

Developing a National Disability Strategy

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1. Introduction

Engineers Australia is the peak body for engineering practitioners in Australia and represents all disciplines and branches of engineering. Engineers Australia has over 86,000 members Australia wide and is the largest and most diverse engineering association in Australia.

Engineers Australia has a number of specialist national committees, one of which is the National Committee on Rehabilitation Engineering (NCRE), which aims to:

- promote the work and role of professional engineering involvement in the provision of assistive technology services to Australians with disabilities;
- define and develop a rehabilitation engineering profile amongst clients, health professionals and funding sources;
- improve Government understanding of, and support for, rehabilitation engineering; and
- establish and increase the level of rehabilitation engineering research and development projects, manufacturing industry and training in Australia.

The NCRE strongly supports the primary aim of the discussion paper to create a more “socially inclusive Australia for people with disability”. It is the opinion of the NCRE that to achieve this worthwhile outcome, it is essential to provide appropriate Assistive Technology (AT) to Australians with disabilities (including those who are acquiring disability through ageing).

AT can transform the quality of life for people with disabilities and the aged. Correctly selected and deployed, AT has the potential to increase independence, improve access to the environment and make essential tasks of daily life more manageable. These are the basic foundations for participation in the community. The existence of AT equipment funding schemes across the nation shows that there is wide recognition of the need for AT for the person.

Unfortunately, current poor funding levels and lack of coordination between funders, suppliers and service providers suggests limited understanding of the significant benefits to individuals receiving AT. It must be recognised that AT has flow-on benefits to families, carers and the broader community, by letting people with disabilities increase their participation in work, education and recreational activities.

At present, lack of access to appropriately delivered and well supported AT inhibits people with disabilities to participate equitably in the daily life.

Studies of the use of AT demonstrate that without appropriate assessment, selection, training, ongoing support and maintenance, AT will remain under-utilised or be abandoned after a short time. The NCRE believe that several factors contribute to this.

2. Funding levels and models

Schemes for assisting people to purchase AT vary significantly across Australia, with major differences in:

- rules for eligibility;
- the level of financial assistance; and
- the type of technology that may be procured through the schemes.

The service delivery models underpinning many schemes are based upon historical funding policies rather than based on contemporary assessments of the needs of the population. They generally do not reflect more recent understandings of quality of life and health economics. In some States funding levels for AT have remained static for over a decade, despite major increases in both the cost of technology and the number of clients seeking to access that funding.

The impacts of low levels of funding support include the following:

- People with disabilities are provided with only the most basic AT that is frequently not the most appropriate equipment for their needs.
- Co-funding and gap funding arrangements delay the supply of the AT, causing on-going, enduring hardship and despair to individuals, their families and carers and exacerbation of physical, psychological and medical conditions.

Overall, current AT funding levels and models have the potential for long term reduction in personal health standards, and independence and quality of life of people with disabilities.

Current AT service delivery and funding models cite health outcomes such as early discharge from hospital to home, or reduced re-admission to hospital as key funding outcome priorities. Funding policies generally fail to consider broader aspects of healthy living and holistic lifestyles and critical factors such as accessing transport and community services are often overlooked. Many AT funding schemes provide equipment solely for use in the home environment. The necessity of clients of these schemes to access the world beyond the front door, or front fence, is often immaterial to the application for assistance and the resultant equipment provided to the client. For people with disabilities or the ageing, funding policies must embrace the individual in their milieus of living.

The NCRE urges that AT funding models throughout the country be reassessed in light of contemporary understandings of equity, social inclusion and independent living for people with disabilities.

3. Access to specialist multi-disciplinary teams to access, prescribe, fit and monitor AT

AT devices range from relatively inexpensive items such walking sticks, to complex electromechanical systems such as electrically-powered wheelchairs and robotic assistants.

Research clearly demonstrates that successful functional outcomes are achieved through matching the design and application of the technology to the abilities of each user. Even apparently simple systems can involve deceptively complex design criteria to maximise a person's abilities.

It is essential that users have access to advice and assistance from multi-disciplinary teams of health professionals, including professional rehabilitation engineers, to facilitate the best opportunity to achieve good outcomes, acceptable to the user. Current AT prescription models across Australia are ad-hoc with varying requirements for who may prescribe, supply and fit this equipment. Due to the limited emphasis placed on achieving good outcomes for consumers

through effective use of AT, equipment is regularly prescribed by people with little or no specialist training in the field of AT.

The NCRE recommends that minimum standards be established for who may advise on, prescribe and fit AT and that preference be given to services that establish true multi-disciplinary teams. (Minimum standards should also be considered for technicians who service and repair AT.)

In addition to having an appropriate skill mix in prescribing teams, the ability to access these teams is essential in meeting the needs of AT users. Presently, specialist prescribing services are concentrated in the major population centres, with limited support for the provision of mobile services. People living in smaller or remote communities often have little or no access to this service. Support to develop tertiary level advisory services to assist local practitioners is a key way to extend the reach of quality services. The NCRE recommends that resources be made available to enhance access to specialist AT teams.

4. Support for Research in Assistive Technology

Coupled with the low levels of funding for the provision of AT, is a similarly low-level of support for funding of research in the field. Major AT equipment funding organisations in Australia do not see the research to be a core part of their business frameworks. In the case of competitive research granting bodies (eg NHMRC & ARC), little scope is provided to recognise the value to the community and manufacturing sector of funds quarantined for research in these applied areas. Variations in physical, financial and organisational environments in Australia, by comparison with the other parts of the world, require specific research to be focused on the needs of our population living with a disability.

The NCRE urges that consideration be given to promoting a culture of research into AT and Universal Design to support future models of service provision and funding for AT in Australia. With a number of different funding models, policies and systems of delivery across Australia, an independent national body should be benchmarking the care and devices delivery aspects over the entire life-cycle of the device to ensure minimum standards of quality of service and devices are achieved. This regular information should be fed back to services with a view to continuous improvement of these systems.

Requiring major AT equipment and broader research funding bodies to support development for new AT, its use and prescription, will ultimately lead to the best chance of achieving the goal of a social inclusion for all Australians.