



**The Assistive Technology for All Alliance
Submission to the Victorian State Disability Plan
2021-2024 Consultation**

May 2020

To:

Victorian State Disability Plan 2021-20204 consultation

Via consultation submissions website:

www.statedisabilityplan.vic.gov.au/victorian-state-disability-plan-2021-2024-consultation-submissions-page

Contact:

Lauren Henley

Assistive Technology for All Alliance Coordinator

Phone: (03) 9655 2140

Email: LHenley@cotavic.org.au

This submission has been endorsed by the following organisations:

Council on the Ageing Australia, Australian Association of Gerontology, Every Australian Counts, National Disability and Carer Alliance, The Australian Federation of Disability Organisations, People with Disability Australia, Australian Rehabilitation and Assistive Technology Association, Occupational Therapy Australia, Assistive Technology Suppliers Australia, TAD Australia, Blind Citizens Australia, Leukodystrophy Australia, LifeTec, Council on the Ageing Victoria, Limbs 4 Life Australia, MS Australia, Polio Australia, Spinal Cord Injuries Australia, Vision Australia, Bayside Polio Group, Huntington's NSW ACT, Independent Living Centre WA, MND Victoria, Parkinson's Victoria, Post Polio Victoria, Spinal Life Australia.



Table of Contents

1.	About the <i>Assistive Technology for All</i> Alliance.....	1
2.	Introduction.....	1
3.	Summary of Recommendations	1
4.	Victoria’s State Disability Plan 2017-2020 – “Absolutely everyone”	2
5.	The Case for Increasing Access to Assistive Technology	3
6.	Victoria’s and Australia’s Obligations to Older People with Disability.....	4
7.	Background and Policy Context.....	6
8.	Overview of Primary Funding Streams Outside the Aged Care System	7
8.1.	The Commonwealth Continuity of Support Program (CCOSP).....	8
8.2.	The National Injury Insurance Scheme (NIIS)	9
8.3.	Victoria’s State-wide equipment program (SWEP)	11
8.4.	Equitable access to independent advice	13
9.	Barriers to accessing assistive technology under the aged care system.....	14
9.1	The Commonwealth Home Support Programme cannot fund high cost aids and equipment that may be required by people with disability.....	15
9.2	Older people cannot access assistive technology in a timely manner	15
9.5	Aged care funding packages do not currently meet the needs of many people with disability.....	17
9.6	People living in residential care cannot access appropriate funding for assistive technology	19
10	The ultimate solution: A National Aids and Equipment Program for older people with disability.....	20
11	Concluding statement	21
	Appendix 1: Assistive Technology Definitions.....	22
	Appendix 2: Assistive Technology for Older Australians Research Report (NACA).....	22
	Appendix 3: Improving the interface between the aged care and disability sectors, discussion paper (NACA) ..	22
	Appendix 4: Assistive Technology Funding Map (ARATA).....	23
	References	24

1. About the *Assistive Technology for All* Alliance

Assistive technology (AT) plays a critical role in the lives of people with disability by facilitating independence and participation in everyday activities, promoting safety for consumers and carers (paid and unpaid), and preventing avoidable accidents and hospital admissions. Screen reading software, mobility aids, electronic communication devices and prosthetic aids are all examples of assistive technology. Detailed definitions of assistive technology can be found in Appendix 1.

Assistive Technology for All is a national alliance of peak bodies and consumer representatives spanning the Health, Ageing and Disability Sectors. Together, we are advocating for equitable access to AT for people with disability who are not eligible for the National Disability Insurance Scheme (NDIS).

2. Introduction

The *Assistive Technology for All* Alliance is pleased to provide this submission to the Victorian State Disability Plan 2021-2024 (the Plan) consultation.

The comments provided in this submission focus on key areas that impact on access to assistive technology for those ineligible for the NDIS. This will ensure all Victorians have equitable access to the assistive technology they need to lead full, active lives will help ensure Victoria is fulfilling its obligations under the Convention on the Rights of Persons with Disabilities and the National Disability Strategy. The Alliance believes that this is a critical consideration for inclusion in the 2021 – 2024 Plan.

The case studies provided in this submission are based on the needs and circumstances of real individuals; we have altered some identifying details to protect their anonymity.

3. Summary of Recommendations

Recommendation 1:

Strengthen the state disability plan by including a separate section devoted to assistive technology, with particular emphasis on meeting the assistive technology needs of all people with disability in Victoria, including those who are ineligible for the NDIS.

Recommendation 2:

- (i) Amend Victoria’s Disability Act 2006 to establish Victoria’s responsibilities to provide and fund disability services, especially the provision of assistive technology to people with disability in Victoria who are ineligible for the NDIS.
- (ii) The Council of Australian Governments ensures, through its role in updating the National Disability Agreement and National Disability Strategy, there is a nationally consistent mechanism in place to provide people with disability outside the NDIS with assistance to understand and locate relevant assistive technology.

Recommendation 3:

Immediate action to increase access to assistive technology by increasing funding for the Victorian State-wide Equipment Program (SWEP) to provide a higher subsidy for consumers and to reduce wait times.

Recommendation 4:

Ensure people with disability outside the NDIS have access to independent advice about assistive technology solutions.

Recommendation 5:

That the Victorian and Commonwealth Governments work together to implement measures to ensure people with disability living in residential aged care can access funding for assistive technology to facilitate mobility, communication and participation in everyday activities.

4. Victoria’s State Disability Plan 2017-2020 – “Absolutely everyone”

In the foreword to the consultation paper for Victoria’s current state disability plan 2017-2020 (the Plan), it is stated, “If the promise of the NDIS is to be realised, our services, workplaces, communities and physical environments must be accessible and available to **all** people with disability, regardless of whether they have an NDIS plan. The state disability plan is central to achieving this.” (our emphasis)

ATFA completely agree with this statement! To achieve this, we believe that **all** people with disability have the right to equal access to assistive technology. This submission makes a compelling case as to why access to assistive technology is essential to reducing and removing barriers to inclusion and participation for all people with disability and why the current system is inequitable and ~~failing many people and~~ locking many people out of life.

Victoria’s current state disability plan 2017-2020 (the Plan), regrettably, makes no mention at all of assistive technology. We are particularly disappointed by this and have set out the case for increasing access to assistive technology below.

We believe that equitable access to assistive technology cuts across all four of the domains of the Plan and is essential in executing its actions and achieving its outcomes. In addition, the essential nature and social and economic impact of providing assistive technology is so vitally important it deserves its own discrete section in the 2021-2024 Plan.

Recommendation 1:

Strengthen the state disability plan by including a separate section devoted to assistive technology, with particular emphasis on meeting the assistive technology needs of all people with disability in Victoria, including those who are ineligible for the NDIS.

5. The Case for Increasing Access to Assistive Technology

1. Assistive technology helps facilitate social inclusion, economic participation, autonomy, safety and extends a person’s opportunity to remain living in their own home in the community. The NDIS Assistive Technology Strategy states:

“AT (assistive technology) enables people with disability to live a better, more independent and more inclusive life. It enables people with disability to maximise their abilities at home, in the community and in the workplace, ensuring greater economic and social participation.”¹

2. In 2018, the National Aged Care Alliance (NACA) commissioned a review of the social and economic impacts of assistive devices. The review found that significant savings could be made in health and aged care by increasing investment in assistive technology. This is because providing people with disability with timely access to affordable assistive technology can:

- Reduce the need for GP visits
- Reduce demand for home care services
- Reduce hospital admissions.
- Delay entry to residential care. ²

The economic modelling that was undertaken as part of the review demonstrated that substantial cost offsets and downstream costs will be avoided if assistive technology is introduced at the point of need. A copy of NACA’s ‘Assistive Technology for Older Australians Research Report’ is attached as Appendix 2.

3. Without access to assistive technology, many people with disability are forced to rely on others for support. This is concerning when considering that:

- Dependency on others is one of the key factors shown to increase peoples' risk of being subjected to violence, abuse, neglect and/or exploitation.
 - Research demonstrates that people with disability are less likely to report abuse or take steps to leave an abusive relationship in instances where they are heavily reliant on their abuser for support.
 - Without access to the appropriate mobility and communication aids, people may not have the functional capacity to report any instances of abuse that do occur.^{3 4}
4. When people with disability are forced to rely on family and carers, the impact extends well beyond the person with disability themselves. It can impact on the physical and mental health and wellbeing of carers, reduce their capacity to be social and economic participants, and creates safety concerns for carers paid and unpaid. In the context of older people with disability, they will often receive informal support from an ageing family member whose capacity to assist with the necessary tasks may be limited and place them at risk of harm and injury. One gentleman who had already been waiting 830 days for an appropriate home care package, wrote:

“my wife has had surgery and requires further procedures including fitting of back brace for a serious back injury and is unable to give me the level of care I require.”

6. Victoria’s and Australia’s Obligations to Older People with Disability

1. Australia has ratified seven international human rights treaties.⁵ In doing so, it has made a commitment to uphold the rights that are set out under each treaty.
2. The rights of people with disability are set out under the Convention on the Rights of Persons with Disabilities (the Convention), which entered into force in Australia in 2008.⁶
3. Article 19 of the Convention says people with disability have the right to live independently and be included in the community. It requires that:

“b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.”⁷

4. Article 20 of the Convention relates specifically to personal mobility, noting that governments have a role to play in:

“a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;

b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;

c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;”⁸

5. The steps to be taken to implement the Convention in Australia have been outlined in the National Disability Strategy 2010-2020. The strategy applies to all people with disability in Australia – not just those who are under 65. As such, it includes the following outcomes:

- “A disability support system which is responsive to the particular needs and circumstances of people with complex and high needs for support.
- Universal personal and community support services are available to meet the needs of people with disability, their families and carers.”

It is essential that the Victorian state disability plan is aligned to these outcomes. The Victorian Government plays a significant role in the implementation of the Convention on the Rights of Persons with Disabilities. Article 4 (5) of the Convention states that “The provisions of the present Convention shall extend to all parts of federal States without any limitations or exceptions.” The National Disability Strategy establishes a national framework to guide all levels of government in fulfilling their obligations under the Convention. The State Plan’s role is to outline how Victoria will ensure the provisions set out in the Convention and, in turn, the National Disability Strategy, are upheld.

6. For Victoria and Australia to meet their international human rights obligations, it is an imperative that the principles of equity and access are upheld. This involves working towards the following outcome:

- Australians with disability must have equitable access to care and support **regardless of their age**, the funding source, programs or systems.

This principle was first published in the National Aged Care Alliance Discussion paper entitled, ‘Improving the interface between the aged care and disability sectors’ (2016). A copy of this paper is attached as Appendix 3.

7. Victoria must report to the Commonwealth every four years on how it has upheld the CRPD, including efforts made towards upholding Article 19 and Article 20; both of which are driving ATFA’s objectives and push for a strengthened state disability plan which includes a separate section devoted to assistive technology provision.

7. Background and Policy Context

It is important for the Victorian Government to understand that not all people with disability are covered under the NDIS, and why the Government must continue to meet its obligations to those who fall outside the scheme. We have provided some brief points below to help clarify the current arrangements:

1. The National Disability Insurance Scheme (NDIS) is designed to provide lifetime care and support to people with permanent disability. It commenced trial in 2013, with national rollout commencing in 2016.⁹
2. The design and implementation of the NDIS was informed by the Productivity Commission's 2011 Inquiry into Disability Care and Support. The terms of reference for this inquiry indicated that the scheme was: *"intended to cover people with disability not acquired as part of the natural process of ageing."*¹⁰
3. The implementation of the NDIS is governed by the NDIS Act. Section 22 of the Act states that a person must be under 65 at the time of making an access request to be eligible for the scheme.¹¹ As such, older people with disability now make up the largest cohort of people who fall outside the NDIS. This includes:
 - People who were born with or acquired disability early in life but had already turned 65 when the NDIS was rolled out in their area.
 - People over 65 who acquire disability which is not part of the ageing process but may be age linked.
 - People over 65 who acquire disability through catastrophic injury.
 - People over 65 who acquire disability due to the progression of a pre-existing condition.

It is estimated that there will also be around 800 000 people nationally with disability under the age of 65 who will not meet the other eligibility criteria set out in the NDIS Act.

4. The NDIS has the capacity to fully fund the assistive technology that is needed by younger people with disability, irrespective of how or where their disability was acquired. Funding pathways that are available to people outside the NDIS, however, do not provide an equitable level of access. This is demonstrated in greater detail throughout sections 8 and 9 of this submission.
5. Federal and state governments continue to place a strong emphasis on the NDIS as the sole solution to the provision of services and supports to people with disability. In doing so, they have not put appropriate measures in place to meet the needs of the 90% of people with disability who are not eligible for the NDIS.¹²

6. The current situation has been perpetuated by outdated agreements between State and Commonwealth Governments. Funding responsibilities relating to specialist disability supports, for example, were previously set out under the National Disability Agreement. This agreement has not been updated since 2009, despite the fact that the funding landscape has shifted dramatically since the implementation of the NDIS. The agreement was reviewed by the Productivity Commission in 2018/19. This process resulted in the development of an extensive report that outlined several recommendations for the Australian Government. These recommendations have still not yet been implemented.¹³
7. Interactions between the NDIS and mainstream services are guided by the 'Principles to Determine the Responsibilities of the NDIS and Other Service Systems'.¹⁴ A working group representing a number of disability organisations, in its 2019 report on Australia's progress under the Convention on the Rights of Persons with Disabilities, observed:

"...the Principles are subject to interpretation and lack clarity. This is resulting in boundary issues and funding disputes, which can lead to reduced or no access to services for people with disability not eligible for the NDIS."¹⁵

8. The need for resolution of the ongoing boundary issues between Commonwealth and State and Territory Governments was also identified in the Legislated Review of Aged Care; which recognized that current arrangements prevent the optimal provision of assistive technology to people with disability who are over the age of 65.¹⁶
9. Article 4 (1) of the Convention on Rights of Persons with Disabilities requires state parties "To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities."

The review of Victoria's Disability Act 2006, as foreshadowed in Topic 6 of the Consultation paper, provides the perfect opportunity to resolve and clarify these issues, as does the Victorian Government's contribution to, and involvement in, the Council of Australian Governments (COAG).

Recommendation 2:

- (i) Amend Victoria's Disability Act 2006 to establish Victoria's responsibilities to provide and fund disability services, especially the provision of assistive technology to people with disability in Victoria who are ineligible for the NDIS.**
- (ii) The Council of Australian Governments ensures, through its role in updating the National Disability Agreement and National Disability Strategy, there is a nationally consistent mechanism in place to provide people with disability outside the NDIS with assistance to understand and locate relevant assistive technology.**

8. Overview of Primary Funding Streams Outside the Aged Care System

Funding for assistive technology for older Australians is currently spread across multiple departments and not-for-profits at both the state and commonwealth level. As such, the most appropriate pathway for accessing assistive technology remains very unclear to the consumer.

In 2018, the Australian Rehabilitation and Assistive Technology Association (ARATA) developed a map of existing funding streams for assistive technology in Australia. A copy of this Funding Map is attached as Appendix 4.

This section of our submission sets out the dominant funding pathways that were promised to provide support to people with disability outside the NDIS and highlights how these systems are falling short of people's needs. This will help clarify why older people with disability are now forced to access the assistive technology they need under the aged care system.

8.1. The Commonwealth Continuity of Support Program (CCOSP)

1. People who do not meet the age eligibility requirements for the NDIS but were already receiving state-funded disability services prior to the roll out of the scheme, were promised they would continue to access services under the Commonwealth Continuity of Support Programme.¹⁷
2. There are many older people with disability whose needs are still not being met under this program, including:
 - People who had not been accessing state-administered specialist disability support prior to transition to the NDIS.
 - People who were still on waiting lists for state-administered specialist disability services during transition to the NDIS¹⁸
 - Program participants who transition into residential aged care.
3. For those who are eligible for and are able to access support under the Commonwealth Continuity of Support Programme, the situation is still very unclear. The 2019 Shadow Report to the United Nations Committee on the Rights of Persons with Disabilities states:

“While the Commonwealth and State/Territory Governments have agreed to provide continuity of support through disability services outside the NDIS, in practice there is confusion and uncertainty about what services will continue to be provided and/or funded. Some disability supports are not being provided because of unclear boundaries about the responsibilities of the different levels of government.”¹⁹

4. Irrespective of the current confusion surrounding the implementation of the program, it seems that it is still not likely to create a funding pathway for assistive technology. The 2019 edition of the CCOSP manual, for example, states:

“...in the first instance, aids and equipment (including vehicle modifications) should be accessed through available State programmes.”²⁰

Case Study: Ruth

Ruth is a 68-year-old woman with Multiple Sclerosis. Until recently, she had been receiving support in her own home under the Commonwealth Continuity of Support Programme. A recent change in circumstances has led Ruth to move into residential care and as such, she is no longer eligible to receive support under the Commonwealth Continuity of Support Programme.

Ruth’s powered wheelchair is very old and is no longer meeting her needs. She has been looking for avenues to access funding for the purchase of a new wheelchair, but she has been told that there is nothing available. This situation is negatively impacting upon Ruth’s comfort, mobility, independence and participation in everyday activities. If Ruth was under 65, she would have been eligible to access support under the NDIS and her new wheelchair would have been fully funded.

8.2. The National Injury Insurance Scheme (NIIS)

1. The National Injury Insurance Scheme (NIIS) was intended to be rolled out alongside the NDIS to provide lifetime care and support to people who acquired disability through catastrophic injury.²¹
2. Presently the NIIS is only available in Queensland (where the injury is caused through a motor accident), with no determination made at present as to whether this scheme will be rolled out nationally.
3. The NIIS, if properly implemented, would have provided an avenue to accommodate the specialist needs of any older people who acquire disability through catastrophic injury into the future. At the time of writing this submission, the medical and general accident streams of the NIIS had still not been implemented.
4. In the absence of a National Injury Insurance Scheme, older people who acquire disability through catastrophic injury are forced to access support under the aged care system. However, as demonstrated throughout this submission, this system does not provide equitable support and lacks specialist disability expertise.
5. One individual who has been affected by this issue is Chris English, who has appeared in the media to air his frustrations at the lack of support that is available to him. Chris acquired his disability through catastrophic injury at age 69. The newspaper article describing Chris’ situation has been included below:

NDIS cut-off at 65 leaves older people with acquired disabilities in world of pain

ABC Illawara, By Nick Rheinberger

Posted: 2 August 2019

Link: www.abc.net.au/news/2019-08-02/quadruplegic-fights-discrimination-over-ndis-cut-off-at-65/11374748

Chris English used to drive racing cars, but the only thing that drives now is his electric wheelchair using his chin.

Mr English became a quadriplegic after he fainted and fell down some stairs last years.

"It happened on my 69th birthday," he said.

"I passed out for some reason, then woke up a few days later in an intensive care unit."

Mr English has had to give up his intricate work as a jeweller and his beloved garden, as well as his tireless work for the Kiama Lions Club.

But that is not the biggest problem.

Mr English and his wife, Bobbie, who is his full-time carer, said the real tragedy was that this accident happened at the age of 69.

If he was under 65, Mr English would have been eligible for an NDIS package worth more than \$100,000 a year, providing significant care and — most importantly — a sense of dignity.

But since he was over that age, he had to make do with an aged care supplement worth less than half that amount.

The couple said this was clearly a case of discrimination against older people with a disability.

"If Chris was 64 when this happened, he would have been eligible for the NDIS," Ms English said.

"And then it actually would have continued after he turned 65. But now we're capped at the maximum aged care subsidy, which might get us a carer for 60–90 minutes per day.

"I do everything else, with some help from the family. And there's no budget for respite care if I get sick."

Mr English said it did not make sense.

"Most accidents like this do happen to older people," he said.

Family and fundraising fills the gaps

Mr English remains stoic about his condition, and his beloved Lions Club is keen to elect him as their president in the future.

But it is a struggle for his wife every day.

She is not only had to move from their home town of Kiama, they have had to turn to a fundraising website to get a suitable car to transport Mr English and his wheelchair.

If her husband's care becomes too much, the only option is to put him into a nursing home — and that is the last place Mr English wants to be.

"Before the accident, I didn't feel old," Mr English said.

"I've got nothing against aged care, but I want to be here at home."

This sense of unfairness has led Ms English to create a petition to "eliminate discrimination of older people with a disability".

Though she has had a sympathetic reception from her state member, Gareth Ward, who also happens to be the Minister for Disabilities, this is a federal issue, and Ms English hoped to travel to Canberra to present her argument to Stuart Robert, the Federal Minister for the NDIS.

NDIS cuts off at 65

Mr Robert was unavailable for an interview with the ABC, and referred us to the Department of Social Services.

A spokesperson confirmed that "a person needs to have acquired their disability before the age of 65 and meet other eligibility criteria in order to be an NDIS participant".

"NDIS eligibility does however continue beyond age 64 for those who became NDIS participants before age 65," the spokesperson said.

"For those 65 and over, there is a range of supports available within the aged care system that can be accessed through My Aged Care, which may be suitable for older people with a disability."

While they wait for an audience with the minister, it falls to Ms English and family to take care of Chris.

They have now had to cut back on carers to five short mornings per week, and rely even more on family help.

That is taking a physical and mental toll.

"He's always been so sharp, with such an active mind," Ms English said.

"If they had their way, the Lions Club would take him to the local Driver Reviver van in the holidays so he could have a chat and keep telling them what to do."

8.3. Victoria's State-wide equipment program (SWEP)

1. Despite there being an assumption that an individual's assistive technology requirements can still be dealt with at the state level, Victoria's existing state-based aids and equipment programs (SWEP) currently falls well short of people's needs.

2. Key policy and program issues can be summarised as follows:
- SWEP remains grossly underfunded and there has been no commitment to growth to keep up with the increasing costs of assistive technology.
 - People with disability who are not NDIS eligible accessing SWEP are expected to make a significant and often prohibitive financial contribution towards the cost of their assistive technology.
 - People with disability who are not NDIS eligible accessing SWEP continue to face long waiting lists. This prevents them from accessing support when they need it most; with a person's assistive technology needs often having changed significantly between the date of prescription and receipt of the technology that has been recommended.
 - The extent to which the Victorian Governments intend to continue funding SWEP beyond full roll out of the NDIS remains unclear.
 - People living in residential aged care are unable to access assistive technology under SWEP. There is no other pathway available to provide people living in care with the specific equipment they need. This can have a very negative impact on the mobility, participation and overall health and wellbeing of the individual.
 - It is worth noting that SWEP has withdrawn from being a supplier under NDIS.

Case Study: David

David has post-polio syndrome. The NDIS commenced roll out in his area 3 months after his 65th birthday and as such, he did not meet the age eligibility requirements for the scheme.

David required the immediate use of a wheelchair, a lift chair and a shower chair as prescribed by an Occupational Therapist. He has applied for a home care package but has been told the waiting list is currently sitting at around 18 months. He has also attempted to access the equipment he needs through the Victorian aids and equipment program. He was told his needs were 'low priority', which meant he would be facing a similar waiting time under this program. David and his wife have had to sacrifice their savings to purchase the specified equipment in the meantime as it was needed urgently.

Case Study: Two people living with an above knee amputation – state-based Artificial Limb Scheme Funding and the NDIS support differences

Robert and Steve have left above knee amputations. Both underwent an amputation due to an aggressive infection. Robert is 67 years old and underwent an above knee amputation in 2010. Steve is 56 years old and underwent an above knee amputation in 2011. As Robert is only eligible for his state-based Artificial Limb Scheme he does not have appropriate access to supports, assistive

technology or home modifications. By contrast Steve has an NDIS Plan with access to an array of reasonable and necessary funded supports.

Robert uses a mechanical knee unit which provides no safety and consequently he experiences regular falls. In addition, he has a very basic prosthetic foot which does not provide energy return and leads to fatigue. Robert has no choice over the type of prosthesis he receives. After a fall or due to feeling fatigued because of the type of prosthesis he has been fitted with, Robert uses an old wheelchair which is weighty and quite difficult for him to push around. Up until last year Robert worked full-time however the impact of the regular falls on his body has led to him reducing his working hours to part-time.

Robert has minimal home modifications because he would need to self-fund these, and he is not in the financial position to do so. Consequently, he only uses a board across his bath for personal washing and does not have grip bars in the wet areas (bathroom, toilet) - which increases his level of fall risk.

Steve was funded for a Microprocessor Knee Unit (MPK) and multi-axis prosthetic foot in his first NDIS Plan two years ago. Being fitted with an MPK prosthesis has enabled Steve to return to full-time work and he has never experienced a fall due to the technology and safety that this knee unit provides him with. In addition, all bathroom modifications made in his home have been funded through his NDIS Plan, including a ramp at the rear of his home. Steve is able to lead an active lifestyle with his wife and two children, and on a daily basis he walks his dog on the beach for exercise.

Steve's NDIS plan enabled him to trial a variety of prosthetic devices to determine which one best meets his needs. He has been able to exercise choice and control over both the assistive devices he uses and the service providers (allied health) he selects.

Recommendation 3:

Immediate action to increase access to assistive technology by increasing funding for the Victorian State-wide Equipment Program (SWEP) to provide a higher subsidy for consumers and to reduce wait times.

8.4. Equitable access to independent advice

Independent Living Centres have historically played a key role in enabling people with disability to access individual therapist support and advice, equipment trials and demonstrations. They housed a range of different equipment solutions and were staffed by therapists who provided valued information and advice in an unbiased and non-pressured environment. NDIS participants may be

able to access similar services through their individually funded support package. Unfortunately, however, the state government has retracted funding for Independent Living Centres since the implementation of the NDIS, and these Centres have subsequently closed.²²

It is critical that people with disability who are not NDIS eligible have an equitable level of access to opportunities for unbiased advice, trials, demonstrations and training in the use of assistive technology.

Recommendation 4:

Ensure people with disability outside the NDIS have access to independent advice about assistive technology solutions.

9. Barriers to accessing assistive technology under the aged care system

From 1 July 2019, all older people with disability who do not meet the age eligibility requirements for the NDIS or the Commonwealth Continuity of Support Programme will need to access services from the aged care system, under either the Commonwealth Home Support System (CHSP) or a home care package.

Since the Commonwealth has taken over responsibility for funding the aged care system, assistive technology has been continuously underutilized and underfunded.²³

People within the aged care system still need to have aids and equipment provided by the Victorian Government. The Commonwealth Home Support Programme Manual makes this very clear:

“The CHSP is not designed to replace existing state managed schemes which provide medical aids and equipment (e.g. Medical Aids Subsidy Scheme). CHSP service providers are encouraged to access these state and territory aids and equipment programs where appropriate.”²⁴

This implies that consumers can access support from state-based assistive technology programmes instead of using the limited funds available under the Commonwealth Home Support Programme, but the extent to which this is happening remains unknown. As the Commonwealth Home Support Programme only provides minimal funding for assistive technology, most people with permanent and profound disability need to access funding under a home care package. To do this requires a tradeoff between support to meet assessed care needs and purchasing assistive technology which was not part of their assessment.

Further, there is no dedicated funding stream for assistive technology within the aged care system. People with disability need to be able to access funding for assistive technology through the state program so that they have enough money in their package to cover the other supports they need. At

present, people are having to sacrifice other forms of support so as to purchase the assistive technology they need. This severely compromises their health, independence, inclusion and wellbeing.

9.1 The Commonwealth Home Support Programme cannot fund high cost aids and equipment that may be required by people with disability

1. The Commonwealth Home Support Program (CHSP) can provide up to \$500 of funding per person per calendar year for aids and equipment. This cap can be increased to \$1,000 with appropriate supporting evidence from an Occupational Therapist.²⁵ Anecdotally, however, we know that information about the cap increase is not always communicated to consumers.
2. Funding for assistive technology is provided under a service category entitled 'Goods, Equipment and Assistive Technology'. Under this service category, the sub-category of assistive technology includes communication aids, support and mobility aids, self-care aids, medical care aids, reading aids, car modifications and other goods and equipment. Not all aged care planning regions, however, are funded for this service type under the CHSP. Even in regions where funding is available, it still may not be available for all types of assistive technology that are required by people with disability.²⁶

9.2 Older people cannot access assistive technology in a timely manner

1. As at 30 June 2019, there were 119,524 people still waiting for a home care package. This included:
 - more than 3,000 people who were not receiving any assistance at all, despite having been deemed eligible for a package.
 - 47,462 people who had been offered a lower level package until they were able to be provided with a package at their assessed level.
 - 68,900 people who were being provided with support under the Commonwealth Home Support Programme while waiting for a home care package to become available.²⁷
2. Whilst the Federal Government has announced an additional 34,000 Level 3 and 4 packages over four years,²⁸ people with disability who are over 65 are further disadvantaged in accessing the assistive technology they need due to this blowout in waiting times. Careful consideration must be given to the provision of assistive technology as an early intervention measure; particularly when older people are still on a waiting list to receive support.
3. This situation can negatively impact upon families and carers, as well as consumers with disability. In reference to this issue, one gentleman told us the following:

"Today marks 916 days since I was assessed Level 4 Age Care Package, during that time I have missed out on necessary services to enable me and my wife who also has significant disability to live meaningful and productive lives. There is absolutely no argument that Aged people with

profound disabilities have been seriously disadvantaged by the present system. If the Aged Care Ministry does not get its act together we are going to end up with more people in homes at a greater cost to the Government, or maybe they are waiting for us to die.”

Case Study: Lyn

62-year-old Lyn has a 70-year-old husband Bob who has been living with MS for the past 30 years. Because of the rules in place with NDIS, Bob can only access My Aged Care, which doesn't give the same amount of assistance as the NDIS. Presently Bob has been waiting 15 months for any action/assistance on his approved aged care level 4 application. Over that 15 months they have spent in excess of \$10,000 directly attributable to Bob's needs.

In this case if Lyn was the one with MS, she would get an NDIS package and their life and wallet would be a whole lot better off!

Case Study: Margaret

67-year-old Margaret, diagnosed with Parkinson's 11 years ago, lives at home with her husband Kevin. Her need for assistance has increased significantly in the past 2 years. It's now 18 months that she's been waiting for a level 4 package. The current level 2 package does not meet her complex and increasing needs, resulting in added emotional and financial stress for all the family.

Her immediate urgent need is a powered adjustable bed, which would assist her to safely get in and out of bed, reduce carer strain and stress, help with swallowing of saliva/less coughing, reduce the risk of aspiration-related pneumonia (a leading cause of death in Parkinson's), and improve much needed sleep for both Margaret and Kevin. They have been on a waitlist for a suitable powered bed for 12 months. Margaret has also been waiting for 16 months for a powered lift chair that would assist her to stand up from a sitting position, placing less physical strain and dependence on Kevin.

Margaret has chosen to live in her own home with Kevin but requires the appropriate supports and services to make this possible, safe and sustainable. They're unable to self-fund the bed and chair as they have already paid for other essential equipment and services that the aged care system has not been able to provide. They both retired earlier than planned, due to Margaret's increasing disability and dependence on Kevin's assistance.

9.5 Aged care funding packages do not currently meet the needs of many people with disability

1. Funding packages that are provided under the Home Care Packages Programme are set at pre-determined levels and are not built around the individual needs of each consumer.
2. This model does not address the complex support needs that many people with permanent and profound disability may present with. The limited funds available mean that many people with disability are forced to trade off one vital service to be able to afford another. Their funding package simply isn't designed to be able to accommodate all of their individual needs for support.
3. Many older people with disability accessing support under the aged care system are still struggling to cover the purchase of the aids and equipment they need. In many instances, however, the individual will also require specialized training to enable them to use the specified equipment safely and independently. In some instances this training will also need to be extended to informal carers, such as family members.
4. Prior to the roll out of the NDIS, agencies who specialised in assistive technology training received block funding from government. This enabled them to provide training to clients on a needs basis, usually at no cost to the individual. Under the NDIS, however, this block funding model has been replaced by a market-driven approach. Organisations have set hourly rates for services, such as assistive technology training, based on the prices outlined in the NDIS price guide. Many service providers are now quoting the same prices for non-NDIS participants, irrespective of the fact that they may not have enough funding available under their Home Care Package to cover the costs.

Case Study: Lyn

A polio survivor, Lyn, is waiting on a Level 4 Home Care Package, valued at \$50,250 per year.

Lyn requires a range of assistive technology, and also daily assistance in her home. While she currently has equipment, it will need replacing in the near future as well as regular maintenance and repair. The equipment she currently requires includes:

Wheelchair	\$18,000
Shower chair	\$1,680
Ceiling hoist	\$8,861
Corset	\$800

TOTAL COST	\$29,341
-------------------	-----------------

If the above equipment were to be purchased under her Level 4 package, this would leave \$20,909 remaining (equal to just over \$57 per day). This amount is required for daily care in her home

(including operation of the hoist in/out of bed and showering), maintenance/repair of the equipment and all other expenses she may have. With administration fees for a Level 4 package likely to be around \$11,000, there is very little available funding remaining.

Lyn was offered a Level 2 Home Care Package in the meantime, valued at \$15,000 per year. This would have been inadequate for her care needs, only covering assistance with operation of the hoist in/out of bed and showering for 3 days a week (leaving her in bed for the other 4 days) and would offer absolutely no allowance for assistive technology.

Had Lyn been eligible for the NDIS, the aids and equipment she urgently required would have been discussed in her planning meeting. The package of funds allocated for the next 12 months would be calculated around these needs so that she would have access to an appropriate level of support.

Case Study: Laura

Laura has retinitis pigmentosa, a condition which causes progressive vision loss. Up until recently, Laura had quite good usable vision. Over the past 12 months, however, her remaining vision has deteriorated to the point where she can no longer read print.

Laura wants to be able to use her computer independently again. As she can no longer read print, she will need to learn how to navigate the computer using specialised text-to-speech software. Not only will she have to learn how to use the software itself, but she will also need to learn how to navigate the computer using only her keyboard as she is no longer able to track the mouse pointer on the screen.

A blindness service provider has quoted Laura \$180 per hour to provide the training she needs, which aligns with the NDIS price guide. Laura wants to be able to send and receive emails, use the internet, manage her personal documents and order her groceries online.

Because she is completely new to the use of screen reading technology, it may take quite a few hours of training to enable her to meet these goals. As a recipient of a level 2 home care package, she is unable to afford this training as this would force her to go without other vital forms of support.

Case Study: Two people living with MND – differences between support through the Aged Care system and the NDIS

Mr A and Mr B are friends, have lived in same regional community since childhood and have played football together in same premierships many years ago, and have maintained close friendship

over the years. They still mix in the same social circles. Both Mr A and Mr B have rapidly progressive MND.

Mr A is 66 years old and was diagnosed with MND in late 2018 and accesses his supports through My Aged Care (MAC). Mr B is 64 years old and diagnosed with MND in late 2017. Mr B accesses his funds for supports through the National Disability Insurance Scheme (NDIS).

Mr A does not have appropriate access to supports, services, assistive technology or home modifications. By contrast Mr B has an active NDIS plan with ongoing and quick access to supports as funded in his NDIS Plan.

Mr A has chosen to self-fund a ramp access to his home and bathroom modifications. Without these things he could not remain at home. By contrast, Mr B has an active NDIS Plan with ongoing and quick access to funded supports.

Mr A's assistive technology is provided from MND association through limited state funding and funds raised through donations and fundraising events. Mr B, on the other hand, has access to fully funded assistive technology as assessed by allied health professional and bathroom modification and ramp installation to his home.

Mr A has been assessed through MAC for home care package (HCP) level 4 and has been advised of long wait times for this of 12 – 18 months. Mr A feels he will be dead prior to HCP level 4 being available. Mr A has been advised that a level 2 HCP wait time less, between 9 – 12 months. However, he is not sure if offered a level 2 HCP, while awaiting a level 4 HCP, he would take it as he fears he would be worse off financially. All services including home nursing, community allied health and disability supports such as home cleaning, personal care and in-home respite would be at full fee if he takes a package, rather than the current subsidised rate. This makes him feel he would be worse off to accept a level 2 HCP.

Mr B's situation differs significantly due him being in receipt of an NDIS Plan. Through his Plan, Mr B has a choice of service providers such as in-home disability support, community access support, and allied health support. Mr B also has the opportunity for his NDIS plan reviewed at least annually or as his needs change. Mr B is now on his second NDIS plan.

9.6 People living in residential care cannot access appropriate funding for assistive technology

1. Older people living in government-funded residential aged care facilities are unable to access support through state-based aids and equipment programmes.

2. It is generally expected that any aids or equipment will be provided by the residential aged care facility. This arrangement continues to leave many older people with disability without the support they so critically need.

Case Study: Geoff

Geoff, a polio survivor, lives in residential aged care. His motorized wheelchair requires significant modification due to progressive loss of function from the late effects of polio. As there is no funding in Victoria for assistive technology for people living in residential aged care, there is an expectation that the aged care facility will fund and meet all his care needs. The standard item they would be required to provide, to replace his wheelchair when it cannot be further modified, is a manual wheelchair for mobility. This will not meet his requirements for seating, and will not enable him to move independently around the facility or participate in social activities in the wider community outside his residential facility.

It should be noted that many people managing the late effects of polio, like many others with physical disability, enter residential aged care at a younger age than the wider community. Unless significant home modifications are put in place, many are unable to meet basic care needs such as showering, dressing and mobility within the home. The economic reality of this leaves people with little choice but to move to residential care where sadly their intellectual and social needs are often left unmet as they are in a much younger age bracket than the majority of their co-residents.

Recommendation 5:

That the Victorian and Commonwealth Governments work together to implement measures to ensure people with disability living in residential aged care can access funding for assistive technology to facilitate mobility, communication and participation in everyday activities.

10 The ultimate solution: A National Aids and Equipment Program for older people with disability

Assistive Technology for All ultimately believes that the issues identified throughout this submission would best be resolved through the establishment of a harmonised and nationally consistent assistive technology program to support people with disability who are not eligible for the NDIS. This approach would simplify the current funding arrangements while providing older people with the technology they need to lead better quality lives and maintain their connection in the community. It also has the potential to reduce demand in other areas such as acute health and community care, which in turn would minimize downstream government costs.

In the meantime, the Victorian Government must continue to fulfill its human rights obligations to people with disability who are not eligible for the NDIS until such time that a national program exists.

11 Concluding statement

Thank you for providing the *Assistive Technology for All* Alliance with an opportunity to make a submission to the Victorian state disability plan 2021-2024. It is essential that all people with disability, including those who are not eligible for the NDIS, have access to the support they need to lead full and active lives.

It is our hope that our submission will help shine a light on the **inequity** that exists between NDIS participants and people with disability who fall outside the scheme and that Victoria's new state disability plan 2021-2024 will both acknowledge this and remedy this situation in Victoria.

If you require further information in relation to any of the points that have been raised throughout this submission, please contact *Assistive Technology for All* Alliance Coordinator, Lauren Henley. Lauren works in the role of Policy Officer at Council on the Ageing Victoria. She can be contacted by phone on (03) 9655 2140, or by email at LHenley@cota.vic.org.au

Appendix 1: Assistive Technology Definitions

1. Assistive technology comprises products and services used to provide assistive solutions that, combined with opportunities for use in desired occupations, across multiple environments, and enable individuals' functioning and participation.²⁹
2. Assistive products include any product especially produced or generally available, used by or for *persons with disability for participation*, to protect, support, train, measure or substitute for *body functions /structures and activities*, or to prevent *impairments, activity limitations or participation restrictions (AS/ISO 9999 page 3)*. Examples of AT include wheelchairs, prostheses, walking sticks, hearing aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication capacities.^{30 31}
3. Assistive technology services include any service that directly assists an individual in the selection, acquisition, or use of an assistive solution. Sometimes known as 'soft technologies', these include providing information and assessment, identifying and trialing assistive solutions, purchasing and customising the solution and ensuring ongoing and effective use, maintenance and review.³²

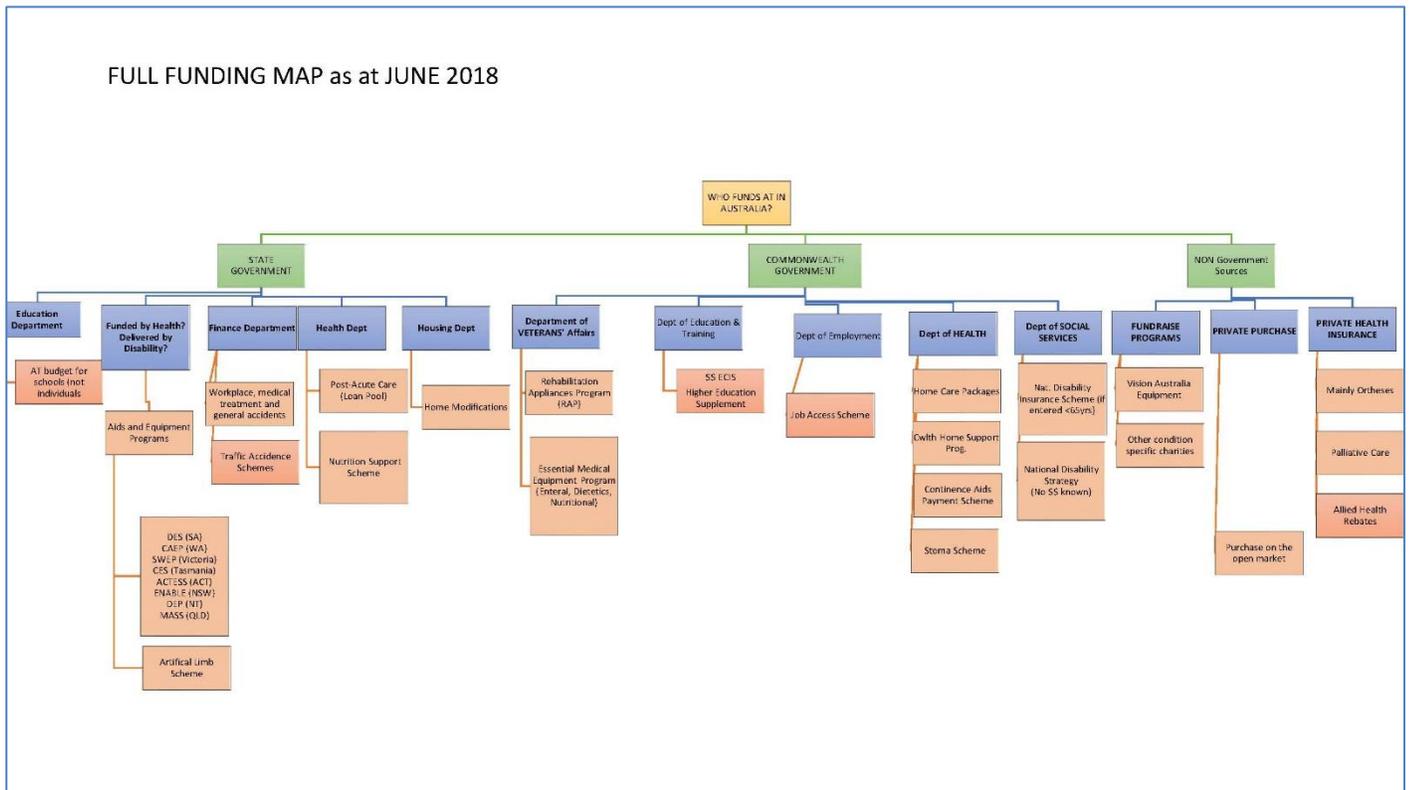
Appendix 2: Assistive Technology for Older Australians Research Report (NACA)

This Position Paper can be downloaded from the National Aged Care Alliance (NACA) website - https://naca.asn.au/wp-content/uploads/2018/11/NACA_Assistive_Technology_for_Older_Australians_Position_Paper-1-June-2018.pdf

Appendix 3: Improving the interface between the aged care and disability sectors, discussion paper (NACA)

This Discussion Paper can be downloaded from the National Aged Care Alliance (NACA) website - <https://naca.asn.au/wp-content/uploads/2018/11/Improving-the-Interface-Between-the-Aged-Care-and-Disability-Sectors.pdf>

Appendix 4: Assistive Technology Funding Map (ARATA)



A larger size of this Funding Map can be found on the Australian Rehabilitation and Assistive Technology Association (ARATA) website - <https://www.arata.org.au/access-&-funding/funding-your-at/>

References

- ¹ National Disability Insurance Agency. (2015). 'Assistive Technology Strategy', '2. Rationale for an AT strategy', P6.
- ² National Aged Care Alliance (2018) 'Assistive Technology for Older Australians Position Paper', accessed 16 September 2019, retrieved from <https://naca.asn.au/wp-content/uploads/2018/11/NACA_Assistive_Technology_for_Older_Australians_Position_Paper-1-June-2018.pdf>.
- ³ State of Victoria. (2018). 'People with a disability who experience violence, abuse or neglect', accessed 27 March 2019, retrieved from <https://www.betterhealth.vic.gov.au/health/servicesandsupport/people-with-a-disability-who-experience-violence-abuse-or-neglect>>.
- ⁴ Parliament of Australia. (2014). 'Domestic, family and sexual violence in Australia: an overview of the issue', accessed 27 March 2019, retrieved from <https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1415/ViolenceAust>.
- ⁵ Attorney-General's Department. (2019). 'International Human Rights System', accessed 29 August 2019, retrieved from <<https://www.ag.gov.au/RightsAndProtections/HumanRights/Pages/International-Human-Rights-System.aspx>>.
- ⁶ Australian Law Reform Commission. (2014). 'Equality, Capacity and Disability in Commonwealth Laws', accessed 29 August 2019, retrieved from <<https://www.alrc.gov.au/publications/equality-capacity-and-disability-commonwealth-laws/legislative-and-regulatory-framework>>.
- ⁷ UN Enable. (2006). 'Convention on the Rights of Persons with Disabilities', Article 19: Living independently and being included in the community', accessed 3 September 2019, retrieved from <<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html>>.
- ⁸ United Nations Enable. (2006). 'Convention on the Rights of Persons with Disabilities: Article 20 - Personal Mobility', accessed 29 August 2019, retrieved from <<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-20-personal-mobility.html>>.
- ⁹ National Disability Insurance Agency. (2019). 'NDIS Operational Guidelines'. Retrieved from <<https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-age-requirements>>.
- ¹⁰ Productivity Commission. (2011). 'Disability Care and Support Inquiry Report Vol.1', accessed 22 October 2019, retrieved from <<https://www.pc.gov.au/inquiries/completed/disability-support/report/disability-support-volume1.pdf>>.
- ¹¹ National Disability Insurance Agency. (2019). 'NDIS Operational Guidelines'. Retrieved from <<https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-age-requirements>>.
- ¹² DPO Australia. (2019). 'CRPD Review Factsheet No.8: The National Disability Insurance Scheme (NDIS)'.
- ¹³ Productivity Commission. (2019). 'Study report: Review of the National Disability Agreement', accessed 24 September 2019, 'NDIS Operational Guidelines'. Retrieved from <<https://www.pc.gov.au/inquiries/completed/disability-agreement/report>>.
- ¹⁴ Council of Australian Governments. (2013). 'PRINCIPLES TO DETERMINE THE RESPONSIBILITIES OF THE NDIS AND OTHER SERVICE SYSTEMS'.
- ¹⁵ DPO Australia. (2019). 'CRPD Review Factsheet No.8: The National Disability Insurance Scheme (NDIS)'.
- ¹⁶ National Aged Care Alliance. (2018). 'Assistive Technology for Older Australians Position Paper', accessed 16 September 2019, 'NDIS Operational Guidelines'. Retrieved from <https://naca.asn.au/wp-content/uploads/2018/11/NACA_Assistive_Technology_for_Older_Australians_Position_Paper-1-June-2018.pdf>.sh
- ¹⁷ Department of Health. (2019). 'Commonwealth Continuity of Support Programme', accessed 30 August 2019, 'NDIS Operational Guidelines'. Retrieved from <<https://agedcare.health.gov.au/programs-services/commonwealth-continuity-of-support-programme>>.
- ¹⁸ Department of Health. (2019). 'Commonwealth COSSP Programme Manual - 'People who are not eligible', P11.
- ¹⁹ 2019 CRPD Civil Society Shadow Report Working Group (2019) 'Disability Rights Now 2019: Shadow Report to the United Nations Committee on the Convention on the Rights of Persons with Disabilities', Purpose and general obligations (arts. 1-4', P12.
- ²⁰ Commonwealth Department of Health. (2019). 'Commonwealth Home Support Programme Manual', P33.
- ²¹ Department of Treasury. (2019). 'National Injury Insurance Scheme', accessed 30 August 2019, retrieved from <<https://treasury.gov.au/programs-initiatives-consumers-community/niiis>>.
- ²² Parliament of Australia. (2017). 'Delivery of Outcomes under the National Disability Strategy 2010-2020 to Build Inclusive and Accessible Communities', '4. Barriers and solutions' accessed 16 September 2019, retrieved from <https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/%20Community_Affairs/AccessibleCommunities/Report/c04>.
- ²³ National Aged Care Alliance. (2018). 'Assistive Technology for Older Australians Position Paper', accessed 16 September 2019, retrieved from <https://naca.asn.au/wp-content/uploads/2018/11/NACA_Assistive_Technology_for_Older_Australians_Position_Paper-1-June-2018.pdf>.
- ²⁴ Department of Health. (2018). 'Commonwealth Home Support Programme Manual', 'Service type: Goods, Equipment and Assistive Technology', P50.
- ²⁵ Commonwealth Department of Health. (2018). Commonwealth Home Support Programme Manual, 'Service type: Goods, Equipment and Assistive Technology', P39.

-
- ²⁶ National Aged Care Alliance. (2018). 'Assistive Technology for Older Australians Position Paper', accessed 16 September 2019, retrieved from <https://naca.asn.au/wp-content/uploads/2018/11/NACA_Assistive_Technology_for_Older_Australians_Position_Paper-1-June-2018.pdf>.
- ²⁷ Community Care Review. (2019). 'Home care queue drops but 120,000 still waiting', accessed 24 November 2019 <<https://www.australianageingagenda.com.au/2019/09/19/home-care-queue-drops-but-120000-still-waiting/>>.
- ²⁸ Council on the Ageing Australia. (2019). 'Policy-Alert-No-16-COTA-Response-to-Federal Budget 2018-2019', accessed 24 November 2019, retrieved from <<https://static1.squarespace.com/static/598d301fbebafb69f8d0bb5a/t/5b04e71803ce649de6aa9043/1527047977474/Policy-Alert-No-16-COTA-Response-to-Budget-May-2018.pdf>>.
- ²⁹ Australian Rehabilitation and Assistive Technology Association (ARATA). (2016). 'Statement on Good Practice (2016)', accessed 1 November 2019, retrieved from <https://www.arata.org.au/public/33/files/Presentations%20&%20resources/AATC2016_StatementOnGoodPractice.pdf>
- ³⁰ World Health Organisation. (2018). 'Assistive technology: key facts', accessed 1 November 2019, retrieved from <<https://www.who.int/news-room/fact-sheets/detail/assistive-technology>>
- ³¹ Standards Australia. (2018). 'AS/ISO 9999 Assistive products for persons with disability — Classification and terminology', accessed 1 November 2019, retrieved from <https://infostore.saiglobal.com/en-au/Standards/AS-ISO-9999-2018-1128769_SAIG_AS_AS_2618344/>
- ³² Australian Rehabilitation and Assistive Technology Association (ARATA). (2016). 'ARATA Statement on Good Practice (2016)', accessed 1 November 2019, retrieved from <https://www.arata.org.au/public/33/files/Presentations%20&%20resources/AATC2016_StatementOnGoodPractice.pdf>