



TasCOSS submission to the
Inquiry into the Provision of
Assistive Technology
and Equipment for People with Disabilities.

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Authorised by
Tom Muller
Chief Executive Officer
Tasmanian Council of Social Service
PO Box 1126
Sandy Bay Tas 7006
tom@tascoss.org.au

TasCOSS welcomes the opportunity to contribute to the Inquiry into the Provision of Assistive Technology and Equipment for People with Disabilities. The Tasmanian Council of Social Service is the peak body for the community services sector in Tasmania and the principal voice for low income and disadvantaged Tasmanians.

Many of TasCOSS' members provide essential services to clients with disabilities who rely on the provision of assistive technology and equipment to get by in their everyday lives. The costs of assistive technology and equipment have been steadily rising and for many people on a disability pension, access to assistive technology they needs is simply outside of their budget. Without access to appropriate and affordable assistive technologies the quality of life of a person with a disability can be adversely affected, creating barriers to opportunities for community participation and social inclusion as well as posing serious risks to health, safety and physical development, particularly for children.

Tasmanians with disabilities on low incomes, like the Disability Support Pension, have access to financial subsidies through State Government schemes the Community Equipment Scheme (CES) these are funds are limited, means tested and commonly do not allow people with disabilities to meet all basic mobility, communication and continence needs. For the past few years TasCOSS and other community organisations have called on the State Government to provide increased and recurring funding to CES. This submission outlines some of the key areas of the scheme that need to be addressed in order to improve the effectiveness of the scheme and, in turn, the lives of people with disabilities. While there are several areas in which the scheme must be improved, ultimately, the scheme needs an increase in funding from the State Government and this funding needs to be recurring and annually indexed.

Current and Future Resourcing

Apart from the occasional top ups, the overall budget of the CES has not increased for six years. This is particularly concerning considering the rising cost of equipment. The lack of government investment has limited the ability of the scheme to meet demand, increase the range and quantity of equipment on offer and to cover the cost of maintenance, repair and replacement of loan equipment. This causes delays in supplying standard equipment and unpredictable waiting times and leads to clinical need being prioritised at the expense of aids to promote community integration and participation. One user of the CES scheme said:

“CES does not appear to be effectively resourced throughout the financial year. Its monetary resources seem to vary immensely at the time of application for equipment according to the time of year . . . I have found from personal experience that it is very rare to get assistive technology in a timely manner. It is usually supplied far too late for the appropriate needs of the client. There was always too much waiting time during which time clients situation might change again. I cannot stress how important that appropriate assistive technology is supplied at the right time.”

TasCOSS welcomes the recent announcement by the State Government that an additional \$855 000 would be provided this financial year for non-standard equipment such as wheelchairs, walkers, hoists and powered scooters required by clients on the waiting list. TasCOSS recommended in its Budget Priority Statement for 2008-9 that \$800,000 be provided for the scheme plus funding for a review and annual indexation. While this money will assist the scheme in the short term, it is recurrent funding and long term investment that is needed to address the current limitations of the scheme.

Caps on Contributions

Caps on contributions need to be increased to better reflect the reality of the rising costs of equipment and the limited finances of those who need it. While a customised wheelchair can cost up to \$21,000 the CES will only fund individual items to a maximum of \$6,000. People on disability pensions who do not have the savings to make up the difference in cost may go on using outdated or inappropriate equipment or simply go without.

Some people with disabilities find themselves further financially disadvantaged due to spending large amounts of money on home modifications, or specialised equipment, to adjust homes to accommodate disabilities. These payments can sometimes deplete people's savings, or superannuation, or cause people to take loans or reverse mortgages on their homes (TasCOSS: 2007).

He's got a lift-up chair, and a lift-up bed – we bought all these. You can't wait for someone to say, you might get this, you might get that, when you need it now. Everything had to be wheelchair accessible. What's the point of getting the government to do it, you'd be dead and buried...we've spent our super on these things, because what's the good of having money put away and a terrible quality of life.

The current cap on communication equipment provided by the CES is currently \$2,000 and this needs to be increased. People with disabilities have experienced difficulties with subsidies available to help fund communication equipment like communication boards, speech synthesisers and computer software (Hinton: 2008). Communication devices allow people with disabilities to have more control over their everyday lives and their finances. It enables access to services and information and can greatly reduce the need for personal assistance from a carer. A CES client emphasised the importance of communication devices:

I think it is of utmost importance for communication devices be a number one priority. Without communication for the client, nothing can be instigated or investigated without communication. I still think that after all of this time (25 years) that I still do not have all of the relevant communication equipment that I

really need. Even accessing a telephone throughout most of my day is very limited. I still need to ask someone to put a telephone to my ear to receive or make a phone call. Of course, this cannot be done if there is no one around to assist me.

Subsidies or contributions should also be made available for smoke alarms for the hearing impaired. These devices are essential and lifesaving for people with hearing impairments. While organisations such as TasDeaf have lobbied the Government consistently over the past few years to subsidise the cost of these smoke alarms there are currently still no funds to meet the cost through the CES or other schemes.

Funding for continence aids is also an issue that also needs addressing. The CES continence service provides up to \$1,000 in continence supplies per year with the client contributing half the cost. The amount allocated for continence aids is not enough to meet the costs of someone with a disability who is completely incontinent. According to participants in research conducted by Anglicare, clients have been going into debt for the purchase of continence aids, which has them living a life of fear and stress. Anglicare research showed that adult users of the schemes have difficulties in meeting the cost of their continence needs and are finding the subsidies barely meet the expense. Some try to meet the additional costs by applying to Disability Services for one off funding but few are successful (Hinton 2008).

Prioritisation Method

Because of the limited resources due to increased demand and limited funding over the years, CES prioritises clinical need for equipment over other important needs such as community participation and increasing independence. Clients are given a priority rating from 1 to 4 and clients with priority 1 applications for equipment are most likely to be funded within the limited resources. The equipment issued to priority 1 rarely includes items such as motorised scooters or mobility aids for community access. According to the Statewide Community Equipment Scheme Guidelines (2005), an application for equipment for community access is given a priority 4, that is, the lowest priority.

Some CES clients felt that equipment was not actually prioritised on need and that it was those who shouted loud enough who were listened to and who got access to the equipment they needed. According to Anglicare research, clients felt it was pure chance whether they had obtained or not obtained the equipment they needed. According to these clients, it was a question of applying at the right time or getting a good occupational therapist that was able or willing to push their case (Hinton: 2008).

It is understandable that the allocation of equipment needs to be prioritised, however if the current funding situation continues, this lack of priority given to equipment for community participation may have longer term health impacts on people with disabilities. Being able to actively participate in one's community is a crucial component to maintaining good health, in particular mental health, and general wellbeing.

If current funding to the scheme is not increased and made recurring, clinical need will continue to be prioritised at the expense of aids to promote community integration and participation. The prioritisation of clinical need over long term benefits such as community participation and increased independence is problematic and we must ensure that community integration and social participation does not always take second place to the risk of institutionalisation or hospitalisation.

The establishment of a centralised system to track and audit available equipment and assistive technology that could be implemented in Tasmania is essential and would be a more effective use of resources

The CES operates through three regional outlets based in the Northwest, North and South of Tasmania. The provision of equipment does not come under a single management structure and each CES outlet operates a store and data base to track equipment, generate client accounts and uses local purchasing systems. Certainly a centralised system to track and audit available equipment would create the possibility for more statewide consistency and better overall administration of the scheme.

The limited budget of the CES places tension on the ability of the regional CES outlets to clean, maintain repair and recycle equipment in the existing equipment pools and to purchase new equipment. This is not an economically viable or sustainable system, nor does it allow clients to access equipment in a timely or predictable manner. Keeping track of equipment is an essential part of ensuring that existing equipment reaches the people who need it and that equipment is updated when necessary.

A centralised system would also help with the general administration of the scheme and the communication between staff and clients. Lack of awareness of subsidies available means that some families continue, sometimes for years, with no additional support for continence needs. There is currently inconsistency with regards to information received about the scheme and some clients have experienced difficulty obtaining information about fees, charges and eligibility. One client, for example experienced difficulty finding out information about the \$50 administration fee:

I received an account for \$50 with absolutely no explanation of what it was for. I have received these accounts before and despite trying to find out what they are meant to be for, I have not been successful. I have tried to telephone and not been able to find anyone who knows anything about them. I have asked my occupational therapist and she has looked into the matter several times. She can only come to the conclusion that in the guidelines, it states there is an annual fee. This might be the \$50 account that I seem to be getting occasionally. As I said before, absolutely no explanation. It would be good to know what I meant to be paying for. I have paid in the past hoping that the account is done with, but after a while I get another one.

Community Equipment schemes operating in other jurisdictions and possible alternate models that could be implemented in Tasmania

In Victorian State Government announced an additional \$20.3 million over four years to the Aids and Equipment Program in its 2007-08 state budget. The scheme was recently reviewed by KPMG and an implementation plan for the reconfiguration of the program is to occur over the next two years. The Victorian review recommended a significant restructure of the programs service delivery platform with the aim to:

- make aids and equipment more affordable;
- reduce waiting times and waiting lists;
- provide a wider range of equipment and services; and
- allow more people to access the equipment and services.

As Victoria and Tasmania seem to be experiencing some of the same issues with regards to increased costs of equipment, waiting times, suitability and eligibility, it would be beneficial to examine how the Victorian Government intend to address these issues and assess whether any of these solutions would be suited to Tasmania. It is obviously important to keep in mind the economic and demographic differences between the two States before any comparisons are made and that there may be other models and schemes in jurisdictions in need of consideration.

In conclusion, TasCOSS looks forward to seeing long term improvement and investment in the Tasmanian Community Equipment Scheme so Tasmanians with disabilities can participate in the community to their fullest potential are not excluded from civic and social participation due to lack of access to appropriate equipment.

Case Study

Below is a case study of a CES client living in Northern Tasmania. This case study demonstrates the importance of access to appropriate, affordable and timely assistive technology and equipment for people living with a disability, particularly equipment which enhances mobility and communication.

Case Study – CES user, 53 year old male, Northern Tasmania

“I have a spinal cord injury and am totally paralysed from the shoulders down. I rely on a motorised wheelchair for mobility and have had this disability for 25 years. I am now aged 53 years old. I am not sure exactly what I currently receive or have received through the CES as I'm not at all familiar of how equipment is supplied and from whom. Most of my equipment has been organised through my occupational therapist at the Launceston general hospital. I was recently asked by my occupational therapist as to who my case manager is. I had to admit that I had no idea and I did not know that I even had one. I am telling you this information as it might be relevant to the equipment I have been supplied. I am on a disability support pension.

The most obvious assistive technology that I have probably make use of his my motorised wheelchair which is now probably about eight years old. I also use a hands-free phone but this is only usable to me when I am sitting up in my wheelchair. When I am laid in bed, which unfortunately is a lot of the time, I have no independent access to telephone communication.

I have an electrically operated bed that I cannot control myself. It was primarily supplied to me as an aid for support workers for height control. It would be good to be able to operate it by myself for position changing.

I am also typing this e-mail and document right now with a laptop computer using voice command for typing and operating certain programs within the computer environment along with Internet/e-mail access using a wireless remote router. I also use a graphics tablet to input for graphics situations. I could not imagine going without this equipment any more. This is equipment that I have bought myself.

Other assistive technology that I use is a vehicle equipped with a hoist that is now 30 years old. I have no options to get anything more modern and user-friendly. This is also a vehicle that I bought myself a number of user go before coming to Tasmania.

I do not currently have any sort of a hoist for transferring out of bed and into a wheelchair or commode chair. This is still done manually with the assistance of support workers who are trained for this job.”

There is still considerably more improvement that I could see for my own situation with the right technology/equipment. For instance, a way of communicating from the bed in case of fire or something similar would be a huge advantage to me, especially so when I am alone.”

References

Hinton T (2008) *Response to the Inquiry into the Provision of Assistive Technology and Equipment for People with Disabilities*. Anglicare Tasmania

TasCOSS (2007) *Safe As Houses: Elderly HACC Clients Describe Experiences of Vulnerability*. Tasmania