



ATSA response to

**Department of Health and Aged Care –  
A New Aged Care Act**

**Consultation Paper No.1**

6 September 2023

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## Who is the Assistive Technology Suppliers Australia?

ATSA is a national organisation representing assistive technology suppliers, including manufacturers, importers, distributors, retailers, tradespeople and technicians.

Our 170 members comprise businesses and not-for-profit organisations and range from small family-owned concerns to multinational organisations throughout Australia. It is estimated that, excluding AT for communication and sensory disabilities, approximately 80% of the AT in Australia passes through the hands of ATSA members.

ATSA is a registered not-for-profit charity with the ACNC and requires its members to adhere to a comprehensive Code of Practice on the provision, sales and servicing of AT. We are also a member of the Australian Ethical Health Alliance.

The objects of ATSA are

- (a) funding and promoting:
  - i) research into Assistive Technology;
  - ii) the education of the public as to the availability of Assistive Technology to meet the needs of persons with a disability;
  - iii) “Best practice” in the way Assistive Technology is supplied; and
  - iv) community accessible Assistive Technology events;
- (b) giving the Assistive Technology users and suppliers a voice that:
  - i) provides positive influence on Government policy;
  - ii) educates Governments and other stake holders about Assistive Technology;
  - iii) promotes a robust competitive and commercially viable marketplace with the aim that Assistive Technology is available to users at a reasonable cost;
  - iv) advocates to achieve excellence, quality, value and positive outcomes for suppliers, Assistive Technology users, stakeholders and the broader community;
  - v) works with governments at all levels to ensure the viability of the Assistive Technology industry for the sake of those who use Assistive Technology; and
  - vi) delivers quality and value in Assistive Technology solutions for people with a disability and their carers;
- (c) improving the quality of Assistive Technology provision by:
  - i) supporting the ongoing training and education of health care professionals;
  - ii) promoting ethical business practices that safeguard the interests of users of Assistive Technology;
  - iii) participating in the development of appropriate and cost-effective product standards; and
  - iv) maintaining and enhancing services standards, quality and reputation of the Members for the collective mutual benefit and interests of the Members and the public;
- (d) developing alliances with all industry stakeholders to:
  - i) drive continued improvement in outcomes for Assistive Technology users;
  - ii) minimise the total lifetime costs of Assistive Technology on society and Assistive Technology users;
  - iii) ensure an open, fair and competitive market; and
  - iv) promote the services, activities and events of the Company; and
- (e) undertaking such other actions or activities that are necessary, incidental or conducive to advance this Object.

## Executive Summary and Recommendations

ATSA supports the proposal to bring the Aged Care and Commission Acts together into one Act.

We note that through the consultation paper there has been no reference to Assistive Technology and Home Modifications particularly in key areas such as the Statement of Rights and Statement of Principles.

Both Assistive Technology and Home Modifications were recognised multiple times in the Recommendations from the Royal Commission. Additionally, research by the Department of Health highlighted the positive return on investment generated by Assistive Technology. We therefore request these important services are explicitly recognised in the new Act.

### **Recommendation 1**

*We note that as models of care for services are reformed, a process to address how well each complies with the Objects for the new Act needs to be considered.*

*ATSA suggests:*

- *A statement of how government service delivery models will be assessed against the Objects needs to be incorporated within the Act and*
- *Within the Rules, there may need to be clarification as to which Rule applies to which registration type and/or services and products delivered.*

### **Recommendation 2**

*ATSA recommends the term “services” in the Objects of the Act be expanded to “services, assistive technology and home modifications.”*

### **Recommendation 3**

*ATSA recommends the inclusion of assistive technology and home modifications in the Statement of Rights either as a separate statement or through the process suggested in Recommendation 2.*

### **Recommendation 4**

*ATSA recommends the inclusion of assistive technology and home modifications in the Statement of Principles either as a separate statement or through the process suggested in Recommendation 2.*

### **Recommendation 5**

*Innovation should be included in the definition of high quality care.*

### **Recommendation 6**

*The Representative should also be required to take into account the advice from medical, allied health and other experts in addition to that of the family and friends.*

## Introduction

ATSA appreciates the opportunity to respond to the consultation on the reform of the Aged Care Act. We have focussed our responses around the supply of Assistive Technology in Australia and only addressed areas within our area of expertise.

To this end we choose to use the following definition:

Assistive Technology is defined by the World Health Organisation as an “umbrella term covering the systems and services related to the delivery of assistive products and services.”<sup>1</sup>

We would like to acknowledge the significant amount of work being done to create new legislation to support aged care reform.

## Comments on the proposed structure, purpose and constitutional foundation for the new Act.

### Question 1:

**Do you think the aged care legislative framework will be more accessible and transparent if there is a single piece of primary legislation and one set of Rules?**

ATSA agrees with having one Aged Care Act (bringing the Aged Care and Commission Acts together).

We note that as new models of care for services are developed through the reform, a process to address how well each complies with the Objects for the new Act and Rules needs to be considered.

As an example, for the Support at Home program assistive technology model, we have listed potential risks for compliance of the proposed loan pool model with the following Objects:

### Objects:

- *“enables older people accessing available funded aged care services to choose who will deliver their services, and when and how they do so”*
- *“ensures equitable access to, and flexible delivery of, funded aged care services that takes into account the individual needs of older people, including people of diverse backgrounds and needs and vulnerable people”*

### Possible Risk

ATSA see possible risk to meeting these Objects if there is a move away from the free market model to the proposed AT fixed contract with State government for the provision of Assistive Technology. This proposed model is not expected to allow older people to have a choice in the full range of assistive technologies that may be available to them otherwise, nor does it provide for choice of the supplier of AT and wrap around<sup>2</sup> services.

### Object

- *“promotes innovation in aged care based on research and supports continuous improvement.”*

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<sup>1</sup> [Assistive technology \(who.int\)](#)

## Possible Risk

The possible contraction in the number of suppliers following the introduction of a state government loan pool is likely to limit innovation and continuous improvement in assistive technology and wrap around services<sup>2</sup>.

In regard to having a set of Rules, ATSA suggests the Rules should clearly define which apply to each area of service (residential, in-home, Goods, Equipment and Assistive Technology and home modifications) or registration type (as currently being proposed in the Aged Care reform model) they apply to.

### Recommendation 1:

*As new models of care for services are developed, a process to assess how well each model complies with the Objects for the new Act and Rules needs to be considered:*

- *The Act to incorporate a statement of how government service delivery models will be assessed against the Objects within the Act and*
- *Within the Rules, there may need to be clarification as to which Rule applies to which provider registration type and services and products delivered.*

### Question 2:

**Would you prefer to access separate topic-based subordinate legislation (like the current Quality of Care Principles 2014 and the Subsidy Principles 2014)?**

Until we are able to see the draft Rules, it is difficult to provide further comment on which would be the best option.

### Question 3:

**What else would you like to see included in the Objects of the new Act?**

#### Inclusion of assistive technology and home modifications

The Objects of the Act include services but are silent on access to assistive technology and home modifications.

These were addressed in the following Recommendations from the Royal Commission:

#### Recommendation 34:

Assistive technology and home modifications category. From 1 July 2022, the Australian Government should implement an assistive technology and home modifications category within the aged care program which:

- a. provides goods, aids, equipment and services that promote a level of independence in daily living tasks and reduces risks to living safely at home,
- b. includes the **assistive technology, home modifications** and hoarding and squalor service types from the Commonwealth Home Support Programme,
- c. is grant funded.

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<sup>2</sup> *Wheelchair provision guidelines (who.int) page xv*

#### **Recommendation 40:**

Transition to care at home 1. The Australian Government should commence the transition to the care at home category by ensuring:

a. from 1 July 2022, any older person that is accessing the Home Care Packages Program can also access supports from the new respite or social support grant categories. These supports should be in addition to the Home Care Package and not be paid for from Home Care Package funds. This should also apply to the **assistive technology and home modifications category**, but a short assessment should be undertaken to determine the needs of older people for this category.

#### **Recommendation 72:**

Equity for people with disability receiving aged care. By 1 July 2024, every person receiving aged care who is living with disability, regardless of when acquired, should receive through the aged care program daily living supports and outcomes (including **assistive technologies, aids and equipment**) equivalent to those that would be available under the National Disability Insurance Scheme to a person under the age of 65 years with the same or substantially similar conditions.

#### **Recommendation 73:**

Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner. By 1 July 2024, the Disability Discrimination Commissioner and the Age Discrimination Commissioner should be required, as part of the new National Disability Strategy, to report annually to the Parliament on the number of people receiving aged care with disability who are aged 65 years or older and their ability to access daily living supports and outcomes (including **assistive technologies, aids and equipment**) equivalent to those available under the National Disability Insurance Scheme.

To this end ATSA believe that the term 'services' in itself is not clear in what it encapsulates, and that the Act should include the provision of aids, assistive technologies, equipment and home modifications in the definition which would not been seen by consumers as 'services'.

#### **Recommendation 2**

*ATSA recommends the term "services" in the Objects of the Act be expanded to "services, assistive technology and home modifications."*

#### **Question 4:**

**Do you think it is a good idea to include a 'Purpose Statement in the new Act as well as objects provisions? What do you think the purpose of the new Act should be?**

Yes. The purpose of the Act should be to create a safe and inclusive culture and system for older Australians. It should ensure equity across people within the aged care system and between other systems in Australia such as the NDIS.

#### **Question 5:**

**Do you have any other feedback on the proposed structure of the new Act?**

Not at this time.

## Comments on the Statement of Rights and enforcement pathways.

### Question 6:

#### Do you support a Statement of Rights being included in the new Act?

Yes. ATSA believe it is important that people accessing aged care through the new aged care system are aware of their rights when doing so.

### Question 7:

#### Are there any rights that you think we have missed that should be included?

There is no mention of the right for people to have access to Assistive Technology (AT) and Home Modifications (HM) in the Statement. These were addressed in 3 separate Recommendations – 34, 40 and 117 from the Royal Commission into Aged Care. AT and HM are integral in ensuring older Australians can safely remain at home longer. Also, as noted in the Department of Health's *Review of Assistive Technology Programs in Australia for the Australian Government Department of Health Australian Healthcare Associates 9 June 2020*<sup>3</sup>, the return on investment across Assistive Technology (AT) program options ranged from "\$5.15 (Option 8) to \$33.83 (Option 3) for every \$1 spent on AT" (Table 1-1) This clearly demonstrates the value of AT to the Department, the community and those receiving AT products and the associated wrap around services.

### Question 8:

#### Are there any rights that you think should be worded differently?

If the definition of the term "services" is expanded as per ATSA's Recommendation 2 in this response, then no further wording changes are required. However, if this definition remains unchanged, the following wording is suggested for the right to have access to AT and HM; "equitable access to home modifications, assistive technology and wrap around services that promote a level of independence in daily living tasks and reduces risks to living safely at home or in residential settings."

### Question 9:

#### Do you think we have the balance right (complaint pathways/ early resolution of risks rather than enforcement after harm has occurred)?

Yes.

In regard to AT, it will be important to ensure all those involved in the AT and HM assessment and supply have clearly defined roles and that older Australians understand who is responsible for each activity. For example, when would an AT Mentor be able to recommend AT and when is an allied health provider required to prescribe the AT? At what point does the allied health provider/AT Mentor hand over responsibility to the AT supplier who offers AT trials, wrap around services, repairs and maintenance and emergency after hours support in addition to providing the AT itself?

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<sup>3</sup> <https://www.health.gov.au/resources/publications/review-of-assistive-technology-programs-in-australia-final-report>



### **Recommendation 3:**

*ATSA recommends the inclusion of assistive technology and home modifications within the Statement of Rights either as a separate statement or through the inclusion of assistive technology and home modifications in the definition of “services” as suggested in our Recommendation 2.*

## **Comments regarding the Statement of Principles.**

### **Question 10:**

**Do you support a Statement of Principles being included in the New Act as well as a Statement of Rights?**

Yes.

### **Question 11:**

**Are there any principles you think we have missed that should be included?**

Yes. Once again there is no reference to Assistive Technology.

### **Question 12:**

**Are there any principles that you think should be worded differently?**

We suggest the following change to ensure the Royal Commission’s Recommendations relating to Assistive Technology and Home Modifications are addressed in the principles:

If the definition of the term “services” is expanded as per ATSA’s Recommendation 2 in this response, then no further wording changes are required. However, if this definition remains unchanged, the following wording is suggested “being active and informed partners in decision-making as they wish about the funded aged care services, assistive technology and home modifications delivered to them.”

### **Recommendation 4:**

*ATSA recommends the inclusion of assistive technology and home modifications within the Statement of Principles either as a separate statement or through the inclusion of assistive technology and home modifications in the definition of “services” as suggested in Recommendation 2.*

### **Question 13:**

**Are there any changes you would make to the proposed definition of high quality care?**

We note innovation is not considered in this section of the consultation paper, yet it can be key to higher quality care.

### **Recommendation 5:**

*Innovation should be included in the definition of high quality care.*

## Comments regarding the proposed approach to embedding supported decision making.

### Question 25:

**Are there any other duties or obligations you think should be put on appointed nominees?**

Within the decision making principles (p43 of the Consultation Paper), when a person cannot inform the Representative of their decision, then the Representative should also be required to take into account the advice from medical, allied health and other experts in addition to that of the family and friends.

### *Recommendation 6*

*The Representative should also be required to take into account the advice from medical, allied health and/or other experts in addition to that of the family and friends.*

### Question 26:

**When do you consider a supporter nominee would be most useful to a recipient of aged care services? For example, to convey decisions, understanding processes, receiving and explaining correspondence in a way which is understood by the older person.**

A supporter/nominee would be useful to a recipient in many situations, likely dependent on the individual and their specific situation, and could be for any or all of the situations described in the question above. They may also be able to find information on assistive technology and home modifications for the recipient - sourced through allied health professionals or AT suppliers.

### Question 27:

**What kind of information do you think support nominees should receive?**

Appointed nominees should receive any and all information that is relevant to assist in their role to help the person receiving aged care understand or navigate the system or supports needed (with regard to the reason they were appointed.)

## Closing

ATSA supports the reform of the Aged Care Act, particularly the move to one system that ensures equitable access to and the flexible delivery of care, alongside of the ability to have choice of how participants live their lives and remain connected with family and the greater community.

We are pleased to see the inclusion of services, assistive technology products, aids, equipment and home modifications for older Australians, however wish to ensure that these are provisioned at a level that is equitable to that which is supplied by other systems (ie: the NDIS.)

We also have concerns that initial discussions indicate that the provision of assistive technology may be limited to certain suppliers and product through a state government based loan pool in the main. We wish to ensure that participants are not limited in their choice of either product or the supply of same, such that they are able to receive the most 'fit for purpose' device to meet their needs without restriction to type or cost, empowering them to live as independently as possible, for as long as possible.