with the comorbidity of other health or societal conditions, leads to a greater need for these services; with concurrent geographic barriers to service access.

We are concerned about the tension between guaranteeing the quality of services and trying to improve outcomes for people who are blind or have low vision, and the goal of reducing costs through increased contestability and competition. There is a blurring that can occur when introducing competition and contestability to seek ‘improved outcomes for service users’ and to reduce costs, where each is given a false equivalency. One does not always lead to the other, yet

this link can be assumed by policy makers and Government programs when promoting such changes. While the intention is that one will lead to the other; too often they are set one against the other and service users suffer poor outcomes.

Prior to tender, outcomes for programs and services should be designed in conjunction with service users, providers, and experts both within and outside government. They must focus on achieving sustainable, measurable, and relevant outcomes for service users, and realistic funding requirements should be attached to those outcomes to ensure service providers are willing and capable of meeting those outcomes.

The Preliminary Findings note that there is an ‘expectation that services meet a minimum standard’. This must not be just an expectation, but an obligation: these are crucial services that must be available to ensure the equal access to services for all. In addition to the increased reliance on these services by people who are blind or have low vision noted above, poor access to information, inaccessible complaints or reporting mechanisms, and a lack of understanding of sensory disability needs, can lead to barriers to addressing problems, and poor service outcomes.

Transparent processes must be in place for the development of quality and safeguarding frameworks. As has been seen in the introduction of the NDIS Quality and Safeguarding Framework, there have been long delays in developing, sharing, and introducing protections for service users. The NDIS Quality and Safeguarding Framework is yet to be adopted, and although the final version is being considered by COAG, it has not been released for service users or service providers to consider. The stewardship role of Government must be prioritised, and in any future reforms, the Quality and Safeguarding Framework must be developed and established before major changes to service delivery or provision. Anything less leaves people who are blind or have low vision exposed to unconscionable risk.

Accessible information

The public reporting of human services performance, in order to increase competition and informed user choice, will be of no use to the blindness community if the information is not provided in accessible formats.

Vision Australia has found through our own research that up to two-thirds of our clients do not have access to the internet, and a recent survey revealed that just 16.7% of our clients use a Smartphone. When further broken down according to age cohort, only 6% aged over 65 used a smart phone, compared to 52% of people aged 19 – 65.

For those members of the blindness and low vision community that do have access to internet and smartphone technology, it is imperative for apps and online information to be presented in an accessible format. People who are blind or have low vision often use a voiceover function on a smartphone in order to listen to the information appearing on the screen – apps compatible with the voiceover screen-reading software enable them to have equal access to information and services. People who are blind or have low vision often access online information through the use of screen reading software – online information presented in accessible formats is similarly important to full participation.

Research commissioned in 2012 by the Australian Communications and Media Authority (ACMA) found that among the general population, in the 65 and older age cohort there was only a 15% usage of smartphones. 70% of Vision Australia’s 27,500 clients are aged over 65.

The reform of Human Services, based on informed user choice, is likely to rely on technology, such as apps or internet sites to display information about services, like public hospitals for example. The provision of information on these platforms will not lead to benefits for the majority of people who are blind or have low vision.

The “digital gap” that currently exists between those who can take advantage of new and emerging technologies, and those who cannot, requires effective regulatory framework that creates a level playing field for all consumers.

Access to third party advocates

For people with intellectual disability and for those who are elderly and frail there is need for the provision of third party advocates to ensure that informed user choice does not put these groups at a disadvantage. People with intellectual disabilities may not be able to comprehend complex information and understand their options and people who are elderly may be suffering cognitive decline and require assistance to utilise the user choice model.

Incidents of blindness and low vision increase with age. 70% of Vision Australia’s 27,500 clients are aged over 65.

While we promote independence and recommend that outside assistance is a last resort for people who are blind or have low vision, when combining blindness and low vision with the potential for higher rates of age related cognitive decline, it’s essential that independent advocates are available for those who may struggle to make human services choices alone.

Social housing

Article 19 of the UN Convention on the Rights of People with Disability states that people with disability have the right to ‘choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement.’ The current housing situation for people who are blind or have low vision is underpinned by poor social or economic circumstances, and inadequate or inappropriate housing is a key barrier to participation in the community.

People who are blind or have low vision face economic and social disadvantages that restrict their housing options, including:

- low incomes
- higher living costs
- potentially truncated working careers
- discrimination in the private rental market
- limited capacity to express their housing needs as an effective demand within the market

The access to adequate housing also allows for stability and removes many worries and concerns that people with blindness and low vision face about the security of their lives and living situations. This flows on to enabling meaningful participation in work and education to a far greater degree, as stability can mean:

- it becomes easier to commit to more consistent hours of work
- people can retain a central location and familiarity with their surrounds
- developing a feeling of certainty about their living situation, making it easier to identify suitable work

This issue encompasses the problem of home ownership as well – for sighted people, financial security often relies on the key asset of home ownership, but this is an asset that people with blindness or low vision struggle to attain.

In 2010 the Office of the Public Advocate in Victoria produced recommendations for improving access to housing for people with a disability, including the development of a Disability Housing Strategy. This has not been done. It also noted that ‘the provision of public housing to people with disabilities must therefore become a key priority within Victorian public policy [… and] increased investment in public housing, together with a greater level of disability-awareness, will result in a fairer and more effective service for vulnerable Victorians.'

Vision Australia recommends that any reforms to social housing should require the development of a National Disability Housing Strategy, including prioritising access to social housing for people with disability. Additionally, accessibility and universal design standards should be strengthened to ensure all modifications to existing stock, or new public housing projects, meet the needs for people who are blind or have low vision. If there are to be new entrants in the provision and management of social housing, there must be stringent requirements to ensure they consider and meet the needs of all members of the community.

Public hospitals

The Commission's preliminary findings assert that overseas there are examples of health systems where patients are able to access information about hospital services in advance, like compare doctors and hospitals for example and that patients having access to choice has given providers the incentive to improve service quality and efficiency which led to better patient outcomes.
We agree that in principal informed user choice could well be advantageous to patients; however there must be strict quality benchmarks and all information must be accessible.

> **Case Study**
> Belinda has type-one diabetes. As a result of her diabetes the tissue in her eye detaches and bleeds which leads to partial blindness for periods of time. The bleeds occur on a frequent basis. They can be managed to some extent with out-patient procedures at an eye clinic, delivered by her ophthalmologist. However she was advised in 2014 that to decrease the frequency of bleeds she would need eye surgery. So, Belinda did as advised and went to a public hospital in Victoria for the surgery.
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> She was sedated and given local anaesthetic then her eye ball was frozen, lazered and injected. After the surgery her eyes were stuck closed for three days. At this time she was discharged from hospital and stayed with her parents. She needed constant care as she was without any eyesight and had no experience or equipment to manage as a blind person alone. She found the surgery traumatic both during and afterwards. After she recovered she sought psychological treatment to process the trauma of the experience.
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> One of the most common elective surgical procedures in public hospitals is cataract surgery. While Belinda's eye surgery was not elective, it does demonstrate the intrusive and potentially traumatic nature of eye surgery.

Public hospitals will deliver cataract surgery to a great number of Australian's. When designing Human Services reform focusing on competition and informed user choice in hospitals, the design of standards must reflect the possible disruption and distress that temporary blindness can inflict on a patient and there must be partnerships between hospitals and blindness rehabilitation services to provide the maximum support for people undergoing elective and other eye surgeries. People who have cataracts, have impaired vision, so when taking up their user choice, they must be provided the necessary information in accessible formats. People with Cataracts also tend to be over the age of 70 and this is a group who, research tells us, has limited access to and will to engage in online activity. Therefore all information provided about public hospitals must be done so in a variety of formats, traditional methods like face to face and by telephone, innovative methods like app and online portals and accessible formats like braille and audio for example.

Specialist palliative care
Our recommendations in relation to the reform of palliative care services based on competition, contestability and informed user choice are as previously stated in this submission; information

must be provided in accessible formats, standards must be designed to include clinician understanding of blindness and low vision and third party advocates must be available to people who require assistance to take up their user choice.

Public dental services

As identified above, people who are blind or have low vision are more likely to rely on government benefits such as the Disability Support Pension (Blind), and consequently, services such as public hospitals and public dental services. Accessible information formats must be provided, and consideration given to adequate public dental service provision in regional, rural, and remote regions. Reforms should be structured to ensure people who are blind or have low vision can still access them for preventative and responsive public dental services no matter where they live.

Services in remote Indigenous communities

There is an increased incidence of blindness and low vision among Indigenous people and much of this occurs in remote Indigenous communities. For Indigenous adults:

- Blindness incidence 6 times that of non-indigenous,
- Blinding Cataract is 12 times more common in Indigenous adults,
- Rates of Cataract surgery are 7 times lower,
- Waiting time for Cataract surgery is 88% longer than mainstream.

Any reform to service provision in remote Indigenous communities must address the lack of choice, the lack of service reach, and the dramatically different health outcomes for Indigenous people. Vision Australia urges the Productivity Commission consider the recommendations contained within The Roadmap to Close the Gap for Vision, which outlines clear policy changes to address the needs of Indigenous people in remote communities.

Grant-based family and community services

There are many shifts occurring in the family support services sector at present. The Royal Commission into Child Sexual Abuse has begun to change the landscape of children’s services, even before it has finished or it has made final recommendations. Victoria provides examples of changes in the way the sector will respond to family and domestic violence, with the new Roadmap for Reform beginning implementation. These and other examples such as practice improvements in out of home care, show how the over used term ‘best practice’ can change and be revisited.

Australia’s ageing population adds additional burdens on all of these systems. As noted above, there is a higher incidence of blindness and low vision amongst older people. An example of the potential impact of this within family and community services is the increased reliance on grandparents becoming kinship carers. Vision Australia has provided advocacy to a number of older Australian’s who have a vision impairment as they sought to become kinship carers to their grandchildren. There have been additional obstacles and barriers in place: these have been related to poor understanding of the capabilities of people who are blind or have low vision, and the provision of inaccessible information formats. Mary’s case study below illustrates some of the issues that should be considered in any reform.

> **Case Study** (specifics and names altered for privacy reasons)
> Mary is a grandmother with low vision who has looked after her granddaughters in the past for long periods of time, when they were removed from her daughter by child protection in Victoria. Recently, Mary’s other daughter has been looking after the children, although they were about to move back in with her.

> DHHS raised concerns about Mary becoming the primary carer for her granddaughters due to Mary’s vision impairment and concerns that she cannot navigate the built environment. Mary can make her way around her home and community, and has been a capable carer for her own children, and now her grandchildren. The additional burden of proof required to show she could continue caring for her grandchildren added to her stress and the financial burden of becoming a kinship carer. There were not adequate supports in place to help her meet these requests, and information was often provided in inaccessible formats. The issue dragged on for months before being resolved.

About Vision Australia

Vision Australia is the largest provider of services to people who are blind, deafblind, or have low vision in Australia. It was formed through the merger of several of Australia’s most respected and experienced blindness and low vision agencies.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families. The service delivery areas include:

- early childhood
- orientation and mobility
- employment
- accessible information (including library services)
- recreation
- independent living
- Seeing Eye Dogs
- Registered service provider for the NDIS and the My Aged Care portal
- advocacy, and working collaboratively with Government, business and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has gained unrivalled knowledge and experience through constant interaction with our over 27,500 clients and their families, and also through the involvement of people who are blind or have low vision at all levels of the Organisation. Vision Australia is therefore well placed to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant client consultative framework, with people who are blind or have low vision representing the voice and needs of clients of the Organisation to the Board and Management. Vision Australia is also a significant employer of people who are blind or have low vision, with 14.5% of total staff having vision impairment.

Vision Australia also has a formal liaison arrangement with Blind Citizens Australia (BCA) through a Memorandum of Understanding for a number of purposes, including collaboration, so that Vision Australia’s systemic advocacy and public policy positions are, wherever practicable, consistent with the programs and policies of Australia's peak body representing people who are blind or have low vision.