



**Submission to the Commonwealth Department of Health  
and Aged Care:  
Draft List for Aged Care Services**

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**Via email to:** [AgedCareLegislativeReform@Health.gov.au](mailto:AgedCareLegislativeReform@Health.gov.au)

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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.

## Introductory Comments

We thank the Department of Health and Aged Care (the Department) for providing ATSA with an opportunity to submit feedback on the draft list of aged care services.

Our submission will focus on:

- The assistive technology service types outlined under Division 4 of the consultation draft
- Associated aspects of the *Aged Care Bill 2024*, and
- Proposed elements of the assistive technology and home modifications scheme for in-home care.

We developed a targeted consultation paper for ATSA members that focused on aspects of the proposed aged care reforms that relate to assistive technology and home modifications. The feedback we received from members has been incorporated into this submission. We trust that it will be of assistance to the Department in helping to shape the new assistive technology and home modification scheme for in-home care. We also look forward to working more collaboratively with the Department to ensure the scheme effectively meets the needs of older Australians into the future.

## Summary of Recommendations

### **Recommendation 1:**

The new assistive technology and home modifications scheme for aged care must achieve the full and effective implementation of Recommendation 72 from the Royal Commission into Aged Care Quality and Safety. As such, the final service list must reflect the full range of assistive products that are available to people with disability who are eligible to receive support under the National Disability Insurance Scheme (NDIS).

### **Recommendation 2:**

The Department must work collaboratively with the Department of Social Services to ensure the National Disability Data Asset and the outcomes framework for Australia's Disability Strategy 2021-31 allow for the direct comparison of outcomes relating to the provision of assistive technology to NDIS participants and participants of the new Support at Home Programme.

### **Recommendation 3:**

The service list must be updated to clearly define all clinical and non-clinical wrap-around supports that will be funded, including:

- Skilled assessment and referral
- Equipment trials, demonstration and loans
- Procurement and customisation
- Delivery and setup
- Training in the use of the aid or piece of equipment
- Maintenance, review and repair.

### **Recommendation 4:**

The service list must be updated to include an additional category for assistive products used in sports or other recreational activities.

### **Recommendation 5:**

The Department must work to ensure funding tiers for assistive technology are aligned across the care and support economy to ensure greater equity for end users, and a more simplified approach to regulation across service systems.

### **Recommendation 6:**

The Department must clearly articulate whether the proposed funding tiers for assistive technology will be applied per item, per annum, or per participant.

### **Recommendation 7:**

The Department must urgently engage with ATSA and its members to inform the development of the AT/HM list. In particular, this list must:

- reflect the full range of products listed underneath AS/NZ ISO 9999.1:2023 – Assistive Products.
- Not result in lesser access to assistive products than the new list of approved supports that have been adopted for NDIS participants.
- Be fluid and open to adaptation as new assistive products enter the market.

- Afford some flexibility in funding supports that fall outside the list, in line with the approach to replacement supports that has been adopted under the NDIS.
- Consider the significant and well-demonstrated social return on investment offered by AT.

**Recommendation 8:**

The Department must ensure it is acting in an open and transparent manner by making the evaluation report from the Assistive Technology Loans Scheme Trial (currently being undertaken by EnableNSW on behalf of DOHAC) publicly available. This is particularly critical given the cost-benefit analysis for the introduction of a loans pool has not been explained.

**Recommendation 9:**

Should an assistive technology loans pool be implemented as part of the new Support at Home Programme:

- It must only form a small component of a broader AT ecosystem; with the majority of AT being individualised and tailored to the needs of each recipient.
- It must be established with the primary goal of addressing short term needs for AT e.g. for restorative or rehabilitation purposes, or as a means of supplying AT to people whose needs are expected to change rapidly over time.

**Recommendation 10:**

The supply model for any future loans pool that is implemented as part of the new Support at Home Programme must support an open market approach, which could be achieved by:

- Allowing any AT supplier that meets predefined quality and service criteria to register as a supplier for the loans pool.
- Introducing a voucher or credit system where individuals can "redeem" equipment from a wide range of suppliers.
- Developing a digital platform where all registered suppliers can list their products, allowing consumers to browse, compare, and order AT from any supplier.

**Recommendation 11:**

The new assistive technology and home modifications scheme must be extended to older people living in residential aged care in order to leverage economies of scale, facilitate continuity of care and create greater equity across service systems.

## Providing Greater Parity Between the NDIS and the Aged Care System

The World Health Organization has clearly articulated the role assistive technology plays in upholding human rights, stating:

*“Access to assistive technology is a fundamental human right, a legal obligation for all countries within the Convention on the Rights of Persons with Disabilities and a prerequisite for the full and equitable achievement of the Sustainable Development Goals.”<sup>1</sup>*

Australia’s Disability Strategy 2021-31 is Australia’s domestic blueprint for the implementation of the *Convention on the Rights of Persons with disabilities*. The Strategy lists a range of outcomes aimed at improving the lives of people with disability, one of which is as follows:

*“People with disability have access to a range of supports to assist them to live independently and engage in their communities”.*

The Strategy includes the following policy directive to support this outcome:

*“People with disability are supported to access assistive technology”.<sup>2</sup>*

Regrettably, there is still a high level of inequity between the assistive technology that is available to older Australians and younger people with disability who are eligible to receive support through the NDIS. In 2019, the Department of Health and Aged Care commissioned Australian Health Care Associates to undertake a review of assistive technology programs in Australia. The final report from this review stated:

*“Stakeholders frequently cited inequities between the aged care, health and disability sectors as a major challenge within the AT landscape, with age seen as a major cause of inequity. For example, a consumer aged 65 years or older is ineligible for NDIS support if they were not a NDIS recipient before the age of 65. This consumer is less likely to have their AT needs met than a consumer with the same condition who is aged 64 and is eligible for NDIS funding for the rest of their lives. This was seen as creating a two-tiered system, with older people who must rely on the aged care system for AT often missing out.”<sup>3</sup>*

A subsequent study undertaken in 2022 found that the average spend on assistive technology and home modifications per person per year for NDIS participants was around \$2,500, compared with just \$51 per person per year for aged care recipients.<sup>4</sup>

The new Aged Care Act and the range of rules and legislative instruments that are being developed to sit underneath the Act are intended to go some way towards addressing this existing level of inequity by giving rise to the various



recommendations arising out of the *Royal Commission into Aged Care Quality and Safety*. This includes Recommendation 72, which states:

*“...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.”<sup>5</sup>*

To this end, one of the stated intentions of the Aged Care Bill that is currently before Parliament is to engage the right to equality and non-discrimination as set out in Articles 2, 16 and 26 of the *International Covenant on Civil and Political Rights*.<sup>6</sup>

It will also be necessary to have a method of measuring outcomes between the NDIS and the aged care system, in line with Recommendation 73 from the Royal Commission, which states:

*“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.”*

While there is an Outcomes Framework attached to Australia’s Disability Strategy, many of the indicators that underpin the framework only refer to people with disability under the age of 65. This is in direct conflict with the following directive which was issued by the Special Rapporteur on the Rights of Persons with Disabilities in 2019:

*“States must collect comparable disability and age disaggregated data to identify and address the barriers faced by older persons with disabilities in exercising their rights across various spheres of life. Disaggregated data is indispensable to assessing whether older persons with disabilities are being left behind in the implementation of the 2030 Agenda.”<sup>7</sup>*

### **Recommendation 1:**

The new assistive technology and home modifications scheme for aged care must achieve the full and effective implementation of Recommendation 72 from the Royal Commission into Aged Care Quality and Safety. As such, the final service list must reflect the full range of assistive products that are available to people with disability who are eligible to receive support under the NDIS.

### **Recommendation 2:**

The Department must work collaboratively with the Department of Social Services to ensure the National Disability Data Asset and the outcomes framework for Australia's Disability Strategy 2021-31 allow for the direct comparison of outcomes relating to the provision of assistive technology to NDIS participants and participants of the new Support at Home Programme.

## **Ensuring the Effective Funding of Wrap-around Supports**

While the consultation draft does include reference to wrap-around supports, there is no clear definition of what this term encompasses. The table at Division 4 (assistive technology service types) states that funded services will include:

- Assistive technology prescription and clinical support, and
- "Nonclinical wrap-around services" relating to items 1-5 outlined in the table.

We assert that the service list must adequately reference the full range of wrap-around supports that are needed to facilitate the effective prescription, supply, use and maintenance of AT-related products. These services include:

- Skilled assessment and referral
- Equipment trials, demonstration and loan
- Procurement and customisation
- Delivery and setup
- Training in the use of the aid or piece of equipment
- Maintenance, review and repair.

Several of our members have expressed significant concern about the hygiene and state of cleanliness of equipment in particular. We would therefore like to see the deep cleaning and maintenance of AT products explicitly referenced underneath the definition of "non-clinical wraparound supports" for AT, as this is a prime opportunity for this matter to be addressed at a policy level.

### **Recommendation 3:**

The service list must be updated to clearly define all clinical and non-clinical wrap-around supports that will be funded, including:

- Skilled assessment and referral
- Equipment trials, demonstration and loan
- Procurement and customisation
- Delivery and setup
- Training in the use of the aid or piece of equipment
- Maintenance, review and repair.

## **Assistive Products for Recreation**

We remind the Department that the Aged Care Bill that is currently before Parliament clearly states that one of its intentions is upholding Article 25 of the *Convention on*

*the Rights of Persons with Disabilities*,<sup>8</sup> which states that governments have an obligation to provide:

*“...services designed to minimize and prevent further disabilities, including among children and older persons”.*<sup>9</sup>

It is therefore incredibly frustrating to note that assistive products for sport and recreation have been completely omitted from the support items outlined under Division 4. Conversely, in October this year, the National Disability Insurance Agency Published a list of NDIS supports to clearly articulate the services, items and equipment that can be funded under the NDIS. One of the 37 categories of support included in this list relates to assistive products for sport or other recreational activities, including:

- personal recreation equipment modification and sporting equipment modification*
- services to assess and prescribe, deliver, adjust and train a participant in successful use of an assistive product*
- maintenance, spare parts and consumable items specific to an assistive product.”*<sup>10</sup>

This is not just about equity, but also about maximising social return on investment and reducing downstream costs in other areas. These are factors which have already been well documented by the Department of Health and Aged Care, with the *National Preventative Health Strategy 2021-2030* recognising that:

*“Physical inactivity significantly increases the risk of developing cardiovascular disease, diabetes, breast and colon cancer, mental health issues, experiencing falls and musculoskeletal conditions.”*<sup>11</sup>

Supporting active ageing can lead to significant downstream savings by reducing the need for hospital and aged care services.<sup>12</sup> This is because physical activity has been shown to minimise the risk of falls, mobility issues and other associated health complications in older adults.<sup>13</sup> Physical activity has also been shown to increase productivity, enhance mental wellbeing and improve overall quality of life.<sup>14</sup> By facilitating active ageing, Government can therefore help ensure older Australians are not just passive recipients of social welfare but continue to have opportunities to make meaningful contributions to their local communities. This is significant when considering the enormous contribution older Australians already make to the economy each year through unpaid caring and voluntary roles.<sup>15</sup>

#### **Recommendation 4:**

The service list must be updated to include an additional category for assistive products used in sports or other recreational activities.

## Proposed Funding Tiers for Assistive Technology

Information on the Department of Health and Aged Care's website states that assistive technology will be funded under three separate tiers. These are as follows:

- Low-cost assistive technology: Under \$500
- Mid cost assistive technology: Up to \$2,000
- High-cost assistive technology: Up to \$15,000

The website states that participants may also be able to access assistive technology that exceeds the maximum \$15,000 with a valid prescription from a health professional.<sup>16</sup>

This funding framework is inconsistent with the funding levels adopted under the NDIS, which are as follows:

- Low-cost assistive technology: under \$1,500 per item
- Mid cost assistive technology: between \$1,500 and \$15,000 per item
- High-cost assistive technology: over \$15,000 per item.<sup>17</sup>

We are particularly perplexed by this inconsistency given the Commonwealth government has publicly stated its intention to align requirements across the care and support economy. In fact, a Care and Support Economy Reform Unit has been established within the Department of Prime Minister and Cabinet to improve the alignment of policies, programs, and actions to ensure:

- Regulation is simplified and more efficient to comply with
- Government uses purposeful and productive stewardship to align incentives between care and support providers, users and the community, and
- Funding models support quality care and support.<sup>18</sup>

Our members have also asked for greater clarity around whether these proposed funding levels will be applied per item, per annum, or per participant.

### **Recommendation 5:**

The Department must work to ensure funding tiers for assistive technology are aligned across the care and support economy to ensure greater equity for end users, and a more simplified approach to regulation across service systems.

### **Recommendation 6:**

The Department of Health and Aged Care must clearly articulate whether the proposed funding tiers for assistive technology will be applied per item, per annum, or per participant.

## Development of the AT/HM Service List

The Department has stated that the AT-HM service list is yet to be finalised. We assert, however, that:

- The list of inclusions must reflect the range of AT-related products listed underneath *AS/NZ ISO 9999.1:2023 – Assistive Products*.

- The final AT/HM list must not result in lesser access to assistive products than the new lists that have been adopted for NDIS participants.
- The list must be dynamic rather than fixed and allow the scheme to keep up with new product innovations.
- The scheme must afford some flexibility in funding supports that fall outside the AT/HM list, as is the case with the new service lists that have been published by the National Disability Insurance Agency. While the Agency has published a list of supports that are not considered to be NDIS supports, they have also published guidance around “replacement” supports. Under these guidelines, participants may request “replacement supports” if they find a non-standard item that offers equivalent or improved outcomes compared to a NDIS-funded item. This could be a household or everyday item that performs a similar function but falls outside the typical NDIS support categories.<sup>19</sup>

When developing the list, we also urge the Department to remember that assistive technology is a foundational support and key enabler, which will ultimately reduce expenditure in other areas. It is estimated that for every dollar spent on assistive technology, there is a conservative two-fold return on investment relating to savings on the cost of paid carers, support and medical services.<sup>20</sup> This is because the timely and effective provision of assistive technology has been shown to:

- Enable people to take on valued roles in their communities, including voluntary and caring roles
- Prevent or delay the onset of secondary health conditions
- Minimise the risk of accidents and falls
- Increase personal autonomy; thereby reducing the burden on families and carers and reducing peoples’ vulnerability to violence, abuse and neglect
- Enable people to remain living in their own homes for as long as possible.<sup>21</sup>

### **Recommendation 7:**

The Department must urgently engage with ATSA and its members to inform the development of the AT/HM list. In particular, this list must:

- reflect the full range of products listed underneath AS/NZ ISO 9999.1:2023 – Assistive Products.
- Not result in lesser access to assistive products than the new list of approved supports that have been adopted for NDIS participants.
- Be fluid and open to adaptation as new assistive products enter the market.
- Afford some flexibility in funding supports that fall outside the list, in line with the approach to replacement supports that has been adopted under the NDIS.
- Consider the significant and well-demonstrated social return on investment offered by AT.

## **The Proposal to Introduce a Centralised Purchasing Platform for AT**

We are aware that the Age Care Bill proposes the establishment of a centralised purchasing platform, similar to a loans pool, for managing and distributing AT. ATSA is extremely wary of this approach.

This model may be problematic for aged care recipients because:

- AT is often highly specific to individual needs. A generic or reused product from a loans pool may lead to discomfort, improper use, and/or medical complications.
- Many AT devices such as wheelchairs or prosthetics require ongoing adjustment or adaptation as the user's condition changes. A loans pool model could fail to meet these dynamic needs, leading to aged care recipients being forced to use equipment that is no longer fit for purpose.
- Pool systems can lead to delays, as equipment might need to be refurbished, sanitised, or transported between users. These delays could have a detrimental impact on people's mobility, independence and quality of life. Delays are likely to disproportionately impact older people living in rural and remote areas.
- Loans pools often have a finite inventory, meaning users may not always have access to the best or latest technology. This can lead to the use of outdated or less effective devices.
- When AT is on loan, users do not have full control over the equipment, leading to potential difficulties in long-term care and maintenance or in making adjustments that suit their evolving needs.
- For long-term users, regularly swapping out or returning equipment can become burdensome, especially when they need AT on a permanent basis.
- Loaned devices often endure more wear and tear due to multiple users, reducing the lifespan and performance of the equipment.

This model may be problematic for assistive technology manufacturers, suppliers and distributors for the following reasons:

- This model would reduce sales for AT suppliers and manufacturers, subjecting them to significant financial strain as their customer base shrinks.
- ATSA recently undertook a member survey to determine how suppliers would be affected by being restricted to providing low-cost items and wrap-around supports under the new scheme. On average, suppliers would expect a 42% reduction in staff, with 22% of suppliers being forced to close their doors. Regional suppliers would be disproportionately impacted, resulting in thin market areas no longer being serviced.
- The focus on refurbishing and reissuing products may shift market demand towards lower-cost, durable items that can be reused, rather than premium, specialised products that serve more complex needs.
- Manufacturers may have less incentive to invest in research and development of new, more advanced, or specialised AT products. This could slow down technological progress in the sector and limit options for consumers who need the latest innovations.
- Reduced demand for new equipment may place suppliers under pressure to lower prices on new products in order to remain competitive. This could lead to a race to the bottom in terms of pricing, further squeezing suppliers' margins and potentially reducing the quality of new products available.
- The disruption this would cause to the AT market would affect outcomes across the health and disability sectors, as well as aged care.



**Recommendation 8:**

The Department must ensure it is acting in an open and transparent manner by making the evaluation report from the Assistive Technology Loans Scheme Trial (currently being undertaken by EnableNSW on behalf of DOHAC) publicly available. This is particularly critical given the cost-benefit analysis for the introduction of a loans pool has not been explained

**Recommendation 9:**

Should an assistive technology loans pool be implemented as part of the new Support at Home Programme:

- It must only form a small component of a broader AT ecosystem; with the majority of AT being individualised and tailored to the needs of each recipient.
- It must be established with the primary goal of addressing short term needs for AT e.g. for restorative or rehabilitation purposes, or as a means of supplying AT to people whose needs are expected to change rapidly over time.

**Recommendation 10:**

The supply model for any future loans pool that is implemented as part of the new Support at Home Programme must support an open market approach, which could be achieved by:

- Allowing any AT supplier that meets predefined quality and service criteria to register as a supplier for the loans pool.
- Introducing a voucher or credit system where individuals can "redeem" equipment from a wide range of suppliers.
- Developing a digital platform where all registered suppliers can list their products, allowing consumers to browse, compare, and order AT from any supplier.

## The Need to Extend Assistive Technology Services to Residential Aged Care Settings

The consultation draft indicates that the provision of the services outlined in Division 4 will be restricted to delivering assistive technology in home and community settings, yet older Australians living in residential aged care settings have equally significant, if not more intensive, need for these supports.

The availability of assistive technology in residential aged care is currently limited and inconsistent, with equipment choices driven by facility resources rather than individual needs. Many facilities face budgetary constraints that restrict their access to a full range of aids, and the standard equipment they have available may not be tailored to the individual physical, sensory, or cognitive needs of each resident. This model leaves many older Australians without access to specialised devices that would enable greater independence and quality of life.

Developing a robust assistive technology system that can serve both community and residential care contexts would:

- Help leverage economies of scale as the same infrastructure such as assessment tools, supplier networks and device maintenance services could serve clients in both residential and community settings.
- Create continuity for individuals transitioning from community to residential care; avoiding costly reassessments and procurement delays that currently accompany transitions in care settings.
- Enable residential aged care facilities to access standardised, community-based assistive technology options. This would improve individual outcomes and allow facilities to better meet the individual needs of each resident.

**Recommendation 11:**

The new assistive technology and home modifications scheme must be extended to older people living in residential aged care in order to leverage economies of scale, facilitate continuity of care, and create greater equity across service systems.



## Concluding Comments

Thank you once again for providing us with an opportunity to represent the views and concerns of our members to inform this consultation.

ATSA look forward to the opportunity to work more collaboratively with the Department to refine its future approach to funding assistive technology under the new Support at Home Programme.

## References

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- <sup>6</sup> The Parliament of the Commonwealth of Australia, Aged Care Bill 2024 - Explanatory Memorandum, Circulated by authority of the Minister for Aged Care and Sport, the Hon Anika Wells MP, P10.
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- <sup>10</sup> National Disability Insurance Agency (2024) Supports That are NDIS Supports (Word version), P7.
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<sup>16</sup> Commonwealth Department of Health and Aged Care (2024) Features of the new Support at Home program, accessed 31 October 2024, retrieved from <<https://www.health.gov.au/our-work/support-at-home/features>>.

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<sup>18</sup> Commonwealth Department of Prime Minister and Cabinet (2024) Care and support economy – state of play, accessed 30 October 2024, retrieved from <<https://www.pmc.gov.au/resources/care-and-support-economy-state-play>>.

<sup>19</sup> Commonwealth Department of Social Services (2024) Supports that are not NDIS supports that may be considered replacement supports  
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<sup>20</sup> Layton, N., & Brusco, N. (2022) The Australian assistive technology equity studies: Improving access to assistive technology for people with disability who are not eligible for the NDIS, accessed 30 January 2023, retrieved from <<https://doi.org/10.26180/21113887>>.

<sup>21</sup> Layton, N., & Brusco, N. (2022) The Australian assistive technology equity studies: Improving access to assistive technology for people with disability who are not eligible for the NDIS, accessed 30 October 2024, retrieved from < [The Australian Assistive Technology Equity Studies](#)