

Senate Enquiry –

Delivery of outcomes under the National Disability Strategy 2010-2020

Response to 2nd round of questions – 30th September 2017

Additional	Assistive technology	What could be done to provide more people with assistive technology to allow them to live independently and to fully take part in the community?
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ILCWA have been providing information, advice and support for individuals and the sector for 39 years. NDIA Information, Capacity Building, Linkages and Referrals grants round recently did not allow us to apply for funding unless we provide services nationally.

We provide services to people with disabilities, their families and carers. This includes the following:

- Deterioration in an existing health condition
- Recently diagnosed condition that will lead to a health deterioration over time
- Recovering from an acute condition or recent change in their condition as a result of an episode/incident
- People who access our services and maybe eligible to receive AT assistance through the primary health care system or community care system or be interested to self-fund AT.
- People who are not eligible for formal assistance but require assistance to explore the benefits of AT to improve their independence and well being
- People who are registering for NDIA and require assistance with pre-planning their AT requirements

1. Maintain services that support information and advice to navigate the complex AT pathways

In a fragmented system people who include potential AT end users, their families and carers as well as health professional require guidance to:

- Navigate the complexities of conflicting interpretations of eligibility for funding criteria,
- Understand the complexity of their needs to determine whether they can self-navigate or require the assistance of a health professional
- Have information on how to determine the best option to meet their level of perceived urgency.
- Understand the processes for complex AT exploration, planning, choices and prescription of AT in different systems e.g. NDIA, state funded AT and self-funded
- Know the processes required to access AT provision depending on what funding they will be seeking
- Explore the range of different AT solutions including basic through to complex and what is needed to determine a pathway to self-purchase or access funding
- Considerations when dealing with AT supplier, and what to look for when purchasing from a mainstream retailer.
- Arrange a trial/hire of equipment to support best practice provision
- Have the opportunity to see a range of AT solutions in an unbiased environment supported by AT experts who can support individuals to explore what would best suit them

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Independent Living Centres in each state continue to provide an essential service to facilitate pathways to AT, education and training and sector support in an environment that remains fragmented with complexities around primary and community care interface. They deliver this through many different modes e.g. phone, on line self-service options, education and training for health professionals and service providers, email and video conferencing/telehealth. ILCWA can provide service provision data as required.

2. Awareness raising for AT around types and benefits of AT for mainstream and disability specific audiences

Delivery of key messages about AT need to:

- enable you to be an active member of your community and be independent in your day to day, feel uplifted and positive
- enable you to make choices and decisions that support you living independently
- help people be aware of simple everyday solutions that are accessible via mainstream retailers
- that there are a range of AT solutions and non-AT solutions to maintaining independence
- help people understand that for more complex AT solutions there are benefits in having a health professional who is skilled and experienced in AT
- the short and long-term cost benefits of AT

This can be achieved by highlighting how people have achieved their goals using AT and needs to be delivered in an inclusive and accessible format. By demonstrating how AT solutions can be mainstream and that there are many solutions from supermarkets, homeware and hardware stores and on line. Show how this can be achieved by giving examples of how people have reached their goals using AT. Smart technology is accessible to many already using smart phones and tablet: Solutions can often be simple such as people knowing how to turn on their accessibility options on their computer/phone, moving frequently used kitchen equipment to an accessible height.

3. Education and training for the sector

- Education and training for primary and community care sector should target general practitioners and the community care sector staff.
- Mainstream retailers
- Health professionals
- Mandatory training for NDIA planners/Local Coordinators on AT HM basics (Fundamentals of AT)
- Awareness of on line self-service tools to assist decision making, choice and control focussed on basic AT solutions. E.g. “National Equipment Database and Equip Myself app”

4. Current Models of AT provision on a state level to further improve and be streamlined:

Wait lists, complexity of access, mainstream retailer opportunities, gaps that arise between primary and community care, competencies of AT prescribers and ways to better support self-funding AT purchase particularly for basic AT.

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Additional	NDIS mentors	How does the A Team Mentor program work? What results have been achieved? How are mentors selected? How is the appropriateness of a mentor determined?
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Our understanding through NDIS is that individuals can plan for AT funding to provide 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 forum 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 that the system is not ready to support mentors. E.g. planners are still grappling with basic awareness of the benefits of AT and then recognising that participants may need support in making decisions especially 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.

We are not aware of AT mentors being accessed here in WA but that does not mean that they are not. WA NDIA has indicated that there is scope to explore how AT Chat can provide informal mentoring through their on-line AT community for basic AT. Rocky Bay is near completing a Mentors training Cert 4 course and participants are AT expert users. This course was developed by Assistive Technology Australia – the equivalent ILC in NSW. ILCWA is unable to comment on how they are/will be selected by participants to be used in their planning or how mentors might be being utilised, outcomes and selection in other states.

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Additional	Progress	What progress do you believe has been made in making communities more inclusive and accessible under the National Disability Strategy?
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Possibly indications of progress

- Local councils, in WA, are required to complete a Disability Access and Inclusion Plan (DAIP). Increasingly ILCWA is invited to their consultations which indicates a growing awareness of the resources available to develop plans that address community and individual needs.
- Increasing enquiries from builders and architects on the application of universal design. This has been particularly in relating to visits to our ILC Cockburn display room where a range of smart technology is in situ to trial and view its application.
- Increasing enquiries from Access Consultants to view and better understand the range of AT, at our display that support universal design
- ILCWA have been funded by Home and Community Care WA to deliver resources to support best practice in home modifications
- ILCWA was invited by a regional local council to deliver to small business on using a self-assessment checklist to assess their physical and communication accessibility.
- Bunbury City Council are an example of commitment to planning for inclusiveness and accessibility <http://www.bunbury.wa.gov.au/Pages/MARCIA.aspx>

Ongoing Issues

Strategies to support people with communication difficulties in public places/utilities e.g. public transport and utilities

More education and training for planners, builders and architects to gain a deeper understanding of a person with a disabilities user/lived experience. It will provide enhanced understanding of context that universal design principles are applied. E.g. how attending to details such as height of mirrors, switches and door knobs in public amenities and not simply addressing space and hand rail needs will make the difference between someone being able to be fully independent and not.

Individuals seeking to make a complaint are hindered by the process, resulting in them not providing feedback. Interestingly informal feedback from one individual indicated that when they went through the required protocol to give feedback they were told, after a significant delay, that nothing could be done. After deliberation, the individual chose to express their concerns on their social media site and there was a prompt reply addressing his concerns to their satisfaction.

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Additional	Communication	Can you identify any technology and communications channels that people with disability should have access to?
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People with a disability should have access to information (written, visual and auditory information) in an accessible way (accessible formats). For example if someone is not literate they should be provided with spoken information or technologies that convert text to speech. If someone has difficulty understanding they should be provided with information in formats they can understand such as simple English and pictures. If people have difficulty speaking they should have access to technologies to allow them to “speak” and communicate in a different way such as alphabet boards, picture boards, electronic communication aids.

People within the community should have a greater awareness and ability to communicate with people who require information in different ways. “Scope Victoria” is doing a lot of work in this space <http://www.scopeaust.org.au/service/communication-access/>

ILCWA and Independent Living Centres nationally have comprehensive information and advice on augmented and assistive communication devices available for assisting people with communication difficulties.

Much information and support is provided online: People with disability need to have access to internet, telecommunications and social media. For many people with disability they are unable to access mainstream computers and telecommunications. They require specialised equipment to allow them to access these technologies e.g. eye gaze devices, switches and voice control. For many people with disability access to a computer means that they can do more for themselves e.g. order their shopping independently online if they are unable to access a shopping centre because of mobility difficulties.

Some people have small social networks because of their disability, accessing social media can give them opportunity to increase social networks including people from around the world in similar situations to themselves. All people should have access to technology and communication channels of internet, phone, email and social media

The challenges for people with communication difficulties are highlighted when they enter the primary health care system. Significantly more work needs to happen toward ensuring that an individual is fully equipped to communicate their needs (including Assistive technology) and existing care plans.