

Vision Australia Submission

Response to the Assistive Technologies and Home Modifications Scheme for In-Home Aged Care Report

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# Assistive Technology and Home Modifications scheme for In-Home Aged Care

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## Introduction

Vision Australia is pleased to provide this submission to the Department of Health and Aged Care, as part of its consultation on the design of a new assistive technology and home modifications scheme within the in-home aged care program. It is crucial that older Australians who are blind or have low vision receive the assistive technology and appropriate follow-up supports that they need to remain living independently in their homes. This paper aims to constructively discuss some of the key challenges and opportunities that we have identified through our review of the Assistive Technologies and Home Modifications Scheme for In-Home Aged Care Report, released in December 2022 (hereafter referred to as the Report).

## General Principles of the Scheme

Vision Australia is broadly supportive of the general principles articulated in the Report that underpin the design of the AT and Home Modifications Scheme. We note, however, that in the context of the NDIS, there has been inconsistent interpretation by planners and assessors of the “value for money” principle. “Value for money” is often taken to mean the item that costs least, and NDIS participants frequently find themselves being directed to purchase the cheapest piece of assistive technology, rather than the one that would best meet their functional needs. To avoid the same occurrence in aged care, it must be ensured that the term “value for money” is clearly defined, and that there is facility within the scheme to balance cost of a product with its functional efficacy for the consumer. As an example of the problematic nature of the value for money principle in practice, there are two major screen reading packages currently in use in Australia. One package is free, while the other costs approximately $1500. They provide some common areas of support but are not necessarily equal, with the more expensive option supporting a wider range of applications and more advanced support for refreshable Braille access; a feature which is crucial for many totally blind and deafblind users. Similarly, in the case of talking products such as scales, thermometers and colour identifiers, more expensive options tend to be more accurate and have better quality synthetic voices, making them easier to use by a greater range of people. Value for money as a principle must always be interpreted and operationalised as subordinate to the principle that technology must be the most appropriate for the individual user.

## Categories of AT and Home Modifications

We note that the Department has proposed AT and home modifications categories that are aligned with those listed in the International Standards for Assistive Products. Vision Australia has a number of concerns regarding this approach. Firstly, there is no clear facility for the funding of dog guides within the proposed list, unless they are contemplated within the definition of mobility devices. We consider that this is a momentous oversight, given that many people who are blind or have low vision aged over 65 continue to use a dog as their preferred mobility aid. These consumers should be able to access funding to support this choice, equivalent to that made available to their peers who are eligible for the NDIS.

Smart home technology does not appear to fit clearly within any of the categories listed. Although generally considered to be mainstream, this type of assistive technology is often more affordable than highly specialised equipment and can enable increased independence for those with sensory impairment or limited mobility. For people who are blind or have low vision, low cost technologies such as smart speakers and switches can facilitate improved access to household appliances, thus decreasing reliance on other funded supports and prolonging independence in the home.

It is also unclear how vision specific technologies such as magnifiers, white canes and electronic mobility devices such as talking GPS products, would be categorised under the current list. Vision Australia research in 2021 revealed that 66% of clients aged over 65 who accessed assistive technology purchased either a magnifier, or specialised Daisy equipment to aid with reading, through the GEAT program, via a home care package or with their own funds. It is therefore crucial that the importance of these technology types is recognised and catered for as part of the new assistive technology scheme. Given the broad range of vision specific technologies, and the pace of innovation in this sector, it may be worthwhile to include a category for vision specific assistive technology within the proposed list. There is a similar listing within the NDIS assistive technology framework and we find that it does simplify the process of recommending and purchasing equipment for assessors, service providers and vision impaired consumers alike.

Finally, we are concerned to see that the category list contains no facility for the purchase of assistive technology related to leisure or social engagement. Examples of this within the vision sector would include items such as accessible games, large print playing cards, assistive sewing products and large print puzzle books such as sudoku. It is our view that leisure products should be viewed as a key part of the new scheme, as they facilitate social inclusion and community engagement for older Australians, often enabling their continued participation in recreational activities that they enjoyed prior to vision loss.

## Expert Review Panel

It has been proposed that an expert panel would regularly review the assistive technology inclusion and exclusion lists to ensure currency of information. Vision Australia is of the firm view that the success of this approach will depend largely on the composition of the panel. It is vital that any expert group should include a wide range of service providers and health professionals, as well as people with lived experience representing the diversity of needs within the aged care system. It will be particularly important to ensure that specialised knowledge and experience of disability is a core component of the expert panel, because consumers within this group often have specific needs related to assistive technology that are not well understood across the aged care sector more broadly.

In considering the establishment of an expert panel, the Department should contemplate the learnings from approaches implemented by other Agencies. For example, the NDIA has adopted a Technical Advisory Team that provides subject matter expertise and clinical guidance around various support types, including complex assistive technology. While the NDIA states that these staff do not have decision-making powers, practical experience of providers and consumers would appear to indicate that they do exercise a high degree of influence over funding outcomes for individual participants. There have been a number of flaws and challenges associated with the operation of this team. Firstly, it is difficult to find information about the specific expertise within the team, who it includes, and the scope of its functions on the NDIA website, despite recommendations from the NDIS Joint Standing committee that this data should be provided. This in turn leads to a lack of transparency and accountability, with both providers and consumers often left ill-informed as to how, why and by whom decisions about the efficacy of certain assistive technology supports have been made.

Should the Department of Health and Aged Care adopt an expert review panel, it must be underpinned by transparent operational measures, with a clear commitment to developing policy based on engagement with consumers and the aged care sector. Furthermore, in order to facilitate trust and confidence, information about the composition of the panel, the manner in which it is convened and the criteria for selection of members must also be publicly available.

## Assessment and Risk Framework

Vision Australia is broadly supportive of the proposed risk and assessment framework set out in the Report. The prescription of high-risk products by an appropriately qualified professional enables a mechanism to ensure that providers can work with consumers to explore potential assistive technology solutions and find the most appropriate option for that individual’s needs to be met.

Given the move to individualised funding models and the significant investment that assistive technology represents, it is necessary to support consumers to make well-informed decisions regarding their own care. There are, however, a number of matters that must be carefully considered in order for the risk and assessment framework to operate smoothly.

Firstly, in deciding upon the professionals authorised to prescribe equipment, the Department must give thought to the value of industry experience and specialised expertise, as well as professional qualifications. Our views on this are expounded further in a later section of this paper.

Secondly, it will be necessary to ensure that assistive technology types are assigned an appropriate risk level within the framework. This has proved problematic in other assistive technology schemes, with some basic, non-customisable products being deemed as high risk, meaning that consumers must go through a lengthy and arbitrary assessment process in order to access them. The Department should ideally consult with sector experts around specific equipment types, to ensure that the risk level accurately reflects the way in which consumers use and engage with these products in practice. This could be achieved by ensuring that people with appropriate sector expertise are included on the proposed review panel.

Thirdly, careful consideration must be given to the degree of evidence required to support recommendation and purchase of high-risk products, with the level of detail and justification being proportionate to the cost and complexity of the technology. One challenge of the current NDIS approach to assistive technology is that providers will expend considerable time and funding working with the consumer to identify an appropriate solution, then writing a lengthy justification to meet the NDIA’s approval requirements. Even after this work is completed, it is common that an Agency planner, who has no professional experience, limited knowledge of the technology in question and no familiarity with the individual being assessed, will question the provider’s recommendation, thus requiring further information and resulting in protracted delays for the consumer. As an essential component of this new program, there must be clear guidelines that detail the information required to evidence a need for high cost equipment. In order to maximise the value of consumer funding, the mandated reports and evidence should not be needlessly onerous or verbose. Finally, evidence provided by sector professionals should be given due weight and consideration, in light of the fact that they often have both extensive knowledge of the consumer, and a comprehensive understanding of the assistive technology and specialised supports that are needed.

## Prescriber Qualifications

In light of the workforce challenges that currently exist within the aged care sector, it will be important to ensure that a wide range of professionals are able to prescribe assistive technology, commensurate with their skills, experience and qualifications. In the context of other assistive technology schemes, it is sometimes found that consumer access to aids and equipment is hampered by overly prescriptive requirements for an occupational therapist to sign off on all recommended products over a certain cost value. It is important to recognise that in many circumstances, other professionals may be suitably qualified to recommend assistive technology, either by virtue of their professional qualifications, or long-held industry experience. In the vision sector, for example, orientation and mobility instructors and assistive technology specialists frequently work with consumers to identify appropriate assistive technology solutions, utilising their extensive professional experience and knowledge of vision impairment. Moreover, given their specialisation in working with people who are blind or have low vision, these staff are often better equipped than a generalised allied health professional to conduct relevant assessments and make product recommendations for this cohort. For instance, white canes, which are used to support orientation and mobility, would generally be prescribed by a vision specialist that is familiar with the safety and physical considerations surrounding these devices. Similarly, vision specialists are often best placed to recommend equipment for reading and writing Braille, because they have expert knowledge in this area that a generalist practitioner simply would not possess. Careful consideration must be given to the assessment and prescription model within the new scheme, to ensure that professions that do not fit neatly within allied health disciplines are not undervalued, and that industry experience in the prescription of assistive technology is appropriately recognised.

## Loan and Purchase Options

Much of the assistive technology used by older Australians who are blind or have low vision is relatively low in cost. Examples include hand-held magnifiers, audible and tactile household products, labelling and identification devices and basic mobility aids such as white canes. Vision Australia has administered loan schemes in the past, and has generally found that it is not cost effective to re-distribute these types of assistive technology, and that the cost of return and refurbishment often exceed the costs of the equipment itself.

In some cases, older Australians will require higher cost products as their vision changes or the severity of their impairment increases. In these instances, they may need to access higher cost products such as video magnifiers, more complex electronic mobility aids, electronic Braille equipment, desktop magnifiers and reading devices. Our experience in attempting to administer loan schemes for these products is that they are both complex and delicate, and as such, wear and tear often means that they cannot realistically be refurbished for another user. There is also a tendency for these products to become obsolete due to incompatibility with current technology, meaning that after some years of use, the product often cannot be repurposed for another person. Therefore, even where a loan scheme exists, it is common that high cost items have only one user in practice.

On this basis, it is likely that Vision Australia would opt out of a loan scheme, should it be implemented, because it has already been found to be ineffective for the product range that we provide. Most products either have a lifespan that is too short for this to be feasible, or are not suitable for refurbishment and re-use because the logistics of returning them to the loan pool, conducting repair and refurbishment, tagging and testing for electrical compliance and redistributing to another user is not cost effective. Moreover, the range of visual disabilities that older Australians may experience is extensive, and so too is the range of technology options that may assist them. It would not be feasible to keep such a large range of products available for loan.

In order for a loan scheme to be practicable, the Department would need to consider not just the cost of the technology itself, but also the provision of ongoing funding to cover equipment costs such as refurbishment, maintenance and freight between users. It may be more efficacious to explore the option of an online consumer marketplace, where users could independently make their own arrangements to exchange and sell second-hand equipment items.

## Centralised Purchasing Platform

The Report proposes that ordering of assistive technology could occur through a centralised online platform. Depending on its implementation, an online marketplace such as this could prove to be both costly and resource intensive, particularly if providers are required to continually update their equipment catalogues to accommodate stock levels and introduction of new products. There is also a risk that an online platform would not integrate with the broad variety of client management and invoicing systems currently being used by providers, thus leading to difficulty in tracking purchases, repairs and warranty claims. The addition of loan pools and resale of second-hand products would further increase the administrative burden on providers, as well as being complex to integrate into current systems. Consideration must also be given to the ownership of consumer data, and whether this would rest with the administrator of the online portal, or with the service provider from whom the equipment is purchased.

Vision Australia also has some concerns that in specialist areas such as vision technology, the expertise and advisory capacity of staff that consumers often find valuable when approaching us as a provider directly, would be lost through the generic nature of a centralised platform. Moreover, we are concerned that the adoption of this approach as a preferred method for accessing assistive technology would further exacerbate the digital literacy gap that already exists for our client cohort. While many older Australians are disadvantaged in their capacity to engage with online environments, people who are blind or have low vision experience compounding factors such as the need to learn completely new ways of accessing technology, that contribute to their digital isolation. It will be important to ensure that those in most need of assistive technology do not miss out because the platforms that facilitate access to information and exploration of options are not available to them.

A further consideration is the fact that, as people age, they are more likely to acquire more than one disability. People with vision loss may also have type 2 Diabetes, significant arthritis or hearing impairment. Mechanisms such as loan schemes and centralized purchasing platforms are not always well-suited to take account of the multiplicity of interacting factors that must be considered when assessing the suitability of a particular technology type or product to meet the needs of an individual with multiple disabilities or medical conditions. As an example, one brand of talking kitchen scales may be suitable for a person who does not have a hearing impairment, but may be completely unusable by a person with even a mild hearing impairment if they cannot understand the synthetic speech output. If a person purchases or is loaned technology that actually exacerbates their disability rather than alleviating its effects, then they most likely will not use it. Aging increases the need for detailed assessments that lead to bespoke solutions, and any mechanisms that try to circumvent or minimise this component will ultimately fail to deliver positive outcomes for consumers.

## Wrap-Around Supports

The Department has proposed that wrap-around supports could be included in the scheme where needed. The Report articulates that this could include preventative services, triage and assessment, trials, delivery and installation and follow-up supports.

### Assistive Technology Training

Vision Australia was extremely concerned to see no specific reference to assistive technology training mentioned in the definition of wrap-around supports. While we acknowledge that this may have been contemplated within the definition of follow-up supports, we would suggest that the need for this aspect of wrap-around service is so significant that it should be specifically referenced. The need for training can vary substantially, depending on the type and complexity of the product recommended, as well as the capability of the consumer. For example, a person who has purchased a handheld magnifier may simply require a small amount of follow-up service to ensure they can use the product effectively. Conversely, a person who is new to vision loss who wishes to continue using a computer, will often need to purchase assistive software for screen reading or magnification. The learning curve for this can be extensive, because the person must be taught new ways of completing tasks that they might previously have managed with relative ease. In these cases, significant ongoing training may be required.

### Equipment Trials

The Report referenced feedback from stakeholders about the importance of assistive technology trials within the new model. It is Vision Australia’s view that greater definition is needed to determine what the scope of equipment trials should be.

In our experience, there is often considerable value in a product demonstration, wherein the service provider works with a consumer to show them how a particular piece of equipment operates, and how they might use it in a practical sense to improve their level of function or independence. This type of trial can be helpful, because it provides the consumer with hands-on experience of the technology in question, and enables them to see how well it will operate in their own environment. Additionally, observing the consumer’s use of the equipment can also help the service provider to identify other solutions and alternatives that may be more effective.

In most cases, we find that short demonstrations of equipment where the participant works with a service provider add value, whereas longer-term trials without this support in place are not necessarily beneficial. The time taken by service providers to familiarise and demonstrate technology to consumers as part of the trial process would need to be appropriately funded within this new model. While trials can be extremely valuable to inform the decision-making process, it is noted that they can be challenging to administer, particularly in regional and remote areas. In the case of large pieces of vision equipment such as desktop magnifiers, the costs of freighting products out to a consumer for trial can be substantial, in addition to the costs of cleaning and maintenance when the product is returned. These factors would also need to be considered as part of the allocation of funding.

### Fee for Service Wrap-Around Costs

The Report also raised the question as to whether the cost of wrap-around supports such as allied health should be built into the administrative cost of equipment, or charged on a fee for service basis. Vision Australia is of the view that a fee for service arrangement is preferable for a number of reasons. Firstly, as identified above, support needs can vary significantly, based on both the equipment recommended, and the capability of the consumer. In our current practice, we find that needs can also vary significantly across age groups, with those in their 60s and 70s often requiring less support to engage with technology than those in their 80s or 90s. Additionally, flexibility in the delivery of training and follow-up supports is often required. Many older consumers prefer a greater number of short training sessions, to aid in cementing learnings and concepts over time. In many cases, it is difficult for the service provider to estimate the need for follow-up and training supports until they commence working with the consumer and observing them in their own environment. It would be resultantly difficult to build a set fee for wrap-around supports into the administrative cost of the equipment purchase.

## Workforce and peer Development

Vision Australia supports the stated intention to promote opportunities for knowledge and skill development to relevant providers within the aged care sector. We believe that education and knowledge building should be extended not only to service providers, but also to informal support networks, that often play a key role in assisting consumers to navigate the aged care system and access appropriate aids and services. Consideration should also be given to the value of peer mentoring programs, which can help individuals to build confidence and facilitate positive engagement with technology. Vision Australia has developed several peer connection initiatives and can attest to the benefits that consumers gain by learning from each other, as well as from professional staff. The integration of technology solutions into informal, social and recreational programs can also support consumers to build their capacity in a setting that is not daunting or intimidating.

## Conclusion

Vision Australia thanks the Department of Health and Aged Care for its consideration of this submission. The design of a new assistive technology and home modification scheme is a core component of the impending aged care reforms, and we are appreciative of the opportunity to consult on its design, with the aim of ensuring fair and equitable outcomes for older Australians who are blind or have low vision. We would be happy to provide further information on any of the issues discussed in this paper.

## About Vision Australia

Vision Australia is the largest national provider of services to people who are blind, deafblind, or have low vision. We are formed through the merger of several of Australia’s most respected and experienced blindness and low vision agencies, celebrating our 150th year of operation in 2017.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families.

Vision Australia service delivery areas include:

* Allied Health and Therapy services, and registered provider of specialist supports for the NDIS and My Aged Care
* Aids and Equipment, and Assistive/Adaptive Technology training and support
* Seeing Eye Dogs
* National Library Services
* Early childhood and education services, and Felix Library for 0-7-year olds
* Employment services, including National Disability Employment Services
* Accessible information, and Alternate Format Production
* Vision Australia Radio network, and national partnership with Radio for the Print Handicapped
* Spectacles Program for the NSW Government
* Advocacy and Engagement, working collaboratively with Government, business and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has gained unrivalled knowledge and experience through constant interaction with clients and their families. We provide services to more than 26,000 people each year, and also through the direct involvement of people who are blind or have low vision at all levels of the Organisation. Vision Australia is therefore well placed to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant Client Reference Group, with people who are blind or have low vision representing the voice and needs of clients of the Organisation to the Board and Management. Vision Australia is also a significant employer of people who are blind or have low vision, with 15% of total staff having vision impairment.

We also operate Memorandums of Understanding with Australian Hearing, and the Aboriginal & Torres Strait Islander Community Health Service.