ARATA’s Response to the Royal Commission into Aged Care Quality and Safety:
Considerations for Assistive Technology

PREPARED FOR
Royal Commission into Aged Care Quality and Safety

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About ARATA

The Australian Rehabilitation and Assistive Technology Association (ARATA) is the national peak body representing rehabilitation & assistive technology stakeholders, working to advance access to rehabilitation and assistive technologies, and to promote practices that ensure positive outcomes from their use. 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 (AT) stakeholders in Australia: AT users, AT researchers, AT suppliers, and AT Practitioners including most allied health professions and rehabilitation engineers. ARATA’s response to the NDIA’s AT Discussion Paper therefore encompasses many viewpoints, and advocates that roles for all stakeholders must be considered. ARATA is linked to sister organisations worldwide through the Global Alliance of Assistive Technology Organisations and the CREATe ASIA Agreement. ARATA has made previous submissions to government:


About Assistive Technology

Assistive Technology (AT) is an umbrella term for any device or system that allows individuals to perform tasks they would otherwise be unable to do, or increases the ease and safety with which tasks can be performed (World Health Organization, 2004). Assistive technology can be anything from a simple device in the kitchen to a wheelchair or a computer application. Assistive technology is vital in enabling participation in society despite the presence of disability. Assistive technology not only minimizes the impact of impairments, but it enables people to:

- enhance their independence
- work and volunteer
- care for themselves and others
- engage in cultural, social, educational, recreational and spiritual lives alongside the rest of the community
**Assistive technology and aged care**

Older people have been identified as a group who could most benefit from assistive technology by the World Health Organization. ARATA members also have clinical, personal and research experience of younger people being forced to live in residential aged care when there are no other options available to them, and frequently this group also requires assistive technology (1). ARATA greatly welcomes the opportunity to contribute to the discussion around technology within Aged Care in Australia. We hope our submission assists the Royal Commission in establishing an appropriate and measured response to the promise and challenge of technology within Aged Care. It is ARATA’s position that access to well considered and implemented Assistive Technology is in accord with the human rights of people with disabilities, including older people, in order to lead full participatory lives.

Based on clinical, research and organisational experiences of ARATA members, here is a summary of recommendations from the Association:

1. **Equity in access to assistive technology** needs to be addressed, such that older people with disabilities (whether lifelong or acquired in later life) can access the supports including assistive technology (AT) that meet their needs consistent with the United Nations Convention of the Rights of Persons with Disability (2).

   *It is essential that older people (living with disabilities or age-related conditions) can access assistive technology and other supports that enable participation within and contribution to their communities. This equity in access is a human rights issue. It is currently challenged by the existing funding models that do not support comparable access to AT for older people as other AT funding schemes in Australia (e.g. the National Disability Insurance Scheme (NDIS) for people aged under 65 years who experience significant and permanent disability). There is no evidence that older people do not need AT at the same levels – in fact, the World Health Organization identifies older people as a particular group who would benefit from access to AT (3).*

2. **That assessment and access to the Aged Care Scheme involves health professionals with sufficient expertise in health, participation and ways of supporting these in later life, including identifying the need for and offering advisory services regarding AT. In conjunction with this, the use of an allied health assistant and peer support workforce within an appropriate delegation framework can enhance access to services, effective use of AT, and also may streamline service delivery processes (4,5,6).*
Supporting health, participation and wellbeing is an essential aim of Aged Care services. The involvement of suitably qualified health professionals in assessment and provision of services (supported by an appropriate workforce) enables appropriate evaluation of care needs and design and provision of appropriate equipment and services. For assistive technology provision, a range of health professionals, AT practitioners and expert users may be required to support appropriate services and outcomes (7).

3. While technology may provide innovative and life changing supports for independence, participation and quality of life, its introduction needs to be supported by evidenced, best practice. It should also consider the preferences of users. There is an emerging evidence base to support use of technology with older people and people living with dementia, and recommendations for practice can be made (8). Considerations of the preferences of older people and people with dementia relating to care provision, access to human supports and concerns about surveillance should be included within service design, provision and monitoring. Consumer preference and emerging ethical evaluations of substitution of care via AT, and the use of surveillance and monitoring technologies, demonstrates that an ethical framework is needed to a) establish acceptability and b) support personal choice and c) establish the mix of substitution and supplementation of AT and care which is ‘fit for purpose’ for each individual (9).

   a. This means suitably experienced health professionals and AT practitioners should be engaged (this will require training and support of future workforces).
   b. Provision of AT should be individualised and goal-related, with the user involved.
   c. A process of personalised matching, adaptation of technology, training, and support for use should be followed (7).

4. The importance of access to services that provide information, advice and support regarding the range of AT options available should not be underestimated. The loss of funding provided to Independent Living Centres in each state of Australia has caused a significant information gap, particularly for older Australians who may not have the digital literacy to use the online national equipment database. Independent AT information services play a vital role in the successful uptake of AT by older persons, supporting choices made by consumers, families, carers and allied health professionals, and providing a conduit for design feedback to industry.

   Sufficient resourcing of and equitable access to assistive technology services that provide information, advice and support in finding and using assistive solutions, and to quality assistive products, is required (7).

   Require all levels of government to ensure continued and appropriate levels of funding of Independent Living Centres to ensure ongoing availability of
well established, consumer-focused, independent assistive technology information services, particularly for those people who do not have access to AT advisory services through other means (e.g. the NDIS) (10).

5. Technology may also support caregiving roles – and this technology should be considered in addition to those used by clients of services. Processes of development and deployment of technology-based systems to support caregiving should involve clients of the service, staff involved, and understanding of the tasks, the environment, and ethical considerations.
   a. Personalised adaptation should be supported by suitably trained people.
   b. Opting out should be possible and discussed between all involved parties.
   c. Outcomes of technology introduction should be monitored.

6. Building a body of evidence for AT use in aged care needs to be supported and prioritised by existing and new research funds. Government needs to urgently resolve the issue of effective AT advice and supply within residential aged care.
   While there is an emerging body of research about the effectiveness of AT within these contexts, there is consensus that further research is a priority (11,12).
   For example, the Rapid Evidence Review identified that in Residential Aged Care some basic care equipment may be provided, but little, if any, holistic quality of life-enabling AT is usually considered. (13)

7. Ongoing training and upskilling of staff will be required to enable the benefits of AT to be realised within the Aged Care System.
   Making AT-related training accessible for staff within the Aged Care industry, and within Continuing Professional Development options for health professionals, will support gains related to the adoption of AT options within aged care.

8. We are at a key time for rapid mainstream technology development. This could bring further benefits within aged care, if development is targeted and meaningful. For meaningful development, provision and support of mainstream and specialised assistive technology, it is necessary to engage a broad section of the population in making decisions about future technologies (e.g., robotics, Artificial Intelligence). This needs to include older people receiving support in the Aged Care System.
   Scaffolding the understanding of issues at hand (including human rights and ethical considerations) needs to be supported so all parties involved in the application of this developing AT can also be involved in decision making about future technology development. This will require collaboration between technology industry, practitioners, researchers and aged care professionals.
industry, and may require formal requirement that technology deployed in the aged care sector have this kind of prior consideration (14).

9. To optimise outcomes via technology within aged care, new, targeted technologies will need to be created. Developing new technology for aged care service users will need to be supported (e.g., via funding or education) and needs to be person, rather than technology, focussed.

Users will need to be included throughout the design, testing and evaluation stages. Consideration of broader ethical implications needs to occur (14).

10. The Australian Aged Care System should act in accordance with global initiatives to support continued community participation of older people and people with disabilities, including World Health Organization’s Rehabilitation 2030 (16) and Global Cooperation on Assistive Technology (GATE) (17).

11. Disaster preparedness in ageing and disability requires attention. We propose attention is given to the specific needs of at-risk populations in the event of natural disasters, including consideration of access to, maintenance of, and support for assistive technologies. The World Health Organization is leading this work, noting the findings on the disabling loss of AT in disasters by HelpAge International (see A rapid needs analysis for North East Syria: Key findings on age, disability and technology) (18).

In the Australian context, there has been recent activity by Disabled Persons Organisations and individuals to highlight the importance and assist the consideration of person-centred preparedness, including AT considerations, in the current COVID-19 pandemic environment (19). This is an important area of focus for aged care also. In addition, given recent world events, the potential role of technologies in facilitating access to required support and prevent social isolation also requires consideration, future development and funding support.

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References


