A submission responding to the Commonwealth Department of Health Report on a new Assistive Technology and Home Modifications Program for In-home Care, submitted by members of the National Assistive Technology Alliance.

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SECTION A Introduction

About the National Assistive Technology Alliance

The National Assistive Technology Alliance (NATA) is an initiative of the Assistive Technology (AT) sector in Australia. NATA’s vision is to ensure a positive future for all AT stakeholders by working collaboratively to influence policy, industry standards and practice for the AT sector.

NATA was initiated in April 2017 by several state-based Independent Living Centres and the Australian Rehabilitation and Assistive Technology Association (ARATA), collaborating and connecting with the AT sector in response to rapid policy change. NATA is now a community-of-practice of 28 peak national stakeholders. This broad-based Alliance welcomes nationally focussed organisations concerned with assistive technology use, innovation, manufacture, supply, provision, service delivery, research, education or oversight.

NATA Participants fall into five broad stakeholder groups (Figure 1):

- AT Consumers
- AT Practitioners
- AT Services
- AT Suppliers
- AT researchers/educators

NATA is an unincorporated entity with an organising committee comprising a nominee from each of these stakeholder groups. Currently this committee is inclusive of Blind Citizens Australia, Allied Health Professions Australia, Lifetec Australia, the Australian Rehabilitation and Assistive Technology Association (ARATA) and the Assistive Technology Suppliers Australia (ATSA). NATA has an appointed Independent Chair (currently Dr Natasha Layton from ARATA).

Quarterly teleconferences and an annual face-to-face meeting, in addition to peer mentoring and resource dissemination, has generated substantial shared knowledge and information that is connecting stakeholders on matters of mutual concern and pooled, sector knowledge to contribute
to AT policy, practice, research and education. As a centralised point for knowledge sharing and a portal for communication across the diverse AT sector, NATA’s activities are prioritised by member participants.

NATA participants who are signatories to this submission:

- Australian Rehabilitation and Assistive Technology Association (ARATA)
- Ability First Australia
- AGOSCI (was Australian Group on Severe Communication Impairment)
- Allied Health Professions Australia (AHPA)
- Assistive Technology Suppliers Australia (ATSA)
- Australian Association of Gerontology (AAG)
- Australian Federation of Disability Organisations (AFDO)
- Australian Orthotic and Prosthetic Association (AOPA)
- Australian Physiotherapy Association (APA)
- Blind Citizens Australia
- Council on the Ageing (COTA)
- Dietitians Association of Australia (DAA)
- Home Modifications Australia (MODA)
- LifeTec Australia
- Limbs 4 Life
- National Committee on Rehabilitation Engineering (NCRE)
- National Disability Services
- Occupational Therapy Australia (OTA)
- Pedorthic Association of Australia
- Rights & Inclusion Australia
- Speech Pathology Australia (SPA)
- Spinal Life Australia
- TAD Australia (Technical Aid to the Disabled)

NATA would also like to acknowledge and thank subject matter experts Mr Rod Harris and Mr Peter Willcocks for their contribution to this submission.
International instruments that guide this Australian policy response

NATA members view the implementation of a proposed new AT-HM Scheme for in-home care as an important step in ensuring the rights of older people, including those with permanent and severe disability, are adequately promoted, protected and upheld into the future.

As noted by the World Health Organization:

“Access to assistive technology is a fundamental human right, a legal obligation for all countries within the Convention on the Rights of Persons with Disabilities (CRPD) and a prerequisite for the full and equitable achievement of the Sustainable Development Goals.” (i)

Australia is a signatory to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and has made a commitment to uphold the rights expressed therein. (ii) (iii)

The CRPD includes specific articles that further highlight the need for robust AT-HM policy. For example:

- Article 19 focuses on the right to live independently and be included in the community, which may be enabled by home modifications and/or the use of assistive products.
- Article 20 focuses on the right to personal mobility, which may be assisted by the use of mobility and transfer aids.
- Article 21 focuses on the right to freedom of expression and opinion and access to information. This right may be enabled via assistive products such as Augmentative and Alternative Communication (AAC), assistive technologies and smart home and communication systems. (iv)

Furthermore, a 2017 report published by the Special Rapporteur on the Rights of Persons with Disabilities acknowledged that:

“States must establish legal and policy frameworks that ensure that support services and arrangements, including assistive technologies, are available, accessible, adequate and affordable.”

Introductory comments from NATA members

We thank the Department of Health and Aged Care (the Department) for providing NATA with an opportunity to submit feedback on its report on a proposed new Assistive Technology and Home Modifications Program for In-home Care (the report), published in December 2022. While the Department’s report reflects many of the points raised by NATA members during the co-design process on which it was based, we are concerned that a number of important factors have been overlooked or still require further consideration. As such, this submission will focus on aspects of the proposed scheme we feel must be strengthened or further refined as the Department develops a final model for Government consideration. Members of NATA welcome the opportunity to work with the Department to progress this agenda and ensure the new AT-HM scheme for in-home care is fit for purpose into the future.

Definition of terms

For brevity, the term “AT-HM” will be used throughout this submission to refer to assistive technology and home modifications. While these interventions may at times be implemented
concurrently, assistive technology and home modifications can also be discrete responses that may be used to meet the goals and needs of older Australians within the new scheme for in-home care. The proposed scheme and all subsequent guidance materials and policy instruments will need to reflect the distinction between AT and HM. The following definitions of these two terms are provided below.

**Assistive technology (AT)**

Assistive technology is an umbrella term for the combination of assistive products and the services needed to ensure safe assessment, distribution and use. Assistive products consist of any product (including devices, equipment, instruments or software), especially produced or generally available, the primary purpose of which is to maintain or improve an individual’s functioning and independence, and thereby promote their well-being. Assistive products are also used to prevent impairments and secondary health conditions.

**Home modifications (HM)**

Home modifications are defined as “individually tailored interventions, that eliminate barriers in the home environment”. The relationship between assistive products and environments can be viewed as a technology chain, from assistive products located in an accessible environment (e.g., shower stool in stepless recess), through to fittings (e.g., handrails, wired smart home technologies) and built features which intersect with assistive products (e.g., ramps with handrails, no-sill doorway with ceiling track and hoist). The following standards guide the aspects of environmental interventions in scope for NATA – AS/ISO 9999 (2018) Class 18: Furnishings, fixtures and other assistive products for supporting activities in indoor and outdoor human-made environments.
SECTION B Summary of recommendations

Recommendation 1 Authentic co-design
The Department must commit to genuine and authentic co-design throughout all phases of the design and implementation of the new scheme. This will require:

- Transparency around who will be included in the co-design process to ensure the knowledge and experience of stakeholders with specific subject matter expertise is meaningfully included
- The genuine inclusion of people with disability who have lived experience of managing more complex, non-age-related needs for AT-HM support
- A shared understanding about the meaning of co-design and the particular approach adopted by the Department
- Application of evidenced approaches to optimise authentic engagement with the marginalized population groups identified in the report
- Transparency around stakeholders engaged, as well as key timelines, milestones and deliverables.

Recommendation 2 Inclusivity
The Department must adopt more inclusive language to ensure the new scheme is not solely based around frailty and ageing and is adequately equipped to respond to the needs of:

- People with age-related disability or functional decline
- People who acquire disability due to the chronic, progressive or degenerative nature of a condition or illness
- People who were born with or acquired disability prior to their 65th birthday, but who do not meet the age eligibility requirements for the NDIS.
- People over 65 who acquire disability through a non-compensable accident or injury.

Recommendation 3 Alignment to Royal Commission recommendations
The Department must ensure the new scheme aligns with the aspirations of Recommendation 72 from the Royal Commission into Aged Care Quality and Safety and provides equitable access to AT-HM for older people with disability who are not eligible for the NDIS. The Department must utilise existing evidence pertaining to the inequitable provision of AT-HM and meaningfully engage with older people with lived experience of disability to inform scheme alignment.

Recommendation 4 Updated objective
The objective of the new scheme must be updated to the following:

“The objective of a new AT-HM scheme is to ensure all older Australians have timely access to safe, accessible, adequate and affordable assistive technology and home modifications to:

- Help them live independently at home
- Facilitate their social and economic inclusion and participation in community activities.”
Recommendation 5 Amendment to Principle No.4

Principle 4 should be amended to read:

“Affordability and value for money – The scheme is affordable for eligible Australians. It also provides value for money to Government and Taxpayers when considering the social and economic participation of older people and the likely return on investment.”

Recommendation 6 Inclusion of timeliness

The list of principles must be updated to include “timeliness”, noting that the new scheme must:

- Prioritise responsiveness and acknowledge the importance of early intervention
- Recognise the potential for rapidly changing AT-HM needs (e.g., in the case of older people with progressive conditions) and respond to these accordingly
- Specify timeframes for decision making around the provision of GEAT and home modifications, consistent with the aspirations of other Government AT-HM Schemes (e.g., the Participant Service Guarantee within the NDIS).

Recommendation 7 Assistive product inclusions

The new scheme must fund assistive products for recreation as defined under class 30 of AS/ISO 9999 Assistive Products – Classification and Terminology. This will lead to enhanced quality of life for older Australians and ensure the new scheme is aligned with Recommendation 72 from the Royal Commission into Aged Care Quality and Safety.

Recommendation 8 Amendments to Table 1 AT-HM Categories

The product examples referenced in Table 1 must be updated to use accurate terminology according to AS/ISO 9999 and include more diverse examples to provide clarity around whether certain supports will be funded under the new scheme.

Recommendation 9 Intersection of legislation and local government impacts

Future documentation relating to home modifications must adequately convey the complexity that exists in relation to jurisdictional requirements and local government impacts.

Recommendation 10 Information, education and training

Information, education and training must be explicitly referenced under the list of wraparound supports to be funded under the new scheme.

Recommendation 11 Collaboration with stakeholders

The Department must work collaboratively with NATA and other key stakeholders to refine a multi-faceted approach to information, education and training that adequately responds to the diverse needs of older Australians. This should involve:

- Consideration of Independent Living Centres, roles for AT suppliers and associated telephone information services being re-established and supported under the new scheme
- Further exploration of the most effective approaches to delivering information, education and training to people living in regional and rural areas.
Recommendation 12 Wraparound supports

The Department must further clarify the wraparound supports that will be funded in the context of HM as distinct from AT. Ideally, the new scheme would include funding for:

- Individual assessment and prescription
- Timely application of modifications, informed by consumer input
- Good follow-up and evaluation, with adjustments being made where necessary
- Regular check-ins to ensure the positive impact of the modification is being maintained.

Recommendation 13 Engagement: home modifications

The Department must engage directly with NATA members with expertise specific to home modifications (including Home Modifications Australia as the national peak body for the home modifications industry), as it further refines its approach to the funding and implementation of home modifications under the new scheme.

Recommendation 14 Equitable access

The Department must adhere to recommendation 125 from the Royal Commission into Aged Care Quality and Safety as it works with stakeholders to develop a funding model for the new scheme, noting its obligation to ensure older people with disability are able to access assistive technology on an equitable basis with participants of the NDIS.

Recommendation 15 Workforce strategy

The Department must work collaboratively with the National Disability Insurance Agency, the Department of Social Services and other key stakeholders to develop a comprehensive workforce strategy to ensure future market demands are adequately met. This strategy must:

- Focus on increasing the workforce of trained allied health professionals, AT providers, qualified access-consultants and builders
- Establish a framework for the development and recognition of competencies for professions and trades involved in complex AT-HM assessment, prescription and installation
- Align pricing for assessment and prescription for AT-HM across service systems to ensure consumers are prioritized on a fair and equitable basis
- Ensure providers are adequately compensated for the additional time and cost associated with delivering services to consumers in regional and rural areas.

Recommendation 16 Engagement: AT subject matter experts

The Department must engage with Allied Health Professions Australia as peak body and its member organisations, noting a range of health professions are subject matter experts on various subsets of assistive products.

Recommendation 17 Advisory services for assessors and prescribers

Advisory services for assessors and prescribers should:

- Have an outbound educative function to enhance the capacity of assessors and prescribers across the sector.
- Be supported by a community of practice.
Recommendation 18 Centralised IT

The Department should consider implementing a centralized IT platform that guides consumers to the most appropriate solution to meet their individual needs, acknowledging that this may be a bespoke solution that sits outside the mass market for AT products.

Recommendation 19 co-designed IT user-testing

The Department must engage in a co-design process with older people with a diverse range of needs to ensure:

- All public-facing IT systems are intuitive, accessible and usable
- All “low-tech” solutions are responsive to the diverse needs of older people with disability and age-related functional decline.

Recommendation 20 Loan scheme costs

The Department must comprehensively review and document the perceived versus actual cost benefits of AT loan schemes, including consideration of:

- The increasingly complex supply, transport and storage logistics associated with the loan pool approach
- The perceived vs actual cost benefit of AT-HM loan pools for specific items
- The implications of infection control requirements in the ongoing COVID environment
- Costs associated with wraparound services and follow up support.

Recommendation 21 Loan scheme access

The Department must ensure its approach to loan items does not disadvantage older people with disability who are not eligible for the NDIS and provides them with choice and control over the AT solutions that will best meet their individual needs and circumstances.

Recommendation 22 Rental options

The Department could consider facilitating access to rental items as an alternative to, or in addition to, the loan pool approach. Should the Department proceed with the establishment of a loan pool, it will be critical to clarify how this approach will:

- Accommodate changes to clinical practices and new AT technologies
- Ensure loan items are properly serviced and maintained
- Handle the replacement of AT that has come to the end of its useful lifespan.

Recommendation 23 Good practice steps of AT provision

The Department must develop a process for the application of good-practice steps of AT provision for loan items to ensure products are safe, fit for purpose, and are able to be used by the consumer. This should involve:

- Trial
- Fitting
- Education and training
- Customisation (where appropriate)
- Follow-up to ensure the product is fulfilling its intended purpose.
Recommendation 24 Collection of data

The Department must collect data around the following in order to assist with data analysis around the benefits of early intervention:

- When diagnosis of condition/disability occurred
- When prescription occurred
- When the assistive technology or home modification was implemented or received.

Recommendation 25 Collaboration with Social Services

The Department of Health must work collaboratively with the Department of Social Services to:

- Determine how it will capture data relating to the provision of assistive technology to people with disability over the age of 65 and contribute to the monitoring of relevant outcomes under Australia’s Disability Strategy 2021-2031
- Actively engage in conversations around the implementation of the National Disability Data Asset to ensure there is a consistent approach to data collection across service systems
- Determine how it will contribute to the implementation of recommendation 73 from the Royal Commission into Aged Care Quality and Safety.

Recommendation 26 Management of AT products

The Department must clarify:

- Who will retain ownership over an AT product
- Who will be responsible for various aspects of the AT-HM product maintenance pathway
- How AT-HM products will be insured, and who will be held liable in the event that an AT product or HM is accidentally damaged or causes damage to a person or property
- Who will be required to make home modifications within rental properties.

Recommendation 27 Appeal process

The manual for the new scheme must clearly document an accessible and transparent process for appealing decisions in the event that AT-HM advisory recommendations are not supported by the scheme and/or a consumer’s AT-HM needs are not met.
SECTION C Recommendations in detail

Placing co-design at the heart of the new scheme

Many NATA members were involved in co-design sessions that were conducted by the Department in 2022 and valued the opportunity to participate in this work. We are concerned, however, about the lack of transparency surrounding this process. The report fails to provide clarity around who participated in the co-design process and how many individuals and organisations were involved in this work. We feel that this should be documented in the public domain.

We were pleased to see the need for further consultation reflected in the report. This approach is essential to implementing an assistive technology and home modifications scheme that is informed by people with lived experience and those with subject matter expertise, and adequately responds to the needs of the people it is designed to support.

We were also pleased to note the recognition of the need to engage with harder-to-reach cohorts who are not always sensitively or effectively included in Government consultations - including First Nations older people, older people from culturally and linguistically diverse backgrounds, and older people living in regional and remote areas. Genuine and well-planned engagement with these communities will take additional time, and may require alternate information and communication strategies, e.g., consultation forums that are coordinated by leaders from within each of these communities.

While we commend the Department on its commitment to co-design during the initial phase of this project, we note that the co-design process was very fast paced and intensive (three sessions of four hours within a single five-day working week). If continued, this approach will likely prevent a number of stakeholders with important subject matter expertise from meaningfully participating in the co-design process. To this end, we assert that authentic co-design must be imbedded throughout all aspects of the design and implementation of the new scheme.

RECOMMENDATION 1

The Department must commit to genuine and authentic co-design throughout all phases of the design and implementation of the new scheme. This will require:

- Transparency around who will be included in the co-design process to ensure the knowledge and experience of stakeholders with specific subject matter expertise is meaningfully included
- The genuine inclusion of people with disability who have lived experience of managing more complex, non-age-related needs for AT-HM support
- A shared understanding about the meaning of co-design, and the particular approach adopted by the Department
- Application of evidenced approaches to optimise authentic engagement with the marginalized population groups identified in the report
- Transparency around stakeholders engaged, as well as key timelines, milestones and deliverables.

Ensuring the new scheme is responsive to the needs of all older people and people with disability

We were pleased to see a commitment to the needs of people with progressive conditions reflected in the report. We support the need for a stronger preventative/intervention approach for this cohort, and time sensitivity to address the rapidly changing needs with which they may present.
Despite this fact, there are still some significant gaps that must be addressed to ensure the new Scheme is responsive to the needs of all older Australians.

Many older people experience age-related functional decline, which is why the prevalence of disability increases with age.\(^{(viii)}\) Despite this fact, there are also a number of people with non-age-related disability who will require support from the new AT-HM scheme due to the following factors:

- Anyone with a permanent and severe disability who would otherwise be eligible for the NDIS is prohibited from entering the scheme after their 65th birthday and must access support from the aged care system instead.
- A National Injury Insurance Scheme (NIIS) was rolled out alongside the National Disability Insurance Scheme (NDIS) for the purpose of providing lifetime care and support to people who acquire disability through catastrophic injury. The legislative framework surrounding the NIIS focuses primarily on individuals who acquire a disability in circumstances where insurance coverage is in place i.e., road accident, workplace injury, public liability or medical misadventure. As such, a number of older people who acquire disability through non-compensable accident or injury will be required to access AT-HM funding from the new scheme for in-home care.\(^{(ix)}\)

The above factors have been completely overlooked in the January 2023 updates to the Home Care Packages Program operational and consumer manuals. The manuals use the term, “age-related functional decline”, which is defined by the Department as:

> “A reduction in ability to perform activities of daily living (e.g., self-care activities) due to a decrease in physical and/or cognitive functioning associated with ageing.”\(^{(x)}\)

This approach, if continued in the new system, is likely to present significant challenges in supporting people with permanent, severe, non-age-related disability. Given AT-HM assessment is intended to occur as part of the broader aged care assessment process, there is concern that people may not be considered eligible for the scheme at all unless they can provide evidence of the fact that their needs are age-related.

In light of the above factors, it is critical that the new scheme has the capacity to respond to the distinct needs of the following four consumer groups:

- People with age-related disability or functional decline
- People who acquire disability due to the chronic, progressive or degenerative nature of a condition or illness
- People who were born with or acquired disability prior to their 65th birthday, but who do not meet the age eligibility requirements for the NDIS
- People over 65 who acquire disability through a non-compensable accident or injury.

**RECOMMENDATION 2**

The Department must adopt more inclusive language to ensure the new scheme is not solely based around frailty and ageing, and is adequately equipped to respond to the needs of:

- People with age-related disability or functional decline
- People who acquire disability due to the chronic, progressive or degenerative nature of a condition or illness
- People who were born with, or acquired, disability prior to their 65th birthday, but who do not meet the age eligibility requirements for the NDIS
Ensuring the new scheme drives greater equity in the provision of assistive technology to older people with disability

The rights set out under the United Nations Convention on the Rights of Persons with Disabilities are intended to apply to all people with disability, irrespective of age. A recent report published by the Special Rapporteur on the Rights of Persons with Disabilities acknowledged that:

“States have an international obligation to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all older persons with disabilities, including by reviewing their legal and policy frameworks; prohibiting discrimination on the basis of age and/or disability; and ensuring access to rights-based community support.” (xi)

The equity gaps that are experienced by older Australians with disability who are excluded from the NDIS were well documented in the report from the ‘Review of Assistive Technology Programs in Australia’, which states:

“Stakeholders frequently cited inequities between the aged care, health and disability sectors as a major challenge within the AT landscape, with age seen as a major cause of inequity. For example, a consumer aged 65 years or older is ineligible for NDIS support if they were not an NDIS recipient before the age of 65. This consumer is less likely to have their AT needs met than a consumer with the same condition who is aged 64 and is eligible for NDIS funding for the rest of their lives. This was seen as creating a two-tiered system, with older people who must rely on the aged care system for AT often missing out.” (xii)

Evidence also exists from a more recently released research report exploring the inequity in the provision of AT-HM to older people with disability who are not eligible for the NDIS. This report found that the average spend on assistive technology and home modifications per person per year for NDIS participants was $2,500, compared with just $51 per person per year for aged care recipients. (xiii)

In 2021, The Royal Commission into Aged Care Quality and Safety made a number of recommendations aimed at driving greater equity in the provision of support to older people with disability. Recommendation 72, for example, requires that:

“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.” (xiv)

Beyond a specific focus on AT, there is a paucity of research evidence specific to home modifications, including:

- Its application across different programs and within aged care
- Its availability in certain parts of Australia
- Its inequitable distribution across regional, remote and metropolitan areas
- Its availability to homeowners and renters.

The Department must draw upon this existing evidence-base in order to drive greater equity in the provision of home modifications for older Australians under the new scheme.
RECOMMENDATION 3

The Department must ensure the new scheme aligns with the aspirations of Recommendation 72 from the Royal Commission into Aged Care Quality and Safety and provides equitable access to AT-HM for older people with disability who are not eligible for the NDIS. The Department must utilise existing evidence pertaining to the inequitable provision of AT-HM and meaningfully engage with older people with lived experience of disability to inform scheme alignment.

Objective of the new scheme

The report states that:

“The objective of a new AT-HM scheme is to ensure older Australians have timely access to safe assistive technology and home modifications to help them to live independently at home.”

NATA members assert that the principle of equity must be at the forefront of the new scheme. To this end, we submit that this objective is far too narrow in focus. In comparison, the objects of the National Disability Insurance Scheme Act 2013 include the following provisions:

- Support the independence and social and economic participation of people with disability
- Promote the provision of high quality and innovative supports that enable people with disability to maximise independent lifestyles and full inclusion in the community.\(^\text{[xv]}\)

We also refer the Department to Recommendation 3 from the Royal Commission into Aged Care Quality and Safety, which states that:

“Older people are entitled to pursue (and to be supported in pursuing) physical, social, emotional and intellectual development and to be active and engaged members of the community, regardless of their age or level of physical or cognitive capability.” \(^\text{[xvi]}\)

In light of the above, it is critical that the objective of the scheme is broadened to provide a greater emphasis on community inclusion and participation. This approach is likely to lead to a range of downstream savings for Government. As an example, providing older Australians with the assistive technology they need to participate in community activities:

- Can lead to reduced rates of social isolation and loneliness. This is significant when considering that social isolation and loneliness have been found to increase an individual’s risk of poor physical and mental health, emotional distress, poor sleep, high blood pressure and lowered immune function.\(^\text{xvii}\)
- May reduce sedentary behaviour. This offers a range of health benefits given sedentary lifestyles increase the risk of cardiovascular diseases, diabetes, obesity, cancer, high blood pressure, osteoporosis, lipid disorders, and mental illness.\(^\text{xviii}\)
- Will enable more older Australians to maintain and take on valued roles within their community. Older Australians already make an enormous contribution to the Australian economy each year, with more than a quarter of Australians over the age of 70 participating in volunteer work.\(^\text{xix}\)

RECOMMENDATION 4

The objective of the new scheme must be updated to the following:

“The objective of a new AT-HM scheme is to ensure all older Australians have timely access to safe, accessible, adequate and affordable assistive technology and home modifications to:

- Help them live independently at home
• Facilitate their social and economic inclusion, and participation in community activities.”

Principles of the new scheme

NATA members agree with the majority of principles outlined in the consultation paper but have concerns specific to Principle 4:

“Value for money – The scheme provides value for money to eligible Australians and the broader Australian community and Government”.

As it stands, this principle is too subjective. It lacks guidance to quantify decision making. As such, it may lead to decisions that undermine the intent of the scheme or are not in the best interests of older Australians in need of AT-HM. It may also fail to recognize the additional costs that may be incurred in order to facilitate the provision of AT-HM in regional, rural and remote regions.

NATA members have seen many examples of this within the NDIS, with a participant being denied funding for a specific AT product or home modification because there is a perceived ‘cheaper’ option available. This is often driven by a lack of understanding about the equipment being requested, resulting in the proposal of a cheaper product that does not provide the same level of functionality or is not fit for purpose.

The perception of what constitutes “value for money” can vary greatly depending on the person placing the value on the object. As such, we suggest the most appropriate commentators on what constitutes value for money are the person with disability and the AT advisor working with them.

We propose that value is about more than the cost of the purchase of the AT-HM. Value is the overall combination of the benefit the AT-HM solution provides. This is not just limited to the quality of life, provision of dignity and wellbeing for the user, it also has broad ranging economic and societal implications. As such, we recommend the Department take a social-return-on-investment approach, noting that the timely provision of AT-HM can:

• Facilitate autonomy and independence
• Increase inclusion and participation
• Improve health outcomes
• Prevent secondary health conditions
• Reduce the risk of falls
• Reduce hospital admissions.

Specific to AT, for every dollar spent there is a conservative estimated two-fold return on investment relating to savings on health services, paid carers and other supports. The effective provision of AT-HM can also prevent or delay entry to residential aged care, the cost benefits of which are not included in this estimate.

As stated by the World Health Organization:

“Assistive technology reduces the need for formal health and support services, long-term care and the work of caregivers. Without assistive technology, people are often excluded, isolated, and locked into poverty, thereby increasing the impact of disease and disability on a person, their family, and society.”

Home modifications have also been demonstrated to deliver downstream savings for government, as they lead to reduced admissions to residential facilities and reduced hospital admissions resulting from slips and trips.
We were concerned to note that the current list of principles does not mention affordability for consumers. We would also like to see timeliness added to the list of principles, noting that the new scheme must:

- Prioritise responsiveness and acknowledge the importance of early intervention
- Specify timeframes for decision making around the provision of assistive technology and home modifications, consistent with the aspirations of the NDIS Participant Service Guarantee.\(^{\text{(xxiii)}}\)

**RECOMMENDATION 5**

Principle 4 should be amended to read:

“Affordability and value for money – The scheme is affordable for eligible Australians. It also provides value for money to government and taxpayers when considering the social and economic participation of older people and the likely return on investment.”

**RECOMMENDATION 6**

The list of principles must be updated to include “timeliness”, noting that the new scheme must:

- Prioritise responsiveness and acknowledge the importance of early intervention
- Recognise the potential for rapidly changing AT-HM needs (e.g., in the case of older people with progressive conditions) and respond to these accordingly
- Specify timeframes for decision making around the provision of GEAT and home modifications, consistent with the aspirations of other Government AT-HM Schemes (e.g., the Participant Service Guarantee within the NDIS).

**Recommended equipment and home modifications**

The report states:

“The AT-HM scheme would provide access to items needed to meet assessed aged care needs”.

As previously indicated, there will be a range of older people with non-age-related disability who will require support from this new scheme. It is therefore critical that the scheme has the capacity to provide high quality solutions for consumers with a range of disability-related needs and is not solely focused on frailty and ageing.

We note that the classifications outlined in Table 1 only represent 9 of the 12 classes included under AS/ISO 9999 Assistive Products – Classification and Terminology. We are particularly concerned that Class 30, Assistive Products for Recreation and Leisure has been omitted from this table. The objective of the new scheme must not be confined to the parameters of helping people live independently at home. We remind the Department that the scheme needs to drive greater equity in the provision of assistive technology to older people with disability who are not eligible for the NDIS. NDIS participants are able to access funding for assistive technology to help them participate in social and recreational activities,\(^{\text{(xxiv)}}\) so the same level of flexibility must be provided to older Australians under the new scheme for in-home care. Funding assistive technology to support recreation will go a long way towards helping older Australians maintain a good quality of life and meaningfully participate in their communities. This is likely to lead to a range of economic benefits.

The inclusion of an exhaustive list of products to be funded under the new scheme is not appropriate. This is because the scheme needs to be flexible enough to respond to changing needs. We would, however, like to see the product examples referenced in Table 1 updated to use accurate terminology according to AS/ISO 9999. We also suggest additional and more diverse examples be
provided so there is explicit reference to funding certain supports under the new scheme. In particular, we would like to see:

- Examples of specialised communication aids and devices i.e., devices that fall under the category of augmentative and alternative communication (AAC)
- Examples of haptic sensory substitution technologies for people who are deaf, blind or deafblind
- Explicit reference to assistance animals, which are funded under the category of “assistive technology” under the NDIS.

As one example, NATA member Speech Pathology Australia noted that there are very specific needs associated with specialised communication aids, such as speech generating devices and software, that require a dedicated and unique approach compared to other items listed under ‘Communication and Information Technology’. Specialised communication aids typically require significant wrap around supports to ensure appropriate prescription, implementation and review, and are often higher cost in themselves. Whilst they may be considered ‘low risk’, there remains a need for specialised prescription. Currently, there is inequity of access to such communication aids depending where you live in Australia, with some State governments funding specific schemes to fill this gap (e.g., Victorian Electronic Communication Device Scheme Yooralla). Speech Pathology Australia has noted an increasing trend of older people who are accessing aged care funding supports of any kind being rejected from accessing such State-funded schemes as they “have aged care funding” (but which has not been allocated for and is inadequate to meet their AT needs). An AT-HM scheme for aged care based on equity for older people with a disability and with objectives to support independence and social participation must ensure that people with communication disability are as supported as those with physical disability within this program.

We also note that the categories outlined in Table 1 are very heavily oriented toward assistive technology and do not accommodate home modifications to any great degree. Where specific home modification solutions are mentioned, the use of terminology is also incorrect. This is a complex area with jurisdictional requirements as well as local government impacts. It is important that future documentation relating to home modifications considers and represents this jurisdictional overlay.

**RECOMMENDATION 7**

The new scheme must fund assistive products for recreation as defined under Class 30 of AS/ISO 9999 Assistive Products – Classification and Terminology. This will lead to enhanced quality of life for older Australians and ensure the new scheme is aligned with Recommendation 72 from the Royal Commission into Aged Care Quality and Safety.

Additionally, as per the definition of assistive technology being inclusive of assistive products that help prevent secondary health conditions and enhance wellbeing, the new scheme must fund products needed by people living with swallowing disabilities, as is the case in other schemes, including the Department of Veteran Affairs Rehabilitation Appliance Scheme and National Disability Insurance Scheme. Assistive products such as ‘dysphagia cups’ or adaptive cutlery have been available to older people through their home-care packages, and there must be clarity how this will be incorporated into the new At-HM scheme so that this group of people will not be disadvantaged.

**RECOMMENDATION 8**

The product examples referenced in Table 1 must be updated to use accurate terminology according to AS/ISO 9999 and include more diverse examples to provide clarity around whether certain supports will be funded under the new scheme.

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RECOMMENDATION 9

Future documentation relating to home modifications must adequately convey the complexity that exists in relation to jurisdictional requirements and local government impacts.

Recommended wrap-around services

While we agree with the proposed wraparound supports referenced in the report, we note that information, education and training have been omitted from this list. Information, education and training should be elevated to form a central pillar of the scheme's design.

A range of information and education solutions will be required to meet the diverse needs of the people the scheme is intended to support. We support the proposed use of impartial information and advisory services, such as envisioned in Independent Living Centre models or AT suppliers who adhere to, for example, the ATSA Code of Practice related to ethical service provision, and the joint industry statement.

We suggest, however, that further discussion is needed in order to refine a multi-faceted approach that responds to the needs of all consumer groups, including those living in regional and rural areas. Considerations should include a combination of existing and new services, such as:

- Mobile displays travelling to, and local suppliers within regional and/or rural areas
- Advisory phone line options for information access
- Telehealth services and/or face to face in-home visits
- Access to local supplier showrooms
- Ongoing use of a comprehensive and current National Equipment Database (NED), which could help align discussion between assessors, prescribers and consumers.

Noting NED requires ongoing investment in order to ensure product currency.

We also note that the report does not clearly define the wraparound supports that will be funded in the context of home modifications. According to Home Modifications Australia, best practice consists of:

- Individual assessment and prescription
- Timely application of modifications, informed by consumer input
- Good follow-up and evaluation, with adjustments being made where necessary
- Regular check-ins to ensure the positive impact of the modification is being maintained.

Phone calls will not be adequate for an evaluation of home modifications. Instead, a physical visit and proper post-modification evaluation must be undertaken to check that the consumer's goals have been achieved, and that the consumer knows how to properly utilise the modification. The paper also fails to provide clarity around where the responsibility for reviews and follow-up assessments lies, i.e., which professional will be responsible for the monitoring and/or coordination of this component of the consumer journey.

RECOMMENDATION 10

Information, education and training must be explicitly referenced under the list of wraparound supports to be funded under the new scheme.

RECOMMENDATION 11

The Department must work collaboratively with NATA and other key stakeholders to refine a multi-faceted approach to information, education and training that adequately responds to the diverse needs of older Australians. This should involve:
- Consideration of Independent Living Centres, roles for AT suppliers, and associated telephone information services being re-established and supported under the new scheme
- Further exploration around the most effective approaches to delivering information, education and training to people living in regional and rural areas.

**RECOMMENDATION 12**

The Department must further clarify the wraparound supports that will be funded in the context of HM as distinct from AT. Ideally, the new scheme would include funding for:

- Individual assessment and prescription
- Timely application of modifications, informed by consumer input
- Good follow-up and evaluation, with adjustments being made where necessary
- Regular check-ins to ensure the positive impact of the modification is being maintained.

**Supporting the effective provision of home modifications under the new scheme**

The following feedback has been provided by Home Modifications Australia (MOD.A), the national peak body for the home modifications industry in Australia. Firstly, the report does not provide a clear definition for home modifications. As such, Home Modifications Australia recommends the following definition be adopted by the Department:

“Home modifications are defined as individually tailored interventions, that eliminate barriers in the home environment” \(^{(xxviii)}\)

Whilst NATA members are supportive of a single funding scheme for assistive technology and home modifications, there are clear distinctions between the two in terms of:

- General practices
- Sourcing of material
- Expertise required
- Applicable regulatory frameworks.

As an example, home modification providers must:

- Understand State/territory building regulations
- Have skills to work closely with consumers, families and/or health professionals (e.g., occupational therapists) to ensure the chosen option is fit for purpose, acceptable and achievable to deliver
- Have relevant building warranty insurance
- Operate in accordance with the National Construction Code, local building codes and council regulations
- Operate in accordance with various standards outside AS/ISO 9999 Assistive Products – Classification and Terminology.

The way the scheme is framed in the report appears to assume that the same set of procedures can be applied to home modifications as are applied to assistive technology more generally in relation to prescription, procurement and consumer interactions. In reality, however, there is a great deal of separation between assistive technology and home modifications in terms of how each industry is
structured. As such, significant differentiation will be required in the administration of home modifications if the scheme is to meet the goals it has set out to achieve.

RECOMMENDATION 13

The Department must engage directly with NATA members with expertise specific to home modifications (including Home Modifications Australia (MODA) as the national peak body for the home modifications industry), as it further refines its approach to the funding and implementation of home modifications under the new scheme.

Consumer contributions

There has been no transparency around the overall budget allocation for the scheme. In keeping with the principle of equity, we assert that aged care participants should be able to access assistive technology on an equitable basis with participants of the NDIS. To this end, we refer the Department to recommendation 125 from the Royal Commission into Aged Care Quality and Safety, which requires:

“Individuals who are assessed as needing social supports, assistive technologies and home modifications, or care at home should not be required to contribute to the costs of that support.” (xxix)

This is in keeping with recommendations put forward by the Special Rapporteur on the Rights of Persons with Disabilities in 2017, which require states parties to:

“Ensure that social protection systems include the provision of access to different forms of support for persons with disabilities, including the provision of free access to essential assistive technologies, as part of the State's health coverage and social protection schemes.” (xxx)

RECOMMENDATION 14

The Department must adhere to Recommendation 125 from the Royal Commission into Aged Care Quality and Safety as it works with stakeholders to develop a funding model for the new scheme, noting its obligation to ensure older people with disability are able to access assistive technology on an equitable basis with participants of the NDIS.

AT-HM workforce issues

The demand for AT-HM assessors and providers is growing rapidly. This problem is more pronounced in regional and rural parts of Australia, which is leading to significant market failures. The time and financial constraints associated with properly servicing consumers in regional and rural areas must therefore be closely considered as the new scheme is being developed.

In addition, a recent survey of disability providers across Australia showed that:

- 98% of respondents noted problems recruiting speech pathologists; and
- 96% of respondents noted problems recruiting occupational therapists
- 86% of respondents noted problems recruiting and retaining physiotherapists. (xxxi)

Experienced AT-HM assessors are also under pressure to meet market demands, whilst supervising and building capacity of less experienced clinicians who are delivering AT-HM services under their mentorship.

These challenges are likely to be further exacerbated by changes to the aged care system, and the provision of separate funding for AT-HM assessments for people receiving in-home care. We anticipate further issues will arise as a result of the Department looking at a lesser dollar amount for assessments than the NDIS, which currently funds such services at a minimum of $193.99 per
This is likely to create a market situation where NDIS participants are prioritized over consumers receiving support through the aged care system. We are concerned that aged care recipients may face longer wait times as a result, creating a two-tiered approach where older Australians are treated as second class citizens. There is also a concern that some providers may choose to work exclusively in the more lucrative business space of the NDIS, further limiting the pool of providers able to undertake assessments for the new scheme.

Credentialing for AT-HM assessors will be beneficial as the complexity of AT increases. A comprehensive workforce strategy is urgently required to grow availability of an effective AT-HM market (including allied health professionals, AT providers and builders). Unless the Australian Government expands efforts to attract and grow the AT-HM assessor/advisor market for this scheme, the current lack of capacity will only continue to grow.

Building on this focus on AT-HM assessors and advisors, we are concerned about the proposed three-tiered approach to prescribing, which would allow:

- All assessors with training to assign in the Under Advice category
- Any assessor to assign in the low-risk category.

Although a product may be considered low risk, it is still critical that the assessor is adequately trained to recommend the most appropriate solution for the individual.

We are also unclear about how the introduction of training for assessors sits within the scope of practice for allied health professionals such as occupational therapists and physiotherapists, or whether the intention would be for an assessor to obtain a qualification as an allied health assistant. As such, we recommend the Department engage directly with Allied Health Professions Australia, the Australian Rehabilitation and Assistive Technology Association, Speech Pathology Australia, Occupational Therapy Australia, the Australian Physiotherapy Association and other relevant bodies to refine its approach to AT-HM assessment and prescription.

Additionally, we note that provider qualifications may not yet fully reflect the needs of the new scheme. As an example, practitioners who are registered with the Australian Health Practitioner Regulation Agency (AHPRA) cannot call themselves “specialist”. As such, it is more appropriate for the Department to refer to assessors and prescribers with “specialised skills and knowledge”.

We are very supportive of the development of advisory services for assessors and prescribers. We would, however, like these services to have an outbound educative function in order to enhance the capacity of assessors and prescribers across the sector. Advisory services should also be supported by a community of practice.

Finally, we note that the examples provided in Table 2 are predominantly assistive technology solutions and do not reflect the needs of the home modifications sector. Assessing risk for home modifications is more complex, as it needs to factor in:

- The building design
- The age and quality of the building
- The potential presence of asbestos.

Assessing risk for home modifications is not as simple as linking risk to the item itself. As an example, the installation of a grab rail is often cited as one of the “simplest” home modifications. Yet it can require a very complex solution in terms of ensuring it is fit for purpose for the individual and assessing how it can be attached to the house. With the exception of a series of sponsored workshops (in 2015-16), there has been no targeted training delivered to the building sector since 2012. In other countries, such as Canada and the USA, accredited training is provided to builders who wish to undertake modifications work. Foundations UK also provides continuous training and resources to the agencies who work full-time on the delivery of home adaptations. Competencies for
OTs, which previously were used by OT Australia to accredit professionals for non-complex modifications, have not been updated for more than a decade. There are also no efforts being made to establish a quality monitoring system, or system of benchmarks or competencies that would enable occupational therapy graduates to gain advanced skills in home modifications.

RECOMMENDATION 15

The Department must work collaboratively with the National Disability Insurance Agency, the Department of Social Services and other key stakeholders to develop a comprehensive workforce strategy to ensure future market demands are adequately met. This strategy must:

- Focus on increasing the workforce of trained allied health professionals, AT providers, qualified access-consultants and builders
- Establish a framework for the development and recognition of competencies for professions and trades involved in complex AT-HM assessment, prescription and installation
- Align pricing for assessment and prescription for AT-HM across service systems to ensure consumers are prioritized on a fair and equitable basis
- Ensure providers are adequately compensated for the additional time and cost associated with delivering services to consumers in regional and rural areas
- Recognise and support allied health professionals who have undertaken further training to fill AT-HM assessment and prescription gaps in thin markets, including rural, remote and regional locations.

RECOMMENDATION 16

The Department must engage with Allied Health Professions Australia as the peak body and its member organisations, noting a range of health professions are subject matter experts on various subsets of assistive products.

RECOMMENDATION 17

Advisory services for assessors and prescribers should:

- Have an outbound educative function to enhance the capacity of assessors and prescribers across the sector
- Be supported by a community of practice.

A stronger IT system

While we are generally supportive of a central purchasing platform for mass market items, we have some reservations about this approach. These include:

- The requirement to order all types of assistive technology via a central purchasing platform may negatively impact upon the sector’s ability to develop the most appropriate, and sometimes customised, solution to meet a consumer’s individual needs. As such, an alternative process for bespoke solutions would need to sit alongside the new central purchasing platform
- It is not possible to order home modifications supplies and equipment from a centralised source and trial the items. This is because a combination of items is often provided by a range of suppliers to create a complex solution for the consumer.

An alternate consideration should be for a centralized IT platform that links services and information that assists and guides consumers and providers to the most appropriate solution.
It is critical that all public-facing online systems comply with the Web Content Accessibility Guidelines 2.1, are co-designed with older people with a range of complex needs and consider the digital disadvantage that exists for older Australians. While the report reflects the need for low-tech solutions to help older people who are digitally excluded navigate the new scheme, there is no clarity around what this would look like in practice. Instead, the report places significant emphasis on digital systems and services, with low-tech options appearing to be an afterthought. Usability for people who are digitally excluded is a non-negotiable aspect of the new scheme. This is particularly critical when considering that in 2018, more than 50% of people over 70 years of age were still not online. Although older Australians have since recorded a slight increase in digital inclusion, they continue to be the most digitally excluded age group in Australia. Digital connectivity also does not equate to digital confidence. Some older people may only use the internet to perform very simple tasks and may still struggle to navigate information and services online.

Finally, any “low-tech” solutions that are put in place must be responsive to the needs of older people with disability or age-related functional decline. As an example, some automated phone systems can be difficult for older people with limited dexterity, vision impairment or cognitive impairment to navigate. For this reason, it is critical that new service pathways are co-designed with older people with a range of complex needs.

**RECOMMENDATION 18**

The Department consider implementing a centralized IT platform that guides consumers to the most appropriate solution to meet their individual needs, acknowledging that this may be a bespoke solution that sits outside the mass market for AT products.

**RECOMMENDATION 19**

The Department must engage in a co-design process with older people with a diverse range of needs to ensure:

- All public-facing IT systems are intuitive, accessible and usable
- All “low-tech” solutions are responsive to the diverse needs of older people with disability and age-related functional decline.

**Assistive technology loan scheme**

We acknowledge that loan and refurbishment programs could reduce waste and support greater access to AT, while offering solutions for people with progressive conditions whose needs may rapidly change. We assert, however, that there are some items that are unequivocally unsuitable for loan. This point must be clearly articulated in the manual relating to the loans scheme and any accompanying guidance material.

We encourage the Department to consider that it may actually be a false economy to facilitate the loan of particular items. This is because the cost of cleaning, maintenance and storage of the item for reissue may significantly outweigh the value of the product itself. This has already been identified by other Australian AT-HM funding schemes. It is critical that the Department draws on these learnings to inform loan pool planning in order to prevent similar mistakes from being made.

Our overarching concern with the loan pool model is that it may limit choice and control and prevent older Australians from accessing the AT solutions that are best suited to their individual needs and circumstances. We support the principle of choice and control as a universally recognised key component of quality AT-HM supply, noting that this is a founding principle of the NDIS. Recalling Recommendation 72 from the Royal Commission into Aged Care Quality and Safety, it is critical that the new scheme does not, by design, result in older people being treated as second class citizens. The scheme must provide the AT that is most clinically suited to need, and allow for the adoption of new technology when appropriate.
We also draw the Department’s attention to the following guidance from the World Health Organization, noting the considerations this presents for the use of updated products to support the effective provision of AT:

“It is important to note that circumstances change over time as technologies advance and needs, preferences and priorities evolve. Consequently, there is a continual need to update and replace assistive technology products and integrate new ones. This is particularly true for those with rapidly evolving pathologies.” (xxxv)

Further, we note that the report does not outline any proposed funding arrangements for the service and maintenance of loan items. Nor does it outline a policy for the replacement of AT that has reached the end of its lifespan.

We question whether facilitating the hire of AT products may provide a more viable alternative to a loan pool. This approach would offer flexibility for offerings to be quickly adjusted to maintain alignment with changing technologies and demands, rather than tying up capital for inventory to service a loan pool. It would also allow for localization of offerings to meet demand in specific geographic settings.

Irrespective of the final approach, it is critical that any loan or hire items are accompanied by wraparound services to ensure products are safe, fit for purpose, and can be properly used by the consumer.

**RECOMMENDATION 20**

The Department must comprehensively review and document the perceived versus actual cost benefits of AT loan schemes, including consideration of:

- The increasingly complex supply, transport and storage logistics associated with the loan pool approach
- The perceived vs actual cost benefit of AT-HM loan pools for specific items
- The implications of infection control requirements in the ongoing COVID environment
- Costs associated with wraparound services and follow up support.

**RECOMMENDATION 21**

The Department must ensure its approach to loan items does not disadvantage older people with disability who are not eligible for the NDIS and provides them with choice and control over the AT solutions that will best meet their individual needs and circumstances.

**RECOMMENDATION 22**

The Department could consider facilitating access to rental items as an alternative to, or in addition to, the loan pool approach. Should the Department proceed with the establishment of a loan pool, it will be critical to clarify how this approach will:

- Accommodate changes to clinical practices and new AT technologies
- Ensure loan items are properly serviced and maintained
- Handle the replacement of AT that has come to the end of its useful lifespan.

**RECOMMENDATION 23**

The Department must develop a process for the application of good practice steps of AT provision for loan items to ensure products are safe, fit for purpose, and are able to be used by the consumer. This should involve:

- Trial
• Fitting
• Education and training
• Customisation (where appropriate)
• Follow-up to ensure the product is fulfilling its intended purpose.

Stronger data collection

We implore the Department to implement systems to collect data around the following in order to assist with data analysis around the benefits of early intervention:

• When diagnosis of condition/disability occurred
• When prescription occurred
• When the assistive technology or home modification was implemented or received.

While the report mentions the need to collect data to measure aged care and health outcomes, it does not mention how this data will intersect with relevant areas of disability policy. Australia’s Disability Strategy 2021-2031 is Australia’s mechanism for implementing the rights set out under the Convention on the Rights of Persons with Disabilities at a domestic level. This strategy is intended to improve outcomes for all people with disability, including those who are over the age of 65. One of the key outcome areas of the strategy focuses on personal and community support, requiring that:

“People with disability have access to a range of supports to assist them to live independently and engage in their communities”.

The following two priorities are referenced underneath this outcome area:

• People with disability are able to access supports that meet their needs
• People with disability are supported to access assistive technology.

The Disability Strategy is accompanied by an Outcomes Framework which outlines how governments will measure, track and report on outcomes for people with disability on an annual basis. Commonly, Commonwealth and State and territory governments are currently working together to develop the National Disability Data Asset, which will make it easier to track outcomes for people with disability across different service systems. It is critical that the Department of Health is involved in this work and is able to contribute to a nationally consistent reporting process through the use of the National Disability Data Asset.

We also refer the Department to Recommendation 73 from the Royal Commission into Aged Care Quality and Safety, which states:

“By 1 July 2024, the Disability Discrimination Commissioner and the Age Discrimination Commissioner should be required, as part of the new National Disability Strategy, to report annually to the Parliament on the number of people receiving aged care with disability who are aged 65 years or older and their ability to access daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those available under the National Disability Insurance Scheme.”

RECOMMENDATION 24

The Department must collect data around the following in order to assist with data analysis around the benefits of early intervention:

• When diagnosis of condition/disability occurred
• When prescription occurred
• When the assistive technology or home modification was implemented or received.

RECOMMENDATION 25

The Department of Health must work collaboratively with the Department of Social Services to:

• Determine how it will capture data relating to the provision of assistive technology to people with disability over the age of 65 and contribute to the monitoring of relevant outcomes under Australia’s Disability Strategy 2021-2031

• Actively engage in conversations around the implementation of the National Disability Data Asset to ensure there is a consistent approach to data collection across service systems

• Determine how it will contribute to the implementation of Recommendation 73 from the Royal Commission into Aged Care Quality and Safety.
Other matters not raised in the Department’s report

While the report discusses the matter of equipment maintenance, it makes no reference to issues relating to ownership or insurance. Ownership is an essential legal issue that must be addressed by the Department. As an example, the State Wide Equipment Program (SWEP) in Victoria retains ownership over a product if they contribute more than half of the purchase price. If the consumer contributes more than half of the purchase price, the consumer retains ownership. There also needs to be clarity around where responsibility lies for each stage of the maintenance journey, including:

- Regular maintenance and servicing as recommended by the manufacturer
- Organising collection (if required) and return
- The provision of loan items while repairs or maintenance are being undertaken
- The provision of product replacements where necessary.

Consideration for repairs and maintenance is necessary. The Department must also clarify who will be liable in the event that a product causes damage to a third party, e.g., in the case of a powered wheelchair colliding with a car. There is currently no clarity around insurance arrangements and who would be liable in the event that such a situation occurred. As an example, MND Victoria has insurance that covers all assistive technology they supply for accidental damage to the item, AND damage caused to people or property. This arrangement was established on the basis that MND Victoria retained ownership over the product.

Finally, we are concerned at the absence of any reference to an appeals process relating to decisions about AT-HM. We assert that the manual for the new scheme must clearly document an accessible and transparent process for appealing decisions in the event that AT-HM advisory recommendations are not supported by the scheme and/or a consumer’s AT-HM needs are not met.

RECOMMENDATION 26

The Department must clarify:

- Who will retain ownership over an AT product
- Who will be responsible for various aspects of the AT-HM product maintenance pathway
- How AT-HM products will be insured and who will be held liable in the event that an AT product or HM is accidentally damaged or causes damage to a person or property
- Who will be required to make home modifications within rental properties.

RECOMMENDATION 27

The manual for the new scheme must clearly document an accessible and transparent process for appealing decisions in the event that AT-HM advisory recommendations are not supported by the scheme and/or a consumer’s AT-HM needs are not met.
Concluding comments

Thank you once again for providing NATA with an opportunity to provide feedback on the report. We hope our response has highlighted the many benefits a new AT-HM scheme for in-home care can offer, while providing the Department with a range of points to consider during the next phase of the design process. We feel there is still much more work to be done to ensure the new AT-HM scheme is effective, efficient and fit for purpose. It is our hope that this new scheme will ultimately address current levels of inequity in the provision of AT-HM to older Australians, resulting in their rights being adequately promoted, protected and upheld into the future.

We note that the Department intends to undertake further consultation in early 2023 to articulate a final model for Government consideration to be implemented from 1 July 2024. Noting our earlier comments, we implore the Department to continue its commitment to co-design throughout this next stage of the design process. NATA members look forward to working collaboratively with the Department as part of its approach to the next, and all future, co-design phases.

Should you require further information in relation to any of the matters raised throughout this submission, please contact Independent Chair of NATA, Dr Natasha Layton at international@arata.org.au.
References


x Commonwealth Department of Health (2023) 'Home Care Packages Program Operational Manual: A guide for home care providers', P76.


SOURCE: personal communication Rod Harris regarding MND Association procedures 1/2/2023