

## **DELIVERY OF OUTCOMES UNDER THE NATIONAL DISABILITY STRATEGY 2010-2010 TO BUILD INCLUSIVE AND ACCESSIBLE COMMUNITIES.**

### **INDEPENDENT LIVING CENTRE WESTERN AUSTRALIA RESPONSES TO QUESTIONS ON NOTICE**

**CHAIR: Could you take on notice to provide us with any comments you have in regard to Aboriginal and Torres Strait Islander people's access to assistive technologies, because I suspect that it is different again for them?**

The ILCWA deliver services to the Aboriginal and Torres Strait Islander communities both in the metro and regional areas. Our effectiveness is dependent on the relationships that we can develop that form part of a trusted source for their community in all areas.

We visit the Kimberley up to 3 times a year taking a caravan or trailer for off road visits that has a range of different people to view. To maximise the time in regional areas the ILCWA link with existing service providers and key personnel to promote our visit and any training and expo events we may do.

The following challenges have been identified by the ILCWA in providing services to a person with an Aboriginal Torres Strait Islander living in regional and remote Australia:

- Limited disability service providers in regional WA, especially in the Pilbara and Kimberley for the ILCWA to partner around planning and promotion of our visits.
- Under-resourcing of Western Australian Community Health Services (WACHS) to provide disability support (AT assessment, trial, prescription, implementation, follow-up)
- Disability makes up only a limited part of an Occupational Therapists and Speech Pathologist caseload
- Therapy is only provided to school-aged children, no adult therapy services by WACHS. There are also gaps in services for children with a disability 0-6 yrs old.
- Lengthy wait times for country clients to receive equipment
- Limited/no Assistive Technology suppliers in country WA
- Limited opportunity to trial equipment (ILC country services aims to fill this gap through our hire service)
- Lack of support to prepare funding applications for approval of equipment; not all local area coordinators are confident in preparing applications
- High staff turnover at a local level impacting on quality of relationships between therapists and clients & their Carers and families
- Language and cultural barriers are accentuated when workforce are from a non-Australian background
- A tendency for prescribed AT for an individual to have shared ownership and use across family and friends in the community resulting in AT needs not being met long term.
- Inappropriate scripting of equipment that is not designed for country living (e.g. mobility aids need to take into consideration rough terrain)
- Cost of travel to deliver services from local regions and NDIA restrictions
- Strong concerns around moving to model of individualised funding through WA NDIS when basic AT understanding and services to meet these needs are limited. Block fund required to continue to assist with provision of information and advice for pre-planning AT needs.
- Lack of advocacy in the disability space in regional WA, compared to advocacy availability in metro areas

**Senator CAROL BROWN: I was interested in how the NDIS communicate to the Independent Living Centre, as experts, and whether they provide your details to participants.**

ILCWA has worked hard to have conversations with both WANDIS and NDIS to provide education and training to their staff. There has been varying uptake of these offers, in our view has not been a priority for them while they bed down the planning process and deal with on boarding new staff, processes and high volumes.

There are a range of approaches currently: Planners will send participants to the ILC funded service to explore options before signing off on their plan. Or there are direct referrals from Coordinators when they are in the process of writing their plan.

We have offered opportunities for sector staff to attend free information sessions at our display areas and uptake has been varied. ILCWA have customised these sessions to enable staff to understand what AT is, the benefits and possible solutions. We have seen a flow of referrals back to the ILC for participants doing pre-planning when they have attended these sessions.

The rate of referrals for the above and to our specific NDIA service varies due to the above and the concern is that participants are not made aware of AT provider choices.

**Under the NDIS guidelines, they talk about an A Team mentor. Could you give us some information about how that operates and some feedback around the appropriateness of the mentors. I'm don't know much about how that works.**

Our understanding through NDIS is that individuals can plan for AT funding that is simple daily adaptive equipment. This funding as part of their plan does not require a therapist assessment as it is considered non-complex and sits within Category 1 of the NDIS Complexity Level Classification document. In the national AT strategy there is reference to AT Mentors being able to support individuals through this process. Our understanding is that the Mentor does not require a qualification but has an AT user lived experience e.g. they would be considered an expert. Also that mentor support can be provided informally through a community discussion e.g. AT Chat social media or more formally through one on one contact.

Based on AT Chat focus group feedback there is a lack of peer led conversation around the barriers of accessing AT, what AT works and doesn't. At this stage, we are not aware of mentors being formally accessed to assist to support a participant around making choices, finding and purchasing simple AT solutions and this maybe a reflection the system not ready to support mentors. E.g. planners are still grappling with basic awareness of the benefits of AT and then then recognising that participant may need support in making decisions and finding simple AT solutions.

We are aware that NDIA have supported a Certificate 4, AT Mentor training program and that participants here in WA are due to finish at the end of the year. AT Chat have engaged two of these mentors for our social media strategy. ILCWA through our AT Chat project has prioritised the need to have peer led conversations between expert AT users and novices and they have developed a social platform for that to occur. By producing stories about AT Users who are experts with moderated discussions around specific AT, our strategy will

inform what the AT community are needing and the ILCWA/AT Chat can respond. At this point, AT Chat is funded only until the end of June 2018.

**Senator CAROL BROWN: You talked about some research that you conducted. Is it possible to get a copy of that?**

Please find attached the research that we referred to titled:

Full report: Pathways to Non-Complex Assistive Technology for HACC clients

Summary: At A Glance – Pathways to Non-Complex Assistive Technology for HACC clients.