



Independent Living Centre NSW

**RESPONSE TO THE DRAFT REPORT ON  
*CARING FOR OLDER AUSTRALIANS***

**March 2011**

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## Executive Summary

The Independent Living Centre of NSW welcomes the Productivity Commission's draft Report "Caring for Older Australians".

In responding to the draft report, the Independent Living Centre NSW is concerned about the lack of recognition of the role and significance of Assistive Technology in supporting older Australians, their carers and service providers. Assistive Technology for older Australians will need to be selected, paid for, maintained and replaced. Assistive Technology supports the ageing of older Australians and their carers at every stage of ageing.

In considering the draft report the Independent Living Centre NSW has focused on areas within its expertise and has raised some matters related to funding and the regulatory environment.

The Independent Living Centre NSW supports the Building Block Model of support, the development of the Australian Seniors Gateway and the direction to provide person centred empowered approaches.

In developing its recommendations the Independent Living Centre NSW considered the proposed models, workforce issues, the funding and regulatory environment that relate directly to the provision of assistive technology.

The Independent Living Centre NSW recommends:

1. the specific inclusion of Assistive Technology into all areas of the Building Block Approach, recognizing the importance of assistive technology across the life domains of communication, self care and mobility and enabling selection of assistive technology that supports the individual needs of each older Australian and their any carers or careworkers who support them.
2. the model of the Australian Seniors Gateway be strengthened in its delivery by ensuring that:
  - Information is provided in ways that are not linked to service delivery or supply;
  - Assessment and care planning takes account of the capacity of effectively prescribed AT to maintain independence and reduce ongoing care cost; and
  - That the costs of AT, including maintenance and replacement, are considered when assessing a client's care fees and capacity to pay.
3. the development of competency based training for allied health professionals in the selection and prescription of assistive technology, within a person-centred, empowerment framework. As a Registered

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Training Organisation, the Independent Living Centre NSW is uniquely placed to lead this work.

4. the specific inclusion of the broad uses of assistive technologies into the current competency based training available for those seeking careers in aged care.
5. the development of training specifically to meet the needs of informal carers and older Australians in the use, application and care of assistive technologies. This role could be undertaken by the Independent Living Centres that exist in each state, in partnership with relevant peak agencies such as Carers NSW and the Alzheimer's Association.
6. the proposed aged care models be strengthened through the recognition of the significant role AT to replace or, reduce aged care service costs and that the Productivity Commission consider a range of options such as:
  - Medicare funded allied health assessment, prescription and user training
  - Medicare or Pharmaceutical Benefits style funding for prescribed AT items
  - Tax deductibility for those who self fund their prescribed AT items
  - Including the funding for prescribed AT items within packages of support
  - Including the need to purchase, maintain and replace prescribed AT items in any Australian Pensioners Bond Scheme
  - Including the need to purchase, maintain and replace prescribed AT items in any means test applied or the setting of care fees
  - Including the costs of prescribed AT items in any stop-loss limit applied to the cost of aged care services
  - Considering whether the capacity for individuals to draw down on equity as part of an Aged Care Equity release scheme should be available to purchase, maintain or replace prescribed AT items
  - Supporting the prescription of AT items that meet the actual needs of the care recipient, not only basic needs, or those of the service provider.
7. that the Australian Government consult with the network of Independent Living Centres of Australia, one of which operates in each state, together with the allied health professional associations to ascertain the extent to which the regulatory environment impacts upon the provision of assistive technologies to older Australians.

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8. that the Australian Government consult with the network of Independent Living Centres of Australia, one of which operates in each state to ascertain the breadth of assistive technologies that would be of assistance to older Australians at all levels of the proposed model of care.
9. that the Productivity Commission identify the intersections of the proposed Health Reforms with the Aged Care Reforms with respect to AT, so that the two systems work together effectively to ensure timely provision of appropriate AT to support transitions between the two systems and to ensure that delays in accessing AT do not increase ongoing care costs in either system.

## Introducing the Independent Living Centre NSW

Established 30 years ago, the Independent Living Centre NSW (ILCNSW) is a leading information, education, and advisory centre for Assistive Technology, including the Built Environment. ILCNSW is a not-for-profit, community based organisation, Public Benevolent Institution and Corporation Limited by Guarantee.

**Our Vision:** *To change lives through assistive technology*

**Our Purpose:** *To inform people's choices of assistive technology by providing impartial advice and information.*

**Our Values:** *"Leadership, Independence, Connectedness, Choice and Expertise"*

The ILCNSW is a member of the network of Independent Living Centres of Australia and also of the International Alliance of Assistive Technology Information Providers.

The Independent Living Centre NSW provides direct and indirect models of information on assistive technologies. Our direct models provide information service to 10,000 people in each financial year, 50% of whom are older Australians, their carers or their service providers.

In 2009, we established our new model of indirect service delivery through the redevelopment of our website ([www.ilcnsw.asn.au](http://www.ilcnsw.asn.au)). This model provides faceted search, web media, and a range of clipboard functions to assist in the development of recommendation. The website now provides services to 30,000 visitors each month and close to information on 2 million items in a year.

### ILC Training

ILCNSW is a Registered Training Organisation offering a range of training opportunities outside and within the scope of the National Quality Training Framework (NQTF).

Outside the scope we offer learning opportunities on matters concerned with assistive technologies generally, but on new and emerging assistive technologies in particular.

Much of our training is undertaken with the assistance of our key partners, notably: AT suppliers; Guide Dogs NSW and Vision Australia.

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### **ILC Access**

Commencing in 1995, ILC Access has a considerable background in assisting all levels of government, community services and individuals with advice on developing access solutions, removing and preventing access barriers and creating inclusive environments.

ILCNSW believes that an accessible built environment provides the opportunity for all people to fully contribute to and participate in community life, and to lead a life of their choosing.

In order to achieve this it is important that the services and facilities available to the community ensure independent, equitable, dignified and amenable access to all. This includes people with a temporary or permanent disability, people with age related disabilities, as well as people with temporary restriction of their mobility e.g people on crutches, or people pushing prams.

For all Australians, an accessible environment simply means environments that are easier, safer, and more enjoyable to reach, use, experience and move around within.

## **ASSISTIVE TECHNOLOGY and CARING FOR OLDER AUSTRALIANS**

### **Definition of Assistive Technology**

There are several definitions of Assistive Technologies or devices:

ISO 9999 defines technical aids as any product, instrument, equipment or technical system used by a disabled person, especially produced or generally available, preventing, compensating, monitoring, relieving or neutralizing disability.

The USA Assistive Technology Act (1998) describes assistive technology devices as any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

In relating this definition to the Australian context, The Independent Living Centres of Australia define Assistive Technologies as:

*...any device, system or design, whether acquired commercially or off the shelf, modified or customised, that allows an individual to perform a task that they would otherwise be unable to do, or increase the ease and safety with which a task can be performed.*

The term Assistive Technology is therefore very broad encompassing items of assistance from, for example, the universally designed vegetable peeler available in the local supermarket through to high end environmental control units. The definition of assistive technologies includes the support services required to maintain those items and any end-user training involved in the successful deployment of any item.

Assistive Technologies can be viewed according to their complexity and availability:

- A. Items available in the general marketplace often of Universal or Ergonomic design. As industrial process and market force alter, this group of assistive technology becomes larger and more available. An example of this is the now commonplace lever arm tap. Ten years ago an older person needing assistance in managing tap turning would have needed to purchase a specific purpose tap turner from a supplier of Assistive Technologies. In 2011 this is not necessary, as lever arm taps are commonplace, and available from general plumbing and hardware outlets.
- B. Items specifically designed to meet a functional limitation, but do not require or do not have the capacity for customisation or modification. These items are not suitable for those with complex functional needs.

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Some items in this group are available through Pharmacies as well as through specialist suppliers. This group includes items that are available for hire. For example items in this group would include simple shower commodes, basic manual wheelchairs and manual aids to ambulation.

- C. Items that are specifically designed to be modified and customised to meet an individuals functional needs. These might include, for example: manual or powered wheelchairs containing or capable of holding postural supports and light technology communication systems such as communication boards.
- D. Items that are computer based or electronic in their operation. These items include Environment Control Units, some high level monitoring devices, computer systems, and high technology communication systems, such as speech generation devices.

The World Health Organisation, in the Classification of Functioning, Disability and Health 2001 (ICF) narrows the definition of assistive technologies in its discussion of Environmental Factors to " any product, instrument, equipment or technology adapted or specifically designed for improving the functioning of a disabled person. Thus, the ICF definition does not recognise the items in A, above, as assistive technology.

### **Assistive Technology and the Older Australian**

Assistive Technologies, together with the built environment (including the home) and personal assistance form the foundation that enable older Australians to lead a life of their choosing, participating in their own communities.

For many older people the purchase of an item that assists in undertaking or completing a task that has become difficult is the first adjustment for disability acquired through ageing they make. For example, an older person experiencing some difficulty with mobility may purchase a mobility scooter, rollator walking frame, or walking stick.

As a person continues to age, and disability increases, more complex assistive technology may be required to meet functional limitations, together with personal assistance and home modifications. These three facets of assistance need to function together in order to maximize that person's capacity and independence.

Assistive technology operates across the life domains of communication, self-care, mobility and domestic tasks, supporting independence in areas such as:

- Hygiene and Continence;
- Clothing and Dressing;
- Sleeping;



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- Communication, which also includes hearing and writing communication
- Eating and Drinking;
- Household Activity, domestic activity;
- Seating;
- Walking and Mobility Aids;
- Wheelchairs and Scooters;
- Lifting,
- Transferring and Standing;
- Transport;
- Personal safety
- Reading and Writing;
- Computer Access & Environmental Control;
- Vocational Aids and Equipment;
- Recreation;
- Building Requirements.

### **The Role of Assistive Technology**

Working across the life span, the timely provision of appropriate assistive technology enables:

- the ability and capacity of people to lead a life of their choosing, through supporting the functional needs of individuals
- improved equity of access for clients,
- continuity and consistency of services
- reduced reliance on the formal service system
- the protection of the physical and mental health of carers
- the effective management of the effects of chronic conditions,
- reduced premature and preventable admission of clients to residential care.
- assistance in managing the OH&S risks of personal assistants or care staff
- reduced admission to hospital for acute conditions prevented by assistive technology

### **Aged Care and Support: a building block approach**

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The Independent Living Centre NSW supports the building block approach as outlined in Figure 8.2 of the report.

The role of assistive technology is reflected in this model, but in a limited way. Items of assistive technology are important in all areas of the model and can be of assistance in slowing to move from Basic Support through to Specialised Care. For example, if put in place early, whilst still in "Basic Support", items to assist personal hygiene and dressing may prevent the need for Personal Care assistance. Assistive Technology may replace, reduce or defer the need for personal assistance. Once personal assistance is in place the care recipient may continue to assist in their own care, through the continued use of assistive technology. Mobility is important across all "blocks" of the model. Therefore, assistive technology needs to be supportive of the individual functional needs of the older Australian, and therefore should not be restricted to the items identified in the model within the draft report.

Assistive technology should be one of the significant supports to carers in "Carer Support", assisting in their important care tasks, protecting their physical and mental health and generally easing the strain of caring.

Communication is an important life domain and a fundamental human right. Following cerebrovascular accident for example, an older person may benefit from a form of Communication Assistive Technology. This would enable the older person to continue many life activities independently, without the need to have someone else express a need, or not being able to express a need at all. Communication is not just about speech, communication includes hearing and writing and is also impacted upon by failing sight.

It is interesting to note that "feeding" appears in the model within Personal Care. Feeding is a dependent term. Older Australians may need assistance, sometimes full assistance, in managing eating and drinking.

### **RECOMMENDATION 1**

*The Independent Living Centre NSW recommends the specific inclusion of Assistive Technology into all areas of the Building Block Approach, recognizing the importance of assistive technology across the life domains and enabling selection of assistive technology that supports the individual needs of each older Australian and their any carers or careworkers who support them.*

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### **Australian Seniors Gateway**

The Independent Living Centre NSW supports the Australian Seniors Gateway model, in particular, the role of Information provision. In developing individualised person centred approaches, Information is key to individuals and their families being able to make informed, empowered choices.

It is important to note that information needs to be unbiased and independently provided, not linked to service delivery or in the case of assistive technology, to supply. The Independent Living Centres that exist in each state are already providing independent advice and information, within a professional and therapeutic context, enabling individuals and their families the opportunity to source and purchase appropriate assistive technology without commercial pressure or bias.

### **RECOMMENDATION 2**

*The ILCNSW recommends that the model of the Australian Seniors Gateway be strengthened in its delivery by ensuring that:*

- *Information is provided in ways that are not linked to service delivery or supply;*
- *Assessment and care planning takes account of the capacity of effectively prescribed AT to maintain independence and reduce ongoing care cost; and*
- *That the costs of AT, including maintenance and replacement, are considered when assessing a client's care fees and capacity to pay.*

## **WORKFORCE ISSUES**

In order to deliver a flexible system that meets the needs of older Australians in their own homes, in the community or in residential aged care, a range of training options will need to be available to individuals, to both formal and informal care providers, and to allied health professionals who assist individuals and their families and service providers to select and use assistive technology.

Outcomes of inappropriate selection of assistive technology are:

- the abandonment of the item altogether
- Injury to the older person or to the carer, leading to hospitalization or admission to residential care
- Reduced capacity to participate in life activities and isolation

Selection of assistive technologies can be assisted by Occupational Therapists, Physiotherapists, Speech Pathologists, Orthoptists and in some instances Registered Nurses.

In all the recent reviews of assistive technology policy, funding and provision in Australia, for example the 2006 PriceWaterHouse Coopers Review into the NSW Program of Appliances for Disabled Persons, the issue of prescriber competence has been identified as a major issue in the appropriate selection of assistive technology.

Allied health professionals leaving university are usually not sufficiently skilled in the selection of assistive technology, and learn the skills within the worksite rather than through formal competency based training. Prescription skill therefore varies.

The Independent Living Centre NSW currently provides:

- mentoring support to allied health professionals on assistive technology selection
- advice to individuals, families and service providers on assistive technology selection and use
- training to allied health professionals on new and emerging assistive technologies

It should however be remembered that currently, this training is not competency based and nor is undertaking training a requirement of prescription.

The NSW Department of Health through EnableNSW has made significant progress in the development of a prescription framework. This framework does not include the provision of competency based training for prescribers and potential prescribers.

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In the new service environment of empowered, self directed care, older Australians, their carers and service providers will need to seek assistance from allied health professionals, or undertake the selection themselves.

If undertaking the selection themselves, older Australians, their carers and service providers will need to:

- Seek information and professional advice that is independent of the supply and service provision. Currently this is provided by members of the network of Independent Living Centres of Australia, such as the Independent Living Centre NSW, but needs to be extended and expanded
- Access training and assistance in the appropriate use and care of their assistive technologies

Training for allied health professionals, older Australians and their formal and informal carers is essential.

Training for allied health professionals could be placed within the university sector and/or within the Australian Quality Training Framework, through the development of competency based training leading to certificated training in assistive technology selection and prescription. Such training should include competencies based on providing assistance in a client centered, empowerment model, as is consistent with the newer re-ablement and wellness models of community care.

The Independent Living Centre NSW is uniquely placed to assist the development of competency training in assistive technology selection and prescription in that it is a Registered Training Organisation and is the only member of the network of Independent Living Centres that has this capacity or the legal capacity to work across Australia.

Service providers and individuals seeking careers in Aged Care support are already able to undertake competency based training through the Certificate III and IV in Aged Care. This training could be strengthened by the specific inclusion of modules in assistive technology and their use, not only for OH&S purposes, but in order to understand and facilitate the use of assistive technologies that enable an older Australian to be as independent as possible.

### **RECOMMENDATION 3**

*The Independent Living Centre NSW recommends the development of competency based training for allied health professionals in the selection and prescription of assistive technology, within a person-centred, empowerment framework. As a Registered Training Organisation, the Independent Living Centre NSW is uniquely placed to lead this work.*

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### **RECOMMENDATION 4**

*The Independent Living Centre NSW recommends the specific inclusion of the broad uses of assistive technologies into the current competency based training available for those seeking careers in aged care.*

### **RECOMMENDATION 5**

*The Independent Living Centre NSW recommends the development of training specifically to meet the needs of informal carers and older Australians in the use, application and care of assistive technologies. This role could be undertaken by the Independent Living Centres that exist in each state, in partnership with relevant peak agencies, such as Carer NSW and the Alzheimers Association.*

## **FUNDING ASSISTIVE TECHNOLOGY**

Older Australians needing assistive technologies have two options:

- Fund the item themselves or
- Seek a form of public funding

Self funding through either purchase or hire, whilst empowering for most individuals, is expensive and although directly related to health and participation outcomes, is not covered by Medicare, Private Health Insurance, nor are the items of assistive technology tax deductible.

As an individuals' age related functional need and disability compounds, assistive technology needs increase for both the maintenance of independence and the support of carers and care workers. This becomes a considerable expense, the result of which can be a reliance on formal funded care or inappropriate admission to residential age care.

Many older Australians and their carers seek their purchase advice from the suppliers of assistive technology, and therefore might be persuaded to purchase items that approximate meeting functional need rather than actually meeting that need. The role of suppliers is to sell and supply product.

Should a self-funding individual wish to seek appropriate advice, they need to also fund their assessment and advice for an appropriate allied health professional. Again, this is not necessarily available through Medicare and access to funding through the private sector depends on the level of cover purchased. The Independent Living Centres, such as the Independent Living Centre NSW provide advice and information, but are not funded to provide full assessment of functional need nor to issue prescription. The benefit of the Independent Living Centres is that the information and advice is provided in a therapeutic context, and independent of supply and therefore without commercial bias.

Public funding of Assistive technology for older Australians is currently complex. Those who do not have access to aged care funding (CACF, EACH, EACHD or are in Residential Aged Care) are able to access their state's disability focused assistive technology funding program. In NSW this is the Program of Appliances for Disabled People (PADP), administered by the NSW Department of Health's EnableNSW. These state based programs do not discriminate on the grounds of age, instead, taking into account a permanent functional need (disability).

Access to funded assistive technologies to those who do receive a form of aged care funding (as above) will have variable access to the state based funding program. The *Aged Care Act 1997* enables the provision for basic items of assistive technology only, and does not provide for items that require

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customisation or modification to support the needs of the individual in care. The provision of assistive technology for care recipients under the *Aged Care Act* is not directed at enhancing independence or self-care, but at facilitating care from a service provider perspective. Although, not a high priority, in NSW customised items are available to older people in care through PADP. This is not consistent around Australia.

It is important to note here that FAHCSIA is currently leading a COAG-commissioned project to harmonize assistive technology policy Australia wide. As this project exists within the disability arena, it will be important to include older Australian within the policy; otherwise, some older Australians will become disadvantaged by the changes to the system. There are also potential issues regarding the provision, maintenance and replacement of AT for people with a lifelong disability as they age. As the role and significance of AT in supporting the older Australian with functional limitation is not highlighted with the draft report, the funding of AT is also unclear.

As the role and significance of Assistive Technology in supporting the older Australian with functional limitation is not highlighted with the draft report, the funding of assistive technology is also unclear.

### **RECOMMENDATION 6**

*The ILCNSW recommends that the proposed aged care models be strengthened through the recognition of the significant role AT to replace or, reduce aged care service costs and that the Productivity Commission consider a range of options such as:*

- *Medicare funded allied health assessment, prescription and user training*
- *Medicare or Pharmaceutical Benefits style funding for prescribed AT items*
- *Tax deductibility for those who self fund their prescribed AT items*
- *Including the funding for prescribed AT items within packages of support*
- *Including the need to purchase, maintain and replace prescribed AT items in any Australian Pensioners Bond Scheme*
- *Including the need to purchase, maintain and replace prescribed AT items in any means test applied or the setting of care fees*
- *Including the costs of prescribed AT items in any stop-loss limit applied to the cost of aged care services*
- *Considering whether the capacity for individuals to draw down on equity as part of an Aged Care Equity release scheme should be available to purchase, maintain or replace prescribed AT items*
- *Supporting the prescription of AT items that meet the actual needs of the care recipient, not only basic needs, or those of the service provider.*



## **REGULATION**

The regulatory environment governing the development and supply of assistive technology in Australia is complex.

All assistive technology must meet the requirements of the appropriate Australian Standards and be approved by the Therapeutic Goods Administration prior to being available in Australia. In addition, the ACCC's Product Safety Australia pays particular attention if a particular safety issue needs to be addressed.

The regulatory environment in which aged care operates can prevent the early appropriate utilization of assistive technologies in facilitating return to home following hospitalization. Pilots of re-enablement in the HACC program and the Innovative Pool Pilots for people with disability who are ageing show the capacity of assistive technology to support the ageing process and any disablement that results, thereby enhancing capability.

As the role and significance of assistive technology is not recognised within the draft report, the capacity of government to regulate pricing or to effect procurement is also not addressed. In addition, the intersection of Assistive technology with both the aged care and health service systems is not recognized.

### **RECOMMENDATION 7**

*The Independent Living Centre NSW recommends that the Australian Government consult with the network of Independent Living Centres of Australia, one of which operates in each state, together with the allied health professional associations to ascertain the extent to which the regulatory environment impacts upon the provision of assistive technologies to older Australians.*

### **RECOMMENDATION 8**

*The Independent Living Centre NSW recommends that the Australian Government consult with the network of Independent Living Centres of Australia, one of which operates in each state to ascertain the breadth of assistive technologies that would be of assistance to older Australians at all levels of the proposed model of care.*

### **RECOMMENDATION 9**

*The ILCNSW recommends that the Productivity Commission identify the intersections of the proposed Health Reforms with the Aged Care Reforms with respect to AT, so that the two systems work together effectively to ensure timely provision of appropriate AT to support transitions between the two systems and to ensure that delays in accessing AT do not increase ongoing care costs in either system.*