The Australian Rehabilitation and Assistive Technology Association (ARATA): Response to the National Disability Insurance Scheme RFI on an Early Childhood Assistive Technology Approach

Prepared and submitted in July 2021 for
SPC1263 Request for Information (RFI)
Designing an Early Childhood Assistive Technology (AT) Approach by the National Disability Insurance Scheme (NDIS)

Prepared by

The Australian Rehabilitation and Assistive Technology Association (ARATA)

ARATA would like to acknowledge and thank the many ARATA members and other AT stakeholders who contributed their knowledge and expertise to inform this submission.
a. Full name of the respondent
The Australian Rehabilitation and Assistive Technology Association

b. Trading name
ARATA

c. Australian Business Number
20602750949

d. Registered office
c/o Unit 2, 25-41 Redwood Drive, Dingley, Victoria 3172

e. Date and place of incorporation
24 November 1994, New South Wales

f. For a foreign firm or company, details of its registration, incorporation and place of business in Australia
Not applicable

g. Particulars of any foreign national, foreign bodies etc. in a position to exercise or influence control over the respondent
Not applicable

h. Details of ARATA’s background, experience and resources relevant to the RFI
ARATA is the national peak body representing rehabilitation and assistive technology (AT) stakeholders, working to advance access to rehabilitation and assistive technologies, and to promote practices that ensure positive outcomes from their use for people with disabilities. ARATA provides a national forum for information sharing and liaison between people who are involved with the use, selection, customisation, supply, research and ongoing support of rehabilitation and assistive technologies. We promote, develop, and support the national rehabilitation and assistive technology community of practice. Through its membership,
ARATA represents the interests and opinions of the full range of assistive technology stakeholders in Australia. ARATA’s response to the NDIS RFI SPC1263 therefore encompasses many viewpoints, and advocates that roles for all stakeholders must be considered, most importantly people with disabilities and their families who may engage with the NDIS. ARATA has made various previous submissions to the Australian government. See http://www.arata.org.au/education-resources/publications/

Of note for this RFI, the ARATA membership is made up of many assistive technology (AT) stakeholders, including AT users, advisors, suppliers, developers, researchers and educators. Some ARATA members who inputted to this response are NDIS participants and some are family members of NDIS participants who are in the early childhood age bracket, or who are aged outside that bracket (e.g. adolescents and adults). Over 50 ARATA members inputted to the following response and ARATA thanks them for their important contributions. This RFI holds important concepts and a draft early childhood AT approach (section 3 of the RFI) that is proposed to be implemented with children, and may be extended to other cohorts. Hence, ARATA felt it was important to invite ARATA members and other key AT stakeholders to share their experiences of the current state, areas for improvement and suggested strategies, as well as review of the draft Approach.

The Board of ARATA hosted two key consultations to attempt to achieve this in the RFI timeframe:

- A joint consultation with a major children’s hospital health network in Melbourne, Victoria and a major children’s community service provider in Sydney, NSW (that provides state-wide services), hosted by ARATA via Zoom on Monday 28th June 2021 – 17 attendees participated in this consultation
- An ARATA member consultation, hosted via Zoom, on Friday 2nd July 2021 – 43 attendees participated in this consultation.

In addition, ARATA members were invited to provide written responses to the Board if they were unable to attend the consultation, or wanted to note additional points. A total of four additional written responses were received. Seven key themes emerged from these consultations, and are outlined in Appendix A of this response.
Responding to section 7.2 of the RFI

Summary Response to Statement of Requirement from the Australian Rehabilitation and Assistive Technology Association (ARATA)

In summary, ARATA endorses the position of the National Disability Insurance Agency (NDIA) that there is a need for improvement of assistive technology (AT) outcomes for NDIS participants, and also to respond to the public and other stakeholder expectations of efficient utilisation of public funding to meet the AT needs. Any work the Agency leads in this area must hold central the features of good AT practice\(^1\), and mitigate the risk of AT issues arising\(^2\).

ARATA agrees that empowered participants get better outcomes from the market; whilst acknowledging that for some individual needs and AT requirements, participants will need to draw on specialised AT advisory services to augment their knowledge and build effective empowerment.

The NDIA identifies from this RFI that the new Approach proposed (section 3 of the RFI) is for children younger than 7 in the first instance; however, ‘will be expanded to older age cohorts as the market develops and/or as the Agency determines’ (p. 7). The NDIA has noted that they may use the feedback gained from this RFI to inform the design of a new approach to the provision of AT for children; however, the Agency is also seeking feedback on the proposed approach.

ARATA understands that the Agency is committed to changing the way AT is provided for children younger than 7 so that participants have timely access to AT that represents value for money. The Agency states that this includes giving participants more options for sourcing

---


and/or accessing AT, such as trial before buying and access to equipment loan pools. The NDIA identifies in the RFI documentation that ‘the requirements to shape a new early childhood Participant AT supply market are complex’ (p.6) and ARATA agrees with this. There is no doubt that to achieve a commitment to change, the NDIA and/or Government is going to need to invest in supply-side responses, whilst at the same time addressing the range of systemic issues that exist both within the Scheme and outside of it.

The NDIA has identified the range of systemic issues that impact the AT experience of participants in the early childhood group of NDIS scheme participants (see figure 1, page 8 of the RFI). Some of these relate to the internal workings of the NDIA, some relate to the NDIS AT provider and advisor markets, and some relate to NDIS participants’ and their family’s knowledge, information literacy, and AT experience. Collaborative codesign of an effective, equitable and individualised approach to early childhood AT is therefore required. Importantly, any approach must start by the prioritising work to address the systemic issues that exist. However, the current RFI moves in section 3 of the document to a proposed solution using participant cohort modelling, categorisation of participants into low, medium and high function/AT complexity groups, and applying AT packages and budgets (Tables 1 and 2) – ARATA strongly believes this proposed model is not adequately evidenced and costed and also will not work because it does not address the full range of systemic issues that have been identified. The 2018 final report of the Joint Standing Committee of the NDIS inquiry into Assistive Technology provided a road map of work to address these systemic issues, and further recommendations are provided in the response outlined below.

ARATA remains available to collaborate with the NDIA, as well as people with disability, their families, and other Disabled Persons’ Organisations and peak bodies, to ensure that improved processes – and any proposed approach piloted – meets the needs of any Australian with disability who is an NDIS participant, and has AT needs. In this submission, ARATA draws on knowledge from the consultations we held – and the work of the Joint Standing Committee inquiry into assistive technology – to make five key recommendations to the NDIA in relation to this RFI. All of these recommendations relate to the key questions posed in this RFI, and the relevant question/s have been noted against the recommendation.
Responding to RFI Question 7.3 and 7.5

Recommendation 1: Do not proceed to a pilot of the proposed Early Childhood AT approach as outlined in Section 3 of the RFI documentation until further sector consultation is undertaken.

The NDIS RFI proposes a new approach to early childhood AT provision outlined in Section 3 on pages 7–11 of the RFI. Development of the early childhood AT approach with the NDIS participant and provider market is vital in ensuring its success. Working with participants and their families, AT assessors, advisors and suppliers will build a robust approach which tailors individualised and sustainable options with built in flexibility to participants’ plans to allow for rapid changes in children’s growth and development. There are considerations that ARATA members and other stakeholders have raised throughout our consultations that are not represented in the draft approach, and the NDIA’s consultation on this proposed approach has been limited to date.

ARATA therefore endorses the position taken by other peak bodies from the National Assistive Technology Alliance that the NDIA’s request for information regarding the draft Early Childhood AT approach has not been adequate to date, for four key reasons:

1. The timeframe for response to, and restricted nature of, the AusTenders RFI
2. The level of consultation with families of children who are AT users – the RFI has limited detail but does note a consultation with ‘over 30 families nationally’ (page 8 of RFI), which is 0.2% of the 13,652 Early Childhood NDIS participants having AT (page 23 of RFI) and thus not adequately representative of the early childhood group
3. The limited consultation (including the current RFI) with AT suppliers, assessors and advisors who are a necessary part of the AT ecosystem – the RFI has limited detail, but NATA notes that some NATA members have attended 1-2 NDIA-run roundtable events focusing on targeted areas of the broader Early Childhood AT approach proposed
4. A roadmap to address the systemic AT issues which exist internally within the NDIA and have been documented by the Joint Standing Committee inquiry into assistive technology\(^3\) – these are noted throughout the RFI (e.g. see diagram on page 8) but
without strategic work on internal Agency issues and other factors, any new approach has a high risk of failure.

The proposed early childhood AT approach in Table 1 and 2 of the RFI document outlines the creation of standard categories of function and corresponding AT complexity. It is not an accurate representation of the complex and multi-faceted nature of the early childhood AT users within the NDIS (i.e. children with physical and neurological disabilities) or the AT assessment, prescription and implementation for the cohort from which the data has been gathered.

- The draft approach in the RFI indicates that the Agency is attempting to use outcome measure scores and/or algorithms to make AT decisions (similar to the Independent Assessments approach) – this does not align with best practice approaches to AT (see ARATA position statement1,2).
- The needs of children with disability and receive Early Childhood Early Intervention supports via the NDIS do not increase in complexity in the linear pattern that is proposed in Table 1 in the draft approach. For example, a child may have minimal physical AT needs, but complex behaviour support, communication and/or electronic AT needs.
- Table 1 and 2 and the proposed approach also do not consider children with degenerative conditions whose AT needs will likely become more complex as the child develops. ARATA notes that a specialised approach for this group will be required.
- The proposed approach makes assumptions that AT needs for a child are predictive; however, experience from expert AT users and their families, as well as AT assessors and advisors, suggests that flexibility in NDIS plans for children is required due to the frequently-changing landscape of a child’s development and how they may or may not respond to early intervention treatment. For some children, they may require more complex AT in the younger years and, as they grow, develop and improve in their skills and abilities, their need for AT becomes less complex. For others, their need for complex AT will remain throughout and beyond their early childhood years. The current proposed approach does not recognise this variability.
In addition, the proposed approach as it is drafted does not appear to consider innovative and emerging AT into the market, nor does it allow for innovative AT solutions to assist a child to meet their functional goals.

To evidence-inform any proposed changes – and ensure a finalised early childhood AT approach is effective – further consultation must be undertaken with:

- Families of children who use AT – currently in the RFI documentation it is noted that only 0.2% of ECEI NDIS participants/families have been consulted to understand their lived experience;
- Organisations with expertise in the provision of AT advisory services – via the National Assistive Technology Alliance and ARATA, key peak bodies in the area of AT who stand ready to provide expertise to the NDIA to further inform the draft approach released;
- Organisations with expertise in the provision of AT products and advisory services to children – a particular focus is need on consultation to inform thin market supply regions and there are existing learnings from various pilots the Agency has taken (e.g. the Exceptionally Complex Support Needs program funded by the NDIA).

**Responding to RFI question 7.4**

**Recommendation 2:** To empower families and children to make decisions regarding AT, the NDIA and/or Government will need to invest in impartial information sources that are delivered in varied ways (online, face-to-face, via phone, through the provision of AT assessor or advisor services funded via capacity building budget funds allocated within NDIS plans).

Empowering participants and families to be more informed, involved and confident when making decisions in regards to their child’s AT needs is vital to the NDIS premise of choice and control. Knowledge of what AT features and supports work best for the participant and family often comes through lived experience trialling multiple options and through peer support. However, as AT complexity increases, advice of an impartial AT assessor with the NDIS participant and family and the AT supplier is required. This will ensure that expert knowledge regarding good practice principles\(^1\) are consistently applied, and also ensure
quality and safeguarding of AT outcomes, whilst assisting to avoid potential conflicts of interest.

Without assessor advice, NDIS participant or family-led AT decisions pose questions regarding liability and responsibility if the AT choice does not meet the person’s needs or causes harm. There is risk that AT supply will decrease in the market if responsibility and liability falls to the AT supplier or advisor for correcting erroneous choices made by participants and families in regards to AT. AT costs, delays in correct supply, and risk of potential high levels of AT abandonment need to be considered when developing a model to empower participants to make AT choices.

Empowered consumers – being, in the case of this RFI, families of children considering AT options – require accessible and impartial AT information services. Independent AT information sources are unlikely to attract income streams to keep them up-to-date and viable, unless sustained (rather than time-limited) government investment (e.g. via one off NDIS grant funding) is provided. If the NDIA wishes to empower families and people with disabilities to make informed AT choices, the Agency and/or government will need to invest in impartial AT information services. Existing AT participant forums on digital media, such as AT Chat³ and Assistive Technology Australia’s Certificate IV in AT mentoring⁴, provide a starting point for developing resources and training to empower participants and families to support a market driven by informed consumer demand. Following, the ILC Australia National Equipment Database⁵, which is currently transitioning to the Ask NED AT database⁶ via NDIS one-off grant funding, is a platform that should be shared frequently and nationally by the Agency (with adequate ongoing investment to stay up to date and be retained over time) as a comprehensive and independent online AT information source.

All of these information resources however require digital access and literacy, and some NDIS participants or families will not have capacity to use these sorts of digital information products, and will require alternative AT information sources. The loss of Independent Living

⁴ https://at-aust.org/home/training/at_mentoring.html
⁵ https://ilcaustralia.org.au/search_category_paths
Centre phone-based, email and showroom options across Australia has caused a major impartial and accessible AT information gap for people with disabilities and their families. Funding is required to develop these resources to ensure all cohorts and geographical contexts have access to them nationally.

**Responding to RFI question 7.7**

**Recommendation 3:** To design and/or invest in a viable AT loan and reissue program, the NDIA must engage with and learn from the work of state-based aids and equipment services; however, more work is required by the NDIA to understand the true cost – and the benefits and risks – of AT loan pools, recycling and refurbishment.

As stated in final reporting by the Joint Standing Committee (JSC) on the NDIS inquiry into Assistive Technology in 2018\(^7\), an important step in exploring strategies to address the current AT issues the NDIA and JSC have both identified is to engage with and learn from the state-wide AT equipment services:

> ‘The committee heard compelling evidence on the efficiency of the operation of AT equipment services in states and territories prior to the NDIS … Given the experience, skills and expertise of the state schemes, the committee suggests that the Agency enter into agreements, or Memorandums of Understanding with them to process and manage applications instead of the Agency’.

The NDIA should engage with these expert entities to understand options for loan pools, new and refurbished AT supply, as articulated by the JSC in 2018:

> ‘Loan pools, recycling, and refurbishment of assistive technology have long since been a feature of any [government-funded] aids and equipment programs. The NDIS model, with an emphasis on an individual bespoke solution for each participant, does not sit easily within those previous systems. However, not every AT solution is a fully customised piece of technology that can only be utilised by its intended recipient. There are thousands of standard items that the committee heard were being purchased at high cost, on an individual basis,

and not being recycled or re-used afterwards. Evidence to the inquiry suggests that there are improvements and efficiencies possible ...’.

As part of this consultation, ARATA members advised that loan pools, recycling and refurbishment of AT may work for lower risk AT; however, they advised that recycling and refurbishment programs for medium to high cost AT are hard to deliver in an effective and financially viable way (at a minimum break-even, but to attract market growth a profit margin will be required). If implemented and managed well, members advise that AT loan pools for standard items – funded via specialised granting rounds or government funding – have demonstrated a reduction in AT wastage and increase value for money, including via bulk purchase/stock items and opportunity to trial for longer periods to ensure correct AT choice and prescription. However, again, these programs are difficulty to make break-even, and thus have relied on government funding and support.

Engaging with and learning from the state-wide equipment programs will also help the NDIA to understand the true cost, and benefits and risks, of AT loan pools, recycling and refurbishment. As part of this additional work, looking at where AT market segments where loan or hire has worked in the past (e.g. sleep systems; AAC and environmental control; modular AT systems e.g. standing frames) will provide the Agency with important learning for future market development.

For loan, recycle and refurbishment, issues identified by ARATA members included freighting costs for delivery and pickup; cleaning costs and quality (noted for further consideration in the COVID-19 environment); ensuring the needs of the person is central to product selection rather than the person being fitted to an available product; customisation advice and costs; administration/debt-collection/asset write off when an item is damaged or not returned; and ensuring availability of the latest products. In addition, necessary quality and safeguarding needs to be in place to ensure refurbished and recycled AT meets necessary TGA requirements. Tracking of the AT is also required for potential market recalls. Consideration needs to be given to responsibility and liability if the refurbished or recycled AT does not meet manufacturers safety standards.
For the above range of reasons, this is why programs that offer loan pools, recycling and refurbishment of AT have traditionally been supported through government-funded aids and equipment programs – the non-government market has not responded to date due to the lack of the ability to identify a viable business solution. For the early childhood AT group, the small number of participants and narrow profit margins on goods – when coupled with the national geographical response required – makes this even less viable as a break-even model (see Appendix A in the RFI, which provides cohort data analyses).

**Responding to RFI questions 7.3 & 7.6**

**Recommendation 4:** The demand for AT assessors, and subsequent market failures, is growing rapidly in both metropolitan and (even more) in regional/remote areas – credentialing for NDIS-funded AT assessors will be beneficial as AT complexity increases; however, workforce gaps are leading to extensive AT assessor waitlists and this mean NDIS participants may call on less experienced clinicians for AT advice.

Strategies to grow availability of an effective NDIS AT assessor market (including allied health professionals) is required – ARATA members advise that providers are closing their books to new referrals or preferencing work that does not include medium to complex AT as the process is too challenging for both the participant and the AT assessor. Experienced AT assessors are under even further pressure to meet the market demand whilst also supervising and building capacity of less experienced clinicians who are delivering AT services under their mentorship. Unless the NDIA expands efforts to attract and grow the AT assessor/advisor market for medium to complex AT assessments, the current lack of capacity will continue to grow, regardless of any changes to the early childhood AT approach undertaken.

The 2018 JSC review recommended ‘The committee strongly recommends that the NDIA adopt the SWEP credentialing model for prescribing Assistive Technology’ and ARATA supports further focus on this recommendation. The NDIA is invited to draw on the significant body of work ARATA has undertaken over the past eight years to examine options for viable model of national AT credentialing of AT advisors. The NDIA can also be informed
by Schemes such as Insurance and Care NSW (icare) and the Transport Accident Commission (TAC) in Victoria in relation to their engagement and investment in existing approaches to AT prescriber guidelines (icare) and/or AT assessor credentialing (the TAC).

Specific to ARATA’s body of work, our Association is ready and willing to work with the Agency to share these learnings to inform a viable approach to ensure consistent and high quality AT advisory services. However, credentialing alone will not impact the current AT assessor workforce gaps that mean, for some NDIS participants, AT advisory services are simply not available.

**Responding to RFI Question 7.6**

**Recommendation Five:** The NDIA will need to provide incentives and supply-side funding for AT advisors and suppliers to gain national coverage within any proposed early childhood AT approach.

National coverage for a ‘one size fits all’ model is currently problematic due to a number of factors that will require an NDIS supply-side investment or incentivisation. These include:

- Thin markets for AT assessor/advisor and AT supply exist in regional, rural and remote Australia with providers and/or participants needing to travel long distances to engage in assessment, trial and implementation of AT. This incurs cost and time delay for providers, suppliers, participants and their families. With an early childhood cohort, often delays in AT implementation make the prescribed piece of AT obsolete as the child has grown and developed from time of assessment and trial.

- The notion of forming consortia and/or partnerships to ensure national coverage brings with it complexities regarding responsibility for AT supply, freight, set up and delivery, especially when the bulk of AT used in Australia is imported from overseas and large amounts of stock are not held in Australia due to cost and logistics.

- Shipping/freighting AT into areas where there are no current AT services relies heavily on the participant and their informal supports to receive, set up and utilise AT in a safe and reliable manner, which is beyond their responsibility and jurisdiction of providing informal support.
The risk of unsafe AT use, potential risk of injury to the participant and/or family and support workers and AT abandonment is increased if not assessed for, trialled and implemented by expert and impartial AT advisors and suppliers.

This complexity further highlights the need for greater sector consultation – and enactment of key recommendations from the 2018 Joint Standing Committee report on assistive technology – to inform any supply-side investment or incentivisation.

As the Joint Standing Committee noted in their final report, “The Senate committee strenuously suggests that the Agency does not re-invent the wheel yet again by attempting to design a model with all the features of the models in place before the Scheme rolled out, but with much worse outcomes for all stakeholders, including tax payers”.

Conclusion

It is ARATA’s position that the final Early Childhood AT approach adopted by the NDIA must be designed with a full understanding of the complexity of the area of AT advice, assessment, supply, customisation, repair, and maintenance for children, and the varied AT information needs that need to be made available to ensure the empowerment of families. Any approach piloted should hold central the features of good AT practice, as this will assist to mitigate the risk of AT issues arising. Addressing the systemic issues detailed within the five recommendations outlined in this response will be necessary first – before pilot of any new AT approach – if the Agency is to deliver ‘improvement of assistive technology (AT) outcomes for NDIS participants, and also to respond to the public and other stakeholder expectations of efficient utilisation of public funding to meet the Assistive Technology needs’.

To understand the complex AT issues at hand, we suggest that the Agency needs to design a response that represents all features of the AT ecosystem 5Ps: people (AT users who are children aged 0-7 and their families), products (assistive products), provision (service

---

delivery), personnel (the AT assessor and advisor and repair/maintenance workforce), and NDIS policy. The current draft approach (section 3 of RFI) does not adequately represent all people who are NDIS participants (e.g. Tables 1-2) or the assistive product packages (e.g. Table 1 is currently focused on seating and mobility and self-care products – more work is required by the Agency to ensure this approach is representative of the broad scope of AT needs of early childhood Scheme participants). Collaborative work will be required to expand this Approach to represent the complex intersection of the 5Ps, to ensure an effective AT ecosystem is available for a child and family when significant and permanent disability exists.

In closing, we recommend that the final NDIS Early Child AT approach adopted requires both a greater timeframe and a broader sector consultation than the work undertaken by the Agency to date. We believe that the NDIA’s request for information regarding the draft Early Childhood AT approach has not been adequate to date for the reasons outlined in this submission, and more work is required before the approach outlined in section 3 of the RFI is piloted.

We thank the NDIA for releasing this RFI, and encourage the Agency to work further with AT stakeholders – including AT users, advisors, suppliers, developers, researchers and educators – to ensure that the proposed early childhood AT approach adopted is evidence-informed, viable and wholistic, and therefore effective. ARATA looks forward to further consultation, and is available to share our community of practice’s knowledge and expertise to ensure effective AT outcomes for NDIS participants and their families.

A/Prof Libby Callaway  Ms Elizabeth Nade
ARATA President  ARATA Member
Appendix A: Summary of key themes emerging from ARATA consultations

1. NDIA AT systemic issues and complex processes
   a. Delays continue to exist in NDIA review and approval of AT requests, meaning additional time and cost is then incurred to re-assess and re-quote for desired AT in the early childhood cohort due to rapid changes in growth and development. The health and/or wellbeing of the child may be at risk, due to lack of access to appropriate AT.
   b. An essential factor to empower participants and support informed consumer demand is to have adequate capacity building budgets in participants’ plans to ensure AT delivery, set up and training can be appropriately implemented for effective AT outcomes. Currently this plan budget allocation may be missed and then AT advisory services to build capacity of the family to make decisions on and secure AT, and to appropriately and safely implement AT may be limited.
   c. Systems, processes and transparent communication between the planners, NDIS participants and their families, and AT advisors/prescribers requires improvement to ensure systemic impacts don’t negate any reforms piloted.

2. AT supply market and suppliers
   a. The NDIA proposed early childhood AT approach does not accommodate the thin AT supplier or AT advisor market especially within regional, rural and remote communities – this systemic issue needs to be addressed.
   b. Current issues with current NDIS systems (e.g. in relation to delays with orders and payments) does not incentivise AT suppliers to pilot a proposed early childhood approach.
   c. Bespoke requirements for regional, rural and remote responses are required. With this comes high cost and complexity with minimal return on investment.
   d. Speed of access of AT for the early childhood cohort is concerning. AT stock of highly specialised AT is not kept in country due to low volume/demand and thin margins to carry expensive stock, hence delivery times are lengthy.
3. **AT assessor/advisor workforce**
   a. Clinical advisory expertise is often needed for effective AT supply to ensure the selected AT will meet the participants goals and integrate into theirs and their family’s daily activities.
   b. Capability within the market varies and AT assessor/advisory workforce gaps exist with minimal opportunity to build capacity due to fee for service model of NDIS.
   c. There is a lack of capacity of experienced AT advisors due to high market demand and need to re-prescribe AT due to incorrect original prescription from another inexperienced provider.
   d. There is a need to build capacity and capability within AT assessor/advisor workforce to address thin markets in regional, rural and remote environments. There is benefit to implementing a capability/credentialing framework and implement learnings from state-based providers to address these workforce requirements.

4. **AT loan/reissue**
   a. Consideration is required of all related costs including establishment and ongoing procurement of stock to meet a wide range of needs and complexity levels, logistics, storage, warehousing, IT systems, cleaning, repairs and maintenance and workforce requirements.
   b. There are many useful learnings from state-based schemes that should be drawn upon from the sector to inform any new pilot approaches.

5. **Participant AT decision making matrix & cohort AT packages and budgets (Tables 1 & 2 in RFI)**
   a. There is a strong alignment with past Independent Assessment approach of metrics/algorithms leading to AT outcome which is not best practice.
   b. Table 1 in the RFI is heavily weighted towards requirements of a participant with a physical disability and does not consider participants who experience cognitive, social communication and/or behavioural support needs, nor does it consider
children with degenerative conditions or those who need access to targeted
electronic assistive technology.
c. Further work and revisions are required to effectively map AT needs in this
manner.

6. Capacity building of participants/families
   a. Opportunity to build capacity and knowledge of participants and families in the AT
      sector so they understand what AT features work best for them is very important.
   b. Impartial AT advisory services and/or an AT mentoring model could benefit
      participants and families to build capacity in this area and consideration should be
      made regarding how to roll this out at a national level (and not just via
      online/digital means), given the loss of Independent Living Centre showrooms and
      phone-based advisory services.
   c. There are concerns regarding responsibility and/or liability from participant-led AT
      choice if the AT choice does not meet the person’s needs.
   d. Necessary quality and safeguarding is required to ensure specialised AT advice and
      effective AT outcome when working with participants/family and the supplier with
      medium to high complexity AT.

7. Complex, customised and emerging AT
   a. Alternate pathway for NDIS request and approvals will be required due to lack of
      evidence to inform practice, and lack of ability to create AT packages as proposed
      in Table 1 of RFI.
   b. Requirement for concept of ‘practice-based evidence’ with new and emerging AT
      entering the market.