



Assistive Technology for All (ATFA) Alliance:

*Submission response to Assistive Technologies & Home
Modifications Scheme for In-Home Aged Care report*

To:

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Via email to: SAH.implementation@health.gov.au

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This submission has been endorsed by the following organisations:







Assistive Technology for All (ATFA)

The Assistive Technology for All (ATFA) Alliance is a national partnership of peak bodies and consumer representatives spanning the health, ageing and disability sectors. Our organisations represent and support millions of Australians with disabilities, their families, and carers.

We have joined forces because we believe that the lack of equity in Australia’s disability landscape is unjust and intolerable. That is why we have operated a public campaign to bring about equal access to assistive technology in Australia.

We encourage you to visit the [Assistive Technology for All website](#).

This submission has been compiled on behalf of the ATFA Alliance by COTA Victoria, which coordinates and supports the ATFA campaign. While drawing on the perspectives of the Alliance’s members, organisations may provide further details in their own submissions, advising their own interests and needs.

Executive summary

The ATFA Alliance appreciates the proposal to improve the delivery and services of assistive technologies (AT) and home modifications (HM) for older people. This is, overall, a positive step towards creating a national assistive technology program for older people that are excluded from the National Disability Insurance Scheme (NDIS).

Further detail and engagement are required if a future assistive technologies & home modifications (AT-HM) scheme is to meet the needs of the people it will serve.

The ATFA Alliance has provided a range of key points in this document to inform and guide future thinking as a AT-HM scheme is developed. We urge that they are considered and acted upon.

The Alliance strongly supports the inclusion of the key elements proposed, including:

- Incorporating equipment trials, greater use of modified and reusable AT products, loan, rental options, and AT tailored for individuals complex needs in an open market promoting client choice and control.
- An integrated approach in the provision of continuing support and “wrap around” services to ensure effective assessment, trial, supply, customisation, education and training, maintenance, and ongoing use of AT-HM.
- A robust and user-friendly IT system to support clients with products and generating data to support effective scheme oversight.

However, the paper raises several concerns for the Alliance that must be addressed in the next stages of development:

- The affordability of AT-HM in the absence of a fully subsidised model.
- The lack of attention to the vital role of informal carers in defining AT-HM needs, and accessing and applying relevant products.
- The potential negative impact of specific restrictions, such as a central loan pool.
- The risk of digital exclusion through the scheme’s heavy reliance on services and products being accessed online.

The major issue is that more detail is necessary. The paper does not touch on various aspects, such as how the proposed scheme will work alongside existing state-and territory-based programs that already provide AT-HM aid and equipment. On this and other issues, further detail and stakeholder engagement is required for the sector to provide comprehensive feedback. Failure to do so risk inhibiting the future success of a AT-HM scheme.

The Alliance looks forward to further consultation and discussion regarding development of a future AT-HM scheme.

Response to discussion paper

Overall program development

The Assistive Technologies & Home Modifications (AT-HM) Scheme for In-Home Aged Care report represents a significant and positive opportunity to move towards a more equitable and sustainable scheme for the provision of older Australians accessing AT-HM. The Alliance is pleased to see how the paper reflects some aspects of feedback provided during the co-design process, however not all stakeholders were included in this process. Further engagement with the sector should assist in ensuring transparency, equity, and affordability for both older Australians and the Commonwealth.

States and Territories

The paper is silent on the connections between the proposed scheme and the existing supply mechanisms for the Home Care and Commonwealth Home Support Program (CHSP) programs for the provision of AT-HM for older persons, as well as the complementary schemes in some states and territories. It is critical that a new Commonwealth scheme effectively addresses the needs for older Australians, whilst coordinating with other Federal and state initiatives, so that people do not continue to fall between the gaps in programs. Further details are required on how these schemes and current supply mechanisms will intersect and work together, to ensure there is no unintended consequences which further limit the availability of AT-HM, creating undue complexity and fragmentation across the system. For instance, any new scheme must not result in a universal exclusion of Australians aged 65 and over from state and territory aids and equipment programs. Consistency and equity between various schemes remain an ongoing concern, with different eligibility criteria, subsidy policies and excluded AT-HM aids.

The Alliance would also urge consideration of local implementation of the national scheme. Place-based information and support is vital to the success of any future scheme. A national AT-HM scheme risks replicating the mistakes of previous national aged care programs unless it is supported by state-based offices that will support local implementation and oversee the delivery of the service.

Principles

The Alliance appreciates the set of principles guiding the development of a new scheme: however, we would advocate for a better reflection on the practical aspects in the delivery of the program. This includes:

- Explicit reference to equity and diversity for disadvantaged and marginalised populations, including rural and regional Australians, as part of the "Accessibility" principle.
- Explicit reference to recognising that older persons need to have choice and control over their AT-HM as part of the "Suitability" principle – or that a further principle is required to reflect this.

- Expanding the fourth principle to “Affordability and value for money”. This would ensure that this principle is more aligned to the World Health Organisation’s principles, on which these are based. This would help to ensure that the scheme is affordable for all eligible Australians, a key concern, as well as provide value for money to Government and taxpayers.

Key Points

- Any national AT-HM scheme needs to ensure coordination with existing federal, state and territory schemes.
- There should be consideration of, or further detail provided on, state-based offices to support the implementation and delivery of a new AT-HM scheme.
- The proposed principles of a future AT-HM scheme should be revised to include greater reference to equity and diversity, older people’s choice and affordability.

Service provision

Equipment provision

The ATFA Alliance welcomes the paper’s recognition for the need to repurpose and refurbish no longer required AT products, so that they may be provided for another individual’s usage. This would ensure greater access to AT provisions whilst reducing funding costs and waste. We support the need for greater safety checks, regular maintenance of equipment, more frequent assessments, and additional trial and rental loan availabilities. Information for the older person, their family, and carers on the outcomes they should expect from their AT or HM, and the safe and appropriate use of their aid equipment is vital. This may come through online information, trials of AT in their home and local community, and discussions with AT professionals.

The ATFA Alliance is concerned about the decline in supportive information centres that help in providing AT-HM that meets the need of older Australians. Independent Living Centres (now non-existent in Victoria or the ACT) and other AT information sources that provide independent advice have become less prevalent since the NDIS’ arrival. We welcome the paper’s recognition of the important role they have in providing impartial advice and trials. The Alliance advocates for the continuance of support services, like Independent Living Centres, online support, telephone information services and local providers. There is a need for a funding mechanism that enables a greater role for them in a future scheme – especially in rural and regional areas that are likely to need more support to be viable.

AT inclusion and exclusion

The ATFA Alliance recommends that further detail is provided on which supports will be included in any future scheme, so that the relevant sectors can provide greater feedback on the discussion. As an example, concern has been raised about the lack of inclusion of Augmentative and Alternate Communication products and devices, which are not clearly addressed in the paper. Communication devices and products are a

recognised form of AT and are essential in providing aid to older Australians living with complex communication needs. Concern was also raised regarding the limited and incorrectly described examples of orthotic and prosthetic services, and the complete omission of prostheses from the list of tabled examples. To ensure no conditions or supports are missed, a more comprehensive list of proposed supports is required to ensure equitable inclusion and ease sector concern.

The proposal for an expert advisory group to conduct reviews regularly, and ensuring the delivery of appropriate supports, is supported by the ATFA Alliance. We recognise and welcome the possibility of the involvement of our members within an advisory committee, conducting reviews of the scheme's inclusion and exclusion lists. There are potential lessons, as well as intersections, from other national and state-based AT-HM schemes that already have these structures in place.

Assessment and prescribing

We support the paper's collaborative care approach involving cross-sectoral work between allied health practitioners, and the role they play in the sector, particularly in aged care assessments and 'wrap around' services. However, we are concerned that involving a greater range of professionals could increase the burden on clients to seek further services and inputs, delaying access to support.

To enable timely access to support, we support the proposal for allied health professionals that are skilled and educated on AT provision to be given recognition to prescribe specific AT-HM as an assessor to their clients, within their relevant field and scope of practice, where appropriate. This could allow older Australians to not need to seek additional referrals for consultations for a specified list of items that may not require further wrap around supports for implementation. This is vital due to ongoing workforce shortages in the health, disability, and aged care sectors. However, we note that there are concerns around the practical realities of this. Consultation with relevant allied health peak bodies should be undertaken to understand appropriate inclusions and conditions for this. This needs to be appropriately implemented, and not just a 'band-aid' for wider workforce shortages.

Progressive conditions

The paper's recognition that progressive conditions need to have greater support is welcomed, particularly regarding more frequent reassessments and pre-approval. The progressive conditions pathway, as presented, will ensure greater support, which is vital. But there are missing elements that would ensure a more responsive pathway. The Alliance seeks further detail on how any future scheme will ensure those with progressive conditions can promptly alter their AT-HM products. This is especially important with HM; temporary or rapid HM changes can be the difference between keeping people at home rather than entering residential aged care.

Loan and rental options

We support the inclusion of loan and rental options as outlined by the discussion paper; however, we ask for further detail. Particularly, there are concerns regarding safety, infection control, customisation possibilities and the coordination of a loan

program. There are concerns regarding who will oversee such a program, as there needs to be independent oversight and diligent financial management practices. This needs to be well planned if it is to be successful. There also concerns around the impact of a central loan pool, which could place smaller AT-HM suppliers in regional and rural areas at risk of closure, exacerbating existing issues around ‘thin markets.’

We welcome the recognition that a loan scheme may not be an effective option for all technology types, as some cases may not be practical or economical in some circumstances. Costs of repair and maintenance to AT technology may exceed the cost of a product itself, or may not be repairable due to refurbishing limitations.

Funding contributions

The proposition of co-contributions through means testing and being capped, with a safety net for co-contributions, appears initially as an equitable avenue. Alongside this, consumer affordability initiatives, including support means testings and fee waivers for financially vulnerable people, will need to be taken into consideration. However, the ATFA Alliance still remains committed to the long-term goal of all Australians being able to access AT-HM regardless of eligibility and financial standings. This is in line with the recommendation from the Royal Commission into Aged Care Quality and Safety (Royal Commission) that there is equity for people with disability receiving aged care. It is why affordability needs to be a recognised principle of any new scheme, to ensure co-contributions do not lead to a lack of access to support.

While we broadly support the approach to HM as imagined in a future scheme, the ATFA Alliance is concerned about the reimbursement of subsidised HM if the client is to move before the 18-month eligibility. Unforeseeable circumstances, such as the inability for a carer to continue to provide support to a client or relative, or environmental factors or illness, may cause the necessity for clients to move residences. This could place further financial burden on the consumer. It is an arbitrary restriction on HM, which is often vital to enabling the continuation of at-home living. As such, we perceive the 18-month eligibility restriction to be excessive and ask for an adjusted time allowance funding policy for HM eligibility that better reflects the realities of housing and living for older Australians over 65 with a disability. This adjusted policy should be developed through greater engagement with the sector.

The report provides a general outline on how the scheme would be funded, however further clarity and transparency is required, especially regarding clients’ funding eligibilities. The cost of transporting, warehousing, cleaning, and assessing AT loan equipment is yet to be calculated or mentioned within the paper. Further details are required so the sector can provide comprehensive feedback, as this is the key area that can limit the impact and effectiveness of a AT-HM scheme. Everyone over the age of 65 should be able to access the AT-HM they need, and funding needs to reflect this – building on the recommendation from the Royal Commission.

Carers

Any future AT-HM scheme needs to recognise the role of formal and informal support carers, and their involvement in ensuring that clients' needs are met. Carers are rarely mentioned in the paper, despite many clients' recommendations for AT being informed by their carer. Informal and formal carers make up a substantial portion of the aged care sector, with many of these caretakers relying on AT-HM to both assist the client and themselves. It is essential that there is a process to include the voices of carers in discussions around AT-HM, while respecting the rights and independence of clients. There are also significant privacy and ethical issues to consider in this area, which other government programs are looking closely at. The Alliance encourages the Government to hold further discussions with formal and informal carers as part of this co-design process.

Rural and Regional

The paper has limited mentions of how a scheme would provide equitable access to necessary services for older Australians in rural and regional areas. The ATFA Alliance welcomes the acknowledgment that further engagement is required and is happy to support that process. We appreciate the recognition that rural and regional areas, and other 'thin markets', may need specialised approaches to support service provision. This includes a different funding arrangement to ensure the viability of the scheme, as well as different methods of education and engagement, including remote access to information and support. It is also important to highlight, once again, that there is particular concern around a central pool approach to equipment provision – in rural and regional areas this could create further 'thin markets' with providers excluded from the system, which impact the service that clients would receive in these areas. 'Thin markets' have been an issue that has impacted NDIS care and support provision since its rollout.

Preventative Services

The recognition of the need to include accessing preventative services is welcomed. This should be a key attribute of any future scheme and merits greater attention. While the paper reflects that stakeholders want preventative services, and it should be included in wrap-around care, it remains unclear what prevention will look like in a future scheme. The only mention is of public awareness campaigns and public health initiatives. Such campaigns undoubtedly support the sector, but further alternatives are needed to help maintain independence and community participation through a more positive focused aging program, with a focus on how AT-HM can enable this.

Further detail on what preventative services could or would be included in a future AT-HM scheme needs to be provided. The sector is also happy to provide further direction on what this could look like. Prevention is essential, especially with a key principle being on value for money. Early prevention services and programs will support older people before they require further assistance, such as residential aged care or more intensive AT-HM, at a higher financial cost.

Key Points

- Independent information support services need to be a key part of a future AT-HM scheme and should be viable under the funding scheme.
- Further detail and clarification is required on:
 - the AT-HM supports that will be included in any future scheme.
 - the progressive condition pathway.
 - the operation of potential rental and loan options.
 - future funding for a scheme and its clients.
 - the preventative services that would be included in an AT-HM scheme.
- There needs to be greater consideration of how a future AT-HM scheme could ensure that clients are able to access AT-HM when they require, regardless of eligibility and financial standing.
- Any future AT-HM scheme needs to recognise the role of formal and informal support carers, and their involvement in ensuring that clients' needs are met.
- There is concern over the potential impact of centralised processes, including a central loan pool, in a future AT-HM scheme.

Workforce Support and Education

The ATFA Alliance, overall, supports the discussion paper's intention to provide opportunities for knowledge and skill development within the sector to relevant allied health professionals and providers.

Education should be a central element in the scheme's design, with knowledge extended to formal and informal carers in how they can help older Australians better access safety features, AT services and equipment. It is great to see the paper address how trials and education programs will assist in the delivery of properly accessing AT-HM products and services.

Independence Programs

The Alliance supports the paper's proposal of a peer mentoring program like that run by the Independent Living Assessments (iLA). Whilst the iLA is used as an example in the paper, we note that there are several other similar peer mentoring services available, including by other members of the ATFA Alliance. However, we would like to see more avenues to access further independence and support programs through both online and face-to-face deliveries. Greater provision of programs and workshops is necessary for older Australians with disabilities to help them with their ability in accessing community, recreational facilities, and social participation. Alternative opportunities besides sector and workforce education, such as workshops or social activities for older Australians, need to be put forward to ensure that individuals are educated and confident in using and accessing AT-HM products.

Advisory Services

Several more discussions in assigning and prescribing roles are required to ensure the efficient delivery of knowledge surrounding AT-HM products and services. The development of advisory services for assessors and providers is supported by the Alliance, with more details on a trusted assessor program particularly welcomed in relation to risk management, training, experiences, and relevant qualifications, with a general oversight of running programs. We would urge for a future scheme to be supported by a AT-HM Community of Practice, as well as proactive, outbound education programs, and not just waiting for queries by assessors and providers. The CHSP Sector, Support and Development function provides an example of how the sector can be supported.

Key Points

- The emphasis on workforce support and education is a positive step, but this will need to be extended to carers.
- There needs to be greater emphasis on independence and support programs in a future AT-HM scheme, both online and face-to-face, to improve older Australians' community access, participation in recreational facilities and social interaction.
- A future AT-HM scheme should be enabled by comprehensive advisory services to proactively support assessors and providers, including through an AT-HM Community of Practice.

System features and oversight

Digital access

The ATFA Alliance supports the intent to advance greater data collection and use of technology through the provision of online platforms and services. Whilst we support this advancement, it is vital that non-digital alternatives are at the heart of any future scheme.

The discussion paper acknowledges that, 'the scheme would also need to cater to the needs of people who have low digital literacy and limited access to technology and internet', but no further details are provided. A suggested public facing website and online general platform with no mention for non-digital alternatives, means there is a risk of digital exclusion; this is a key concern for the Alliance.

The requirement to order through a centralised system for all diverse types of AT is another area of concern. Whilst the Alliance supports accessing AT through a centralised platform, there needs to be an efficient pathway in accessing individualised products. A centralised platform could inhibit individualisation, especially for those that are not digitally able, or lack interest in accessing websites. Overall, the future scheme still needs to be able to provide alternatives for those who do not have the intention of being included in the digital age.

Data collection

The Alliance supports the need for consistent data analysis across the scheme so that it is easier to remain accountable and transparent. For instance, the cost of operating a loan scheme is remarkably high. Hence, data analysis regarding cost benefit of initial purchases, turnovers, transportation, assessing of suitability for reissue and more, will need to be undertaken prior to the inclusion of a loan pool in this scheme. Information on the AT-HM will need to be collected and reported regularly once the final version of the scheme is operational. Collecting data regarding diagnoses of conditions and disability, and their prescription occurrences, would also aid in future data analysis in addressing early prevention benefits. Stronger and consistent data collection is required to support a scheme.

Privacy rules and data sharing amongst the sector will need further clarity to ensure the safety of all clients are respected, especially following reporting procedures and data sharing policies. However, it would be appreciated for the government to take into consideration in providing relevant data access to research and community organisations, such as ATFA Alliance members, to help better understand the disability and GEAT needs of consumers.

Governance

The ATFA Alliance agrees upon the need for an appropriate expert committee to review changes to the scheme to provide open communication for all to access relevant information efficiently.

The paper provides minimal detail on the governance or oversight of the scheme, and how it aims to be structured. Details such as quality of products, safety features and eligibility, are all aspects of the scheme that require further discussion between the government, the aged care sector, and Australians that use and need AT-HM. A key part of this is ensuring transparency around the budget allocation for any future scheme. Failure to do risks inflating hopes, which the scheme won't be able to achieve.

Key Points

- A future AT-HM scheme, which should be digitally enabled, needs to ensure there are non-digital alternatives and pathways to accessing support.
- The emphasis on data collection and analysis in a future AT-HM scheme is supported, but its operation needs to be aided by transparency and regular public reporting.
- Further detail is required on potential reporting procedures and data sharing, with relevant organisations and community groups able to access data for research.
- While the proposal for an expert committee group is appropriate, further detail is required on the governance of any future AT-HM scheme, such as eligibility criteria, safety features and additional provisions.

Next steps

The ATFA Alliance welcomes the discussion paper and its opportunity to provide feedback. However, it is vital that further contributions from the sector are engaged by the Department of Health. Whilst the paper is welcomed, greater detail is required for the sector to provide comprehensive feedback.

The ATFA Alliance and its members would like to extend an open offer for further opportunities of engagement as the scheme is developed. We remain committed to supporting this process to be as effective as possible, in improving AT-HM provision for all older Australians.