

*Approved: 2006*

*Due for review: 2010*

## Provision and Access to Aids and Equipment for People with Disabilities

The Australian Physiotherapy Association (APA) calls for immediate action to address the inadequacy of aids and equipment for Australians with disabilities. The APA contends that equitable access to more appropriate equipment will improve the quality of life of people with disabilities and improve their capacity to participate in community living. The provision of aids and equipment is essential for many people with disabilities and is complementary to the provision of quality physiotherapy services.

Physiotherapists have a key role in prescribing aids and equipment and assisting people with disabilities to access appropriate equipment. The APA has identified a number of key issues that need urgent attention. The APA supports the development of a national strategy to improve the availability and affordability of aids and equipment for people with a disability.

### Description of aids and equipment

Aids and equipment are products that assist a person with a disability by improving their functioning (AIHW 2003). Aids and equipment include specialised aids for breathing, eating, drinking, bathing, toileting, mobility, positioning (lying, seating, standing) and sleeping; home modifications, hoists, augmentative communication devices and environment control units. Aids and equipment can provide comfort, pain relief, safety, and support and can assist in the pursuit of education, training, employment, and participation in community life (ACROD 2004).

The International Classification of Functioning, Disability and Health recognises environmental factors as one of three components defining functioning and disability (WHO 2001 in AIHW series 2003). This report states that 'aids and equipment are environmental factors with the potential to improve the life of people with disabilities through the attainment of greater independence and less reliance on personal assistance.' The primary focus for equipment schemes is mobility around the home, and keeping people out of hospitals and institutions.

### Overview of the use of aids and equipment

In Australia nearly half of all people with disabilities use aids and equipment to enhance their independence and improve their quality of life (ACROD 2004). The 1998 Survey of Disability, Ageing and Carers in Australia (AIHW 2003) found that 48% of people with a disability used some form of aid, and of this group 40% were under the age of 65 years. The use of aids and equipment was more likely in older age groups and for those with more severe activity restrictions; for example, the number of aids used rose from 1.2 for people with mild activity restrictions to 3.5 for people with profound activity restrictions.

Medical aids were the most frequently used aid for people aged 25–64 years, followed by mobility aids. Children predominately use self-care and communication aids.

People who needed assistance with core and other daily activities were more likely to use aids than those who did not need assistance. Special equipment and assistance from a disability support

person were the most common forms of support arrangement for those with profound or severe core activity restriction in the workplace.

People using aids were more likely to live in homes with modifications and types of home modifications varied with the age of the person. Ramps and structural changes were more common in homes of people aged less than 30 years and handrails were common in the homes of people aged over 30 years. Toilet, laundry and bath modifications were equally important to all age groups.

### The role of the physiotherapist in provision of aids and equipment

The role of the physiotherapist in the provision of aids and equipment includes:

- Selection, prescription, review and maintenance of aids and equipment;
- Education and training of staff/carer/family involved in appropriate use of aids and equipment;
- Sourcing avenues of funding for equipment;
- Communication with the person and/or their advocate/family/carer as required;
- Planning in consultation with other allied health professionals, particularly occupational therapists, as part of the multidisciplinary team.

### Issues in relation to the provision of equipment

Access to free or low cost equipment is available through a range of independently operating Commonwealth, State and Territory schemes. In addition, a range of non-government organisations fund and implement aids and equipment schemes. However, there are inconsistencies between the various schemes and access is generally based on eligibility criteria that are often difficult to navigate. There are significant gaps in the availability and range of equipment and current schemes fall short in meeting demand for and timely provision of appropriate equipment. Demand for equipment will increase as the need grows to live safely in the home and in the community as a result of an ageing population, an increase in the older population living alone, increased numbers of people undergoing joint replacement surgery, and a lack of places in residential aged care facilities. In addition, advances in technology have increased survival and overall morbidity and have impacted on the demand for and supply of up-to-date equipment.

The APA supports the National Industry Association for Disability Services (ACROD 2004) position statement, that 'despite the evidence of the benefits of aids and equipment, many children, young people and adults with a disability miss out'.

The ACROD Aids and Equipment Fact Sheet (2004) identified several key issues:

- Funding for schemes is insufficient to respond to current demand and to cover equipment maintenance, repairs and replacement;
- Few people with a disability have the capacity to self fund items of aids or equipment;
- People with visual and hearing impairment have limited access to sources of funding assistance for the purchase of appropriate aids and equipment.
- Physiotherapists across Australia have identified a number of significant issues specific to equipment provision.

### Access

Waiting lists for equipment are too long and can result in the opportunity for optimal independence being lost or the prescription becoming unsuitable due to changes in ability and needs.

The requirement to trial equipment before it is provided can make it impossible for people living in rural and remote areas to meet eligibility requirements. Further, arrangements for maintenance and repair of equipment provided may mean that rural and remote residents are without equipment for considerable periods.

Family living arrangements may mean that duplicate equipment is required for some children living between two homes. Duplicate equipment may also be required in different settings such as school, respite care or home.

The provision of essential life supporting medical aids such as ventilatory support falls outside the scope of provision by some aids and equipment schemes.

Equipment for access to the community is mostly given a low priority.

### Funding

Increased pressure is being placed on public hospital patients to self fund mobility and other aids necessary to facilitate return to the community. Private health insurers provide limited financial assistance for limited items of equipment resulting in self funded people paying far more than those on a pension.

A person with newly acquired disability arising from catastrophic injury with no access to compensation often requires a range of expensive equipment to facilitate return to the community; extensive delays often occur due to inadequacy of funding.

Funding limitations and eligibility criteria may mean that people waiting to live in, or living in, residential aged care facilities (RACFs) and people living in the community and in receipt of Community Aged Care Packages may not be eligible for funding from state-based aids and equipment schemes.

Access to adaptive technology such as highly technical environmental control systems for people with high levels of physical impairment is limited due to the lack of funding and expertise in the local setting.

Inadequate funding for assistive technology, for example, augmentative communication devices, is leaving people more dependent than their capacity potentially allows.

The funding available for the provision of motorised wheelchairs often falls far below the actual cost of the wheelchair.

An increase in the number of people living with obesity is resulting in an increasing need for custom made equipment to meet the varying needs of individuals.

Strict regulation of equipment and more stringent duty of care requirements have resulted in an increased initial purchase price and an increase in the subsequent expenses associated with maintenance, repair and replacement of parts.

### Recommendation

The APA recommends the development of a national strategy for the provision of aids and

equipment including assistive and adaptive environmental technology.

The APA contends that a national strategy should include:

- A substantial increase in public funding for aids and equipment for people with disabilities;
- Performance indicators for the responsive and timely provision of aids and equipment;
- A separate funding stream for high cost, low volume items;
- Strategies to build national purchasing power in the equipment market, while retaining local individualised clinical assessment and provision;
- Inclusive and nationally consistent eligibility criteria for access to aids and equipment;
- Provision of specialised training for health professionals involved in the selection and prescription of appropriate aids and equipment, and involved in the training of people with disabilities and/or their carers in their use; and
- Equitable access for people waiting for, and accommodated in, residential aged care facilities; people living in rural and remote areas; people with hearing and/or visual impairment; and for Indigenous Australians.

### Conclusion

In Australia, people with disabilities do not have equitable access to timely and appropriate provision of aids and equipment which will improve their quality of life and contribute to their overall health and well being by maximising opportunities for independence and participation in the community. The APA defends the right of all people with disabilities to have appropriate aids and equipment when and where required. The APA supports statements made by ACROD, the national peak body for disability service providers and the call for a national aids and equipment provision strategy.

### References:

1. Australian Institute of Health and Welfare (2003): Disability: the use of aids and the role of the environment.
2. ACROD Ltd., Aids and Equipment Fact Sheet: Improving quality of life for people with a disability, June 2004.
  - disability, June 2004.