arata
participation through technology

Assistive Technology within the NDIS

ARATA's NDIS Policy Statement

Assistive technology (AT) practitioners provide professional advice to consumers to ensure the best AT solution. AT practitioners include occupational +therapists, rehabilitation engineers, physiotherapists, speech pathologists, prosthetists, orthotists and suppliers.

To deliver these solutions efficiently, the NDIS must incorporate an effective national AT system.

Key factors for an effective AT system:

- Consumer control and choice is central to the process
- Cultural shift from short-term AT device provision to individualised AT solutions which maximise participation and minimise long-term health problems and costs
- Urban/rural/remote – solutions for urban areas will often need to be different for rural and remote locations
- AT delivery will be different for children, adults and older people and must be responsive to changing needs and goals
- A national accreditation system for prescribers and suppliers
- A national training and mentoring program to fill gaps in workforce capacity and develop efficient support networks in rural and remote regions for skilled practitioners
- Consumer-led evaluation and research to improve processes will deliver an innovative NDIS.

Assistive Technology (AT) *refers to aids and equipment. AT can be anything from a simple device in the kitchen to a wheelchair or a computer application.*

What is an assistive technology solution?
An individually tailored combination of AT together with assessment, trial and adaptation, home modifications and personal support.
See www.at.org.au

Introduction

The Australian Rehabilitation and Assistive Technology Association (ARATA) is committed to ensuring that the National Disability Insurance Scheme (NDIS) provides assistive technology that achieves good outcomes for consumers that are timely, efficient and affordable.

ARATA is a national organisation established in 1993. Members include AT professionals (occupational therapists, physiotherapists, rehabilitation engineers, etc); AT suppliers and consumers. This Policy Statement and associated Background Papers were developed from a national consultation with ARATA members and other key stakeholders, and draws on their substantial expertise.

Assistive technologies, home and vehicle modifications are vital and cost-effective strategies for minimising barriers and enabling a wide range of outcomes including autonomy and independence in activities in the home, getting out and about in the community, communicating with others, and participation in education and employment and community activities.

The NDIS as proposed by the Productivity Commission

In 2011 the Productivity Commission proposed some basic structures for the NDIS including:

Three tiers

1. The whole Australian population to be insured, to minimise impact of disability and maximise inclusion
2. Information, referral, web services and community engagement, targeting 4m people with disabilities and 800,000 primary carers
3. People receiving funding support from NDIS, targeting approximately:

   (a) 330,000 people with intellectual, physical, sensory and psychiatric disabilities;

   (b) 80,000 for early intervention;

   (c) a small but unknown number of others optimally supported;

   (d) some carers

Underpinned by

- Control and choice by people with disabilities, with decisions based on their goals and aspirations and outcomes evaluated accordingly
- Assistance provided will be what is 'reasonable and necessary'
- Current annual funding of over $7b will need to increase to $13.5b

Functional roles

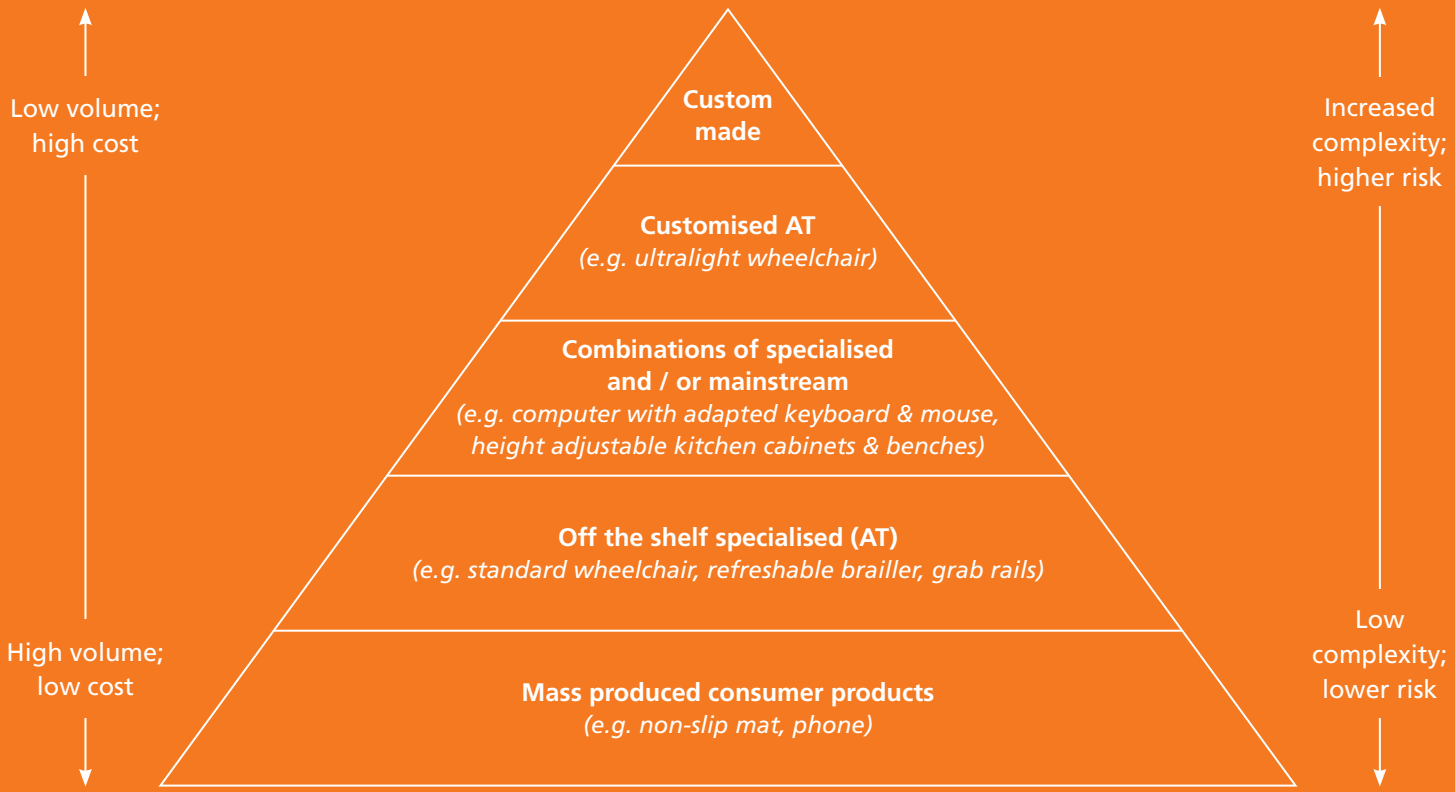
- Governing Board and National Disability Insurance Agency (NDIA)
- Disability Support Organisations (intermediaries for people with disabilities if they choose to use them to broker services, manage services, planning etc)
- Disability Service Providers (NGO, government, for-profit, individuals, specialist services, etc) to supply and coordinate services
- Government disability and mainstream services outside NDIS

1. AT and people with disability

People with significant levels of disability targeted in the top tier of NDIS will usually be reliant on AT with some using up to eight different devices often in combination. Provision of AT through the NDIS must focus on the functional impact of impairments on an individual, rather than on diagnostic categories, age, or other criteria.

The World Health Organisation defines AT as: 'an umbrella term for any device or system that allows individuals to perform tasks they would otherwise be unable to do or increases the ease and safety with which tasks can be performed'. AT encompasses a wide range of items and the AT Pyramid below illustrates this variety. Modifications to the home and vehicles are also an essential part of AT solutions for many.

The AT Complexity Pyramid



A) The AT process

The AT process will vary with each person in relation to the overall complexity, risk, urgency and costs of the AT involved. Key determinants will include the person's choices, goals and aspirations, domestic and community environment, whether they live in urban, rural or remote areas, and level and type of disability.

For the NDIS AT system to deliver timely, effective and cost efficient assistance, careful consideration is required of both the overall AT delivery (see dot points below) and overlying structural issues. Key steps in the AT process include:

- Information
- Referral for AT needs assessment
- Initial AT assessment and prescription (prescriber with funding authority)
- More detailed assessment/fitting/customisation as required
- Trialling (as required), and final selection/selection refinement
- Purchase/reissue
- Supply and delivery (including assembly/installation/check fitting & customisation if required)
- Training consumer, family, paid staff in use of equipment
- Routine/scheduled maintenance
- Routine/scheduled reviews and evaluation
- Repairs as needed
- Replacement as scheduled/needed
- Software and peripheral upgrades

Structural elements that also require careful consideration include:

- workforce and accreditation
- funding and decision making authority incorporating consumer control and minimisation of delays
- rural and remote provision
- evaluation and innovation
- different processes for high volume/low cost/low risk supply versus low volume/high cost/high risk supply
- linkages to other AT-related sectors such as education, employment, health and aged care.

These and other issues are outlined below, and are described in more detail in the Background Papers.

To deliver the greatest efficiency and outcomes, the NDIS must cover all that is within the AT Complexity Pyramid, in line with international standards (in particular ISO 9999).

B) Funding reasonable and necessary solutions

AT funding must also include the 'soft technology' aspects of AT. Soft technology includes all the skilled input into essential elements of the AT system including information, assessment, trialling, fitting, review and maintenance. At the higher end of AT complexity, this can be 15-30% of the overall AT costs.

Rather than lists of 'eligible' AT items which form the basis of most current government funded AT programs based on gatekeeping and rationing, the NDIA should rule certain items 'out' (such as oxygen, continence or medical consumable items). A cost effective long term approach to meeting an individual's reasonable and necessary requirements demands innovation and flexibility in finding the most appropriate solution.

ARATA proposes that the NDIS should manage the funding of all AT for those in the Scheme, including funding provided through NDIA and through other government program sources. Most AT should be funded from within the NDIS with the following exceptions:

(a) consumable items (such as continence aids) should largely continue to be funded separately to (durable) AT;

(b) medical health products (such as oxygen, glucose testers etc) should be funded through healthcare provision arrangements;

(c) AT that is primarily necessary for major life roles (such as education or employment) should be funded in cooperation with the respective agencies responsible for those portfolios; and

(d) 'mass market' items such as mobile phones and computers (including connection costs) – when they are an essential part of an overall AT solution – should be funded by the NDIS at 50% which recognises their mixed consumer product and specific AT use and value.

Other agencies (e.g. education, employment services, health) may have specialist advisors to assist in prescription and implementation of AT primarily for their area, but the funding mechanism should be coordinated through the NDIS. The NDIA should negotiate to have direct access to or hold the funds from these agencies to minimise transaction costs, reduce complexity of access for people with disability and promote holistic service planning and provision.

C) Consumer control and choice

The NDIS AT system must acknowledge and support the diversity and skills of people with disability. This will include the person's culture and language, their location (including remote), their life stage (e.g. growing children), and their lived experience of disability and AT.

People with disability possess a range of knowledge and experience of AT. Some will require extensive support and training if they have a newly acquired disability, while others with extensive AT experience will only require a brief discussion with an AT professional to verify their AT decisions. To promote both consumer control and choice as well as systemic efficiency ARATA proposes that, depending on each person's AT needs, discretionary funding of up to $1000 annually is part of their approved service plan. This will enable people with disability to directly purchase any necessary AT items, particularly high volume/low cost items and involvement of AT professionals in these decisions will be encouraged but not required.

People experiencing frequent or rapid change in their disability and/or their environment (e.g. children, those with deteriorating function) require timely, and sometimes pre-emptive, access to AT advice and solutions, in line with the emphasis on early-intervention. For example MND Victoria is currently funded to run its own AT program, which provides both rapid response and the capacity to reissue equipment efficiently. The NDIA needs to identify and develop such innovative and flexible systems to optimise its success across the Australian disability population.

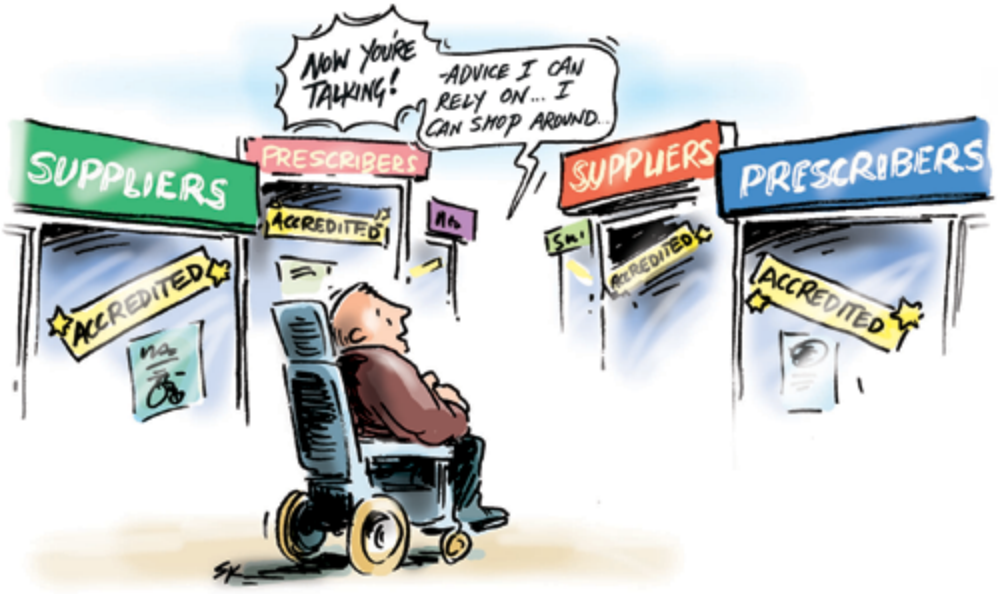
The NDIS should include within its broader consumer education and training, strategies to increase the understanding of AT by consumers. For example the NDIA, disability support organisations and disability service providers should recognise the importance of employing increasing numbers of skilled people with disability in their organisations to facilitate communicating and mentoring with clients. Creating more accessible working environments is an important first step. Fundamentally the strategies should encourage consumers to take a more central and informed role in choosing their AT professionals and service providers, as well as their AT solutions.

2. Accreditation and the AT workforce

There are currently no national accreditation structures for AT practitioners or suppliers involved in assessment, prescription, customised fitting, repairs/maintenance. The NDIS should facilitate the establishment of accreditation for practitioners, and suppliers which recognises both increasing levels of competency and the different fields of practice (e.g. wheeled mobility & seating, remote service delivery etc.) Such accreditation, in concert with service organisation certification, will be essential to providing a hiqh quality, timely and cost-efficient AT system.

Many skilled practitioners and suppliers underpin Australia's current efforts in AT provision. While there is a need for more professionals with enhanced training in AT, the current training/mentoring opportunities, career pathways, and remuneration hinder this. This makes it difficult to attract and retain skilled personnel across the sector from basic technical and support staff through to expert professionals. Programs of training/mentoring and career development have been proposed by the sector but have not progressed in the absence of a national approach to funding, accreditation and links to salary.

As part of the development of the NDIS it will be essential to undertake some scoping work on the AT workforce capacity and structure, including a gap analysis. Special consideration should be given to approaches that encourage skilled practitioners to work in rural and remote Australia. A tiered approach to practitioner expertise should encourage collaboration and mentoring between practitioners in specialist centres and community based generalists and the full utilisation of linked information resources (e.g. the Independent Living Centres, accredited suppliers) and increasingly available information and communication technologies such as the National Broadband Network. This will be particularly important for people with disability and AT professionals without local access to particular AT expertise or advice that might be required (e.g. rural and remote consumers).



3. A consistent and coordinated national NDIS AT system

ARATA proposes the establishment of a coordinated national NDIS AT system. Internationally, national systems that integrate local generalist assistance with regional secondary and national tertiary centres of expertise maximise the capacity to achieve good outcomes for people with disability in a way that is accessible, cost effective and efficient.

While existing state/territory systems have elements of similarity, their operations are quite different and most have a culture founded on rationing, short-term decisions and with limited capacity to address holistic need. The National AT System must facilitate delivery of AT solutions (as part of a suite of supports) targeted at achieving the consumer's goals. The NDIA itself should lead in creating an accessible workplace, including the built environment and information and communication technology (ICT). The sector-wide influence and cost efficiencies to be gained under the NDIS will not materialise if each state/territory operates separate funding and delivery systems.

The new AT system should embed purchasing contract and supply chain arrangements that deliver:

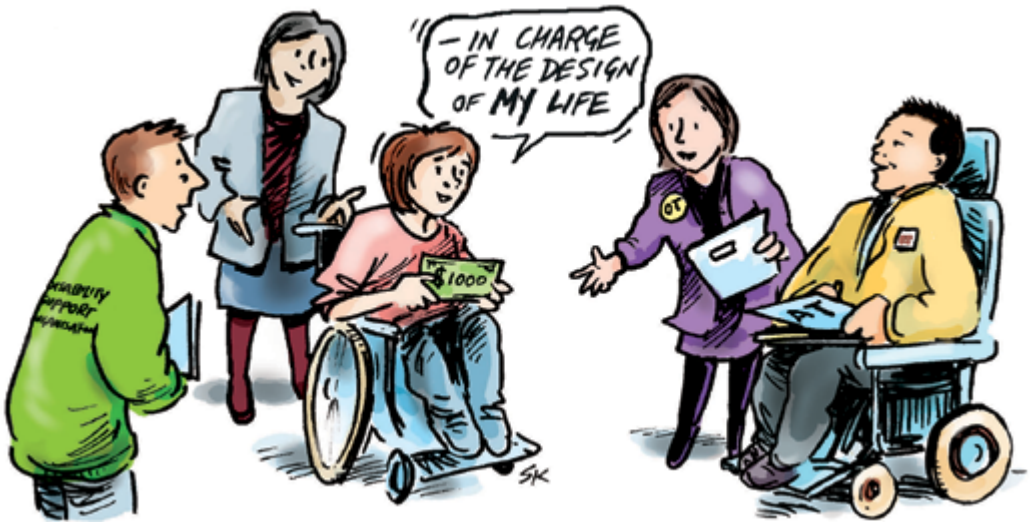
- holistic, long-term and goal focused selection and use;
- responsiveness and timely provision of solutions (including replacement);
- competitive pricing including 'whole of product life' costs (e.g. durability and maintenance);
- quality benchmarks (e.g. product standards);
- research and innovation.

Using a collaborative approach the NDIA should work with consumer, carer, professional and industry associations on key national AT issues including:

- simplification and optimisation of systems, documentation and regulation to achieve efficiencies and cost savings for all;
- AT lifecycle management, including extended warranty and preventive maintenance into purchase price;
- reuse, recycling and refurbishment;
- provision of appropriate solutions (product, supply and preventive maintenance) into rural and remote settings (e.g. a standardised battery charger, or standardised front castor).

In summary a national NDIS AT system will enable:

- effective oversight and integration within the NDIS;
- the flexibility to pool similar challenging settings across the country (eg remote) under specialist support teams and protocols;
- efficient action on key issues such as workforce, accreditation and quality, processes and logistics;
- greater industry influence and support for product and service innovation;
- a focal point for collaboration with other key portfolios such as education, employment, health and aged care; and
- the collection of national data for review/evaluation and engagement in participatory/inclusive research.



This position statement is underpinned by the ARATA *Making a difference with AT papers:*

- Advisory Group Paper: The Economic Potential of AT solutions
- Expert Working Group Paper 1: Assessment and Eligibility
- Expert Working Group Paper 2: Control and Choice
- Expert Working Group Paper 3/4: Workforce and Quality

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ARATA (Australian Rehabilitation and Assistive Technology Association) is a non-profit membership organisation of practitioners and consumers passionate about enhancing the lives of people with disability (and people of all ages) through the best use of assistive technology.

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