



ATSA Submission to the Office of the Inspector-General of Aged Care: Progress on the implementation of Recommendations 72 from the Royal Commission into Aged Care Quality and Safety

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Via email to: royalcommission@igac.gov.au

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About Assistive Technology Suppliers Australia (ATSA)

Assistive Technology Suppliers Australia (ATSA) is Australia's national peak body representing the needs of assistive technology suppliers, distributors, manufacturers and technicians. We also work closely with the allied health sector, with allied health professionals being eligible for affiliate membership.

We are a registered not-for-profit organisation with charitable status and require our members to adhere to a comprehensive Code of Practice on the provision, sales and servicing of AT.

Our Purpose is to support the assistive technology industry to enhance the lives of Australians with disability by:

- Ensuring the provision of quality equipment
- Upholding ethical business practices
- Conducting research
- Promoting education
- Cultivating partnerships
- Advocating for positive change with government and other stakeholders

We are also a member of the Australian Ethical Health Alliance.

Introductory comments

Thank you for providing Assistive Technology Suppliers Australia (ATSA) with an opportunity to provide feedback to inform the 2025 Progress report on the Implementation of Recommendations from the Royal Commission into Aged Care Quality and Safety (the Royal Commission). Our submission will focus on aspects of Australia's aged care reforms that relate to the provision and funding of aids, equipment, and assistive technology.

For background, an individual must be under the age of 65 at the time of making an access request to meet the age eligibility requirements for the National Disability Insurance Scheme (NDIS).¹ This means that older people who require assistive technology are instead required to turn to Australia's aged care system to access the support they need.

The specific barriers that are experienced by older people who require assistive technology were well documented in the report from the 'Review of Assistive Technology Programs in Australia', which states:

“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 an 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.”²

Further research 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.³

The recommendations arising out of the Royal Commission into Aged Care quality and safety sought to address this inequity, with Recommendation 72 from the final report stating:

“...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.”

This submission will focus on the extent to which Recommendation 72 from the Royal Commission has been effectively implemented as a result of the establishment of a dedicated Assistive Technology and Home Modifications (AT-HM) Scheme and National Assistive Technology Loans Scheme for Support at Home recipients. ATSA undertook a range of consultation and engagement-related activities throughout February 2025 to seek feedback on the above, including:

- An online survey of ATSA members, which yielded 59 complete responses
- Two online consultation forums with 20 ATSA members
- One face-to-face consultation forum with the National Aged Care Alliance (NACA)
- One online consultation forum with the Assistive Technology for All Alliance (ATFA)
- One online consultation forum with OPAN’s (the Older Persons Advocacy Network’s) National Older Persons Reference Group

We have drawn upon the feedback gathered throughout these consultation and engagement processes to inform this submission, and to develop the set of principles listed underneath Appendix A.

Summary of Recommendations

Recommendation 1:

If and when implemented, the National Assistive Technology Loan Scheme must:

- Be carefully implemented with sufficient time for consultation, planning and phased implementation to prevent market disruption.
- Be designed to deliver efficient, accessible and sustainable outcomes for recipients and suppliers.
- Only form one smaller component of the overall AT-HM Scheme; with the majority of AT being individualised and tailored to the needs of each recipient.
- Be established with the primary goal of addressing short-term needs relating to restorative care or rehabilitation; or providing AT to people whose needs are expected to change rapidly over time.
- Focus on the provision of low-cost, high-use and standardised AT. Higher-cost, customised AT should be funded separately to ensure proper fit and long-term usability.
- Ensure the decision to loan or purchase is driven by individual need and expert clinical advice.

Recommendation 2:

If and when implemented, the National Assistive Technology Loan Scheme must be underpinned by an open market model that facilitates choice and control, provides effective coverage for older people living in rural and regional areas and supports a robust and sustainable AT sector.

Recommendation 3:

If and when implemented, the AT-HM Scheme and the National Assistive Technology Loan Scheme must be extended to older people living in residential care in order to leverage economies of scale, facilitate continuity of care and create greater equity across service systems.

Recommendation 4:

The Department of Health and Aged Care must not proceed with the implementation of a government owned and operated loans pool until such time that it:

- Can clearly articulate the problem statement and cost-benefit analysis underpinning this approach.
- Has undertaken a national feasibility study and can demonstrate that state and territory programs are adequately resourced to administer the scheme in a nationally consistent manner.
- Can effectively demonstrate that this model will contribute towards the successful implementation of Recommendation 72 from the Royal Commission into Aged Care Quality and Safety.

Recommendation 5:

The Department of Health and Aged Care must exercise greater transparency around the design and implementation of the new AT-HM Scheme and work collaboratively with the AT sector to develop a service model and implementation plan that will better meet the needs of all stakeholders.

Recommendation 6:

The Department of Health and Aged Care must actively consult with the AT sector to explore how it could build upon the successes of existing programs, such as the Department of Veterans Affairs' Rehabilitation Appliances Program, to implement a framework that better supports consumer choice and supplier competition.

Recommendation 7:

The Department of Health and Aged Care must demonstrate how it has engaged with other departments across the care and support economy in an attempt to align aspects of the new AT-HM Scheme with arrangements that are already in place under other service systems.

Recommendation 8:

The Department of Health and Aged Care must not proceed with the national rollout of the proposed AT-HM Scheme and accompanying National Assistive Technology Loan Scheme until it can clearly demonstrate that the chosen model reflects a truly person-centred approach and will maximise choice and control for participants.

Recommendation 9:

The Department of Health and Aged Care must:

- disclose the data it has drawn upon to justify a \$15,000 lifetime cap on home modifications, and
- Undertake consultation with key stakeholders to establish a new funding framework for home modifications that is more responsive to individual needs and circumstances.

What are your impressions of positive/negative changes to the aged care system following government reform?

Feedback on proposed measures to provide access to assistive technology for Support at Home recipients

Positively, the new Support at Home program will include a dedicated Assistive Technology and Home Modifications (AT-HM) Scheme to provide up-front funding for these critical supports. While this has the potential to significantly advance the implementation of Recommendation 72 from the Royal Commission, the approach taken by the Department of Health and Aged Care (the Department) to date is unlikely to result in older Australians having timely and equitable access to the assistive technology they need.

The new AT-HM Scheme will be underpinned by a 'loan-before-buy' principle, with a National Assistive Technology Loan Scheme being developed to support this approach. This will involve establishing a central pool from which equipment is loaned and later refurbished for redistribution.

While many stakeholders we have engaged with have questioned the viability of a national loan scheme, if such a scheme is to be implemented, it must:

- Be carefully implemented with sufficient time for consultation, planning and phased implementation to prevent market disruption.
- Be designed to deliver efficient, accessible and sustainable outcomes for recipients and suppliers.

Stakeholders involved in our consultations also consistently stressed that if implemented, the National Assistive Technology Loan Scheme:

- Should primarily focus on meeting short-term and transitional needs, particularly in relation to rehabilitation and restorative care.
- Should have a focus on low-cost, high-use and standardised AT. Higher-cost, customised AT should be funded separately to ensure proper fit and long-term usability.
- Should ensure the decision to loan or purchase is driven by individual need and expert clinical advice.

Recommendation 1:

If and when implemented, the National Assistive Technology Loan Scheme must:

- ***Be carefully implemented with sufficient time for consultation, planning and phased implementation to prevent market disruption.***
- ***Be designed to deliver efficient, accessible and sustainable outcomes for recipients and suppliers.***

- ***only form one smaller component of the overall Assistive Technology and Home Modification Scheme; with the majority of AT being individualised and tailored to the needs of each recipient.***
- ***be established with the primary goal of addressing short-term needs relating to restorative care or rehabilitation; or providing AT to people whose needs are expected to change rapidly over time.***
- ***Focus on the provision of low-cost, high-use and standardised AT. Higher-cost, customised AT should be funded separately to ensure proper fit and long-term usability.***
- ***Ensure the decision to loan or purchase is driven by individual need and expert clinical advice.***

Why a government owned and operated loans pool is not the best solution.

The Department has stated that the National Assistive Technology Loan scheme will be administered by state-based aids and equipment programs that are already funded in each jurisdiction. This is problematic given the fragmentation between state and territory schemes has already been well documented. In fact, this was one of the key drivers contributing towards the adoption of an open market approach to the provision of AT under the NDIS.

Most stakeholders in our consultations had at least some experience with state-based aids and equipment loan programs. The overwhelming consensus was that these schemes have historically struggled to provide timely and equitable access to assistive technology, and are ill-equipped to begin delivering services to a huge influx of new clients on 1 July 2025. Under government run schemes it was reported that recipients tend to experience longer wait times for equipment delivery, repairs and replacements, inferior support, and slower response to individual needs. Recipients also have limited choice and control over the services they receive. A national loan scheme risks replicating the flaws inherent in these schemes on a larger scale, failing to support autonomy, dignity and optimal outcomes for individuals who rely on assistive technology.

It is ATSA's view that a market-driven approach, supported by unified national oversight, would better serve the diverse needs of older Australians while fostering innovation, choice, and sustainability in the AT sector. This view was consistently supported across our consultations. As demonstrated in the following section of this submission, the Department has also failed to undertake a proper analysis of the capacity of state-based aids and equipment programs to begin delivering services under a national loans model from July this year.

Recommendation 2:

If and when implemented, the National Assistive Technology Loan Scheme must be underpinned by an open market model that facilitates choice and control, provides effective coverage for older people living in rural and regional areas and supports a robust and sustainable AT sector.

Feedback on measures to provide access to assistive technology to older people in residential care.

Under current arrangements, providers are expected to supply basic assistive technology to residents as part of their broader service offerings. Many facilities face budgetary constraints that restrict their access to a full range of aids and equipment, leaving residents without the support they need. It is also common for providers to prioritise other services over assistive technology, resulting in the continued use of equipment that is insufficient or outdated. This model leaves many older Australians without access to specialised devices that would enable greater independence and quality of life. Aged care residents who have access to support under the National Disability Insurance Scheme (NDIS), on the other hand, can access dedicated funding for assistive technology that is tailored to their individual needs and circumstances.^{iv}

Recommendation 72 from the Royal Commission has been completely overlooked in the development of the draft Service List for Residential Care, which was released for public comment at the end of 2024, and sought to perpetuate the issues highlighted above. Giving providers discretion over if, when and how AT is provided to residents goes against Australia's international human rights obligations and the aspirations of the new Aged Care Act.

ATSA made a short letter submission on the draft service list in January this year to draw the Department's attention to this oversight.

The new Aged Care Act is intended to provide older people with equitable access to services, supported by the implementation of a single assessment framework. The new Act also engages 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.^v Older people who require access to assistive technology must therefore be able to access aids and equipment that are best suited to their needs; irrespective of whether they are living in residential care or in the community.

In light of the above, we are perplexed by the fact that the new AT-HM Scheme and accompanying loans pool are currently only intended to be made available to aged care recipients accessing support through the new Support at Home program. We believe the Department should give serious consideration to expanding eligibility for the new AT-HM scheme to older people living in residential care. This approach was consistently supported by participants involved in our consultation work and would:

- Help leverage economies of scale as the same infrastructure such as assessment tools, supplier networks and device maintenance services could serve recipients 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.
- Ensure it is meeting its obligations under the new Aged Care Act and the Convention on the Rights of Persons with Disabilities.

Recommendation 3:

If and when implemented, the Assistive Technology and Home Modifications Scheme and the National Assistive Technology Loan Scheme must be extended to older people living in residential care in order to leverage economies of scale, facilitate continuity of care and create greater equity across service systems.

Has the Government undertaken sufficient consultations in the development/implementation of its reform agenda? Has there been sufficient transparency around the Government's reforms? Is the level of support being provided enough to ensure an effective transition to a new system?

The Department has not developed a sufficient evidence-base to support its approach.

Although the Department has been piloting a loan pool model through NSW Health and EnableNSW since July 2024, it is completely unacceptable to proceed with full national implementation on 1 July 2025:

- Prior to this trial having concluded or been independently evaluated
- Without having properly assessed the capabilities and constraints of jurisdictions outside NSW and their readiness to start administering this scheme from July onwards
- Without having articulated the cost-benefit analysis and/or problem statement underpinning the loan pool approach
- Without being able to articulate how this scheme will actively contribute to the successful implementation of Recommendation 72 from the Royal Commission
- Without having actively considered how alternative models could provide better outcomes.

Participants in our consultations who had experience of the EnableNSW trial were not positive about the trial or plans for its expansion and roll-out in July. The scheme was described as a bureaucratic, one-size-fits-all model that provides little benefit to aged care recipients over the existing, flawed arrangements. Many were disappointed that results of the trial would not be made public. Almost all feedback we received indicated that the pace of implementation of the National Assistive Technology Loan Scheme was seen as unacceptable. As one AT supplier noted, *“...they are risking the AT industry, staff, years of knowledge, training and vital client support and ultimately, the elderly and the aged care sector as a whole will lose as a result”*.

ATSA strongly opposes the national rollout of this model on 1 July 2025, as it is premature and fundamentally flawed. Pushing ahead without addressing critical gaps is reckless and risks entrenching inefficiencies, reducing consumer choice, and failing those who rely on assistive technology the most.

Recommendation 4:

The Department of Health and Aged Care must not proceed with the implementation of a government owned and operated loan pool until such time that it:

- ***can clearly articulate the problem statement and cost-benefit analysis underpinning this approach.***
- ***has undertaken a national feasibility study and can demonstrate that state and territory programs are adequately resourced to administer the scheme in a nationally consistent manner.***
- ***can effectively demonstrate that this model will contribute towards the successful implementation of Recommendation 72 from the Royal Commission into Aged Care Quality and Safety.***

Lack of consultation and engagement with the AT sector, and overall lack of transparency.

Overall, we are incredibly concerned about the lack of consultation and engagement that has taken place to inform the development of the new AT-HM Scheme and accompanying loan scheme. Any consultation that has taken place has been incredibly rushed and has not presented a meaningful opportunity for key stakeholders such as ATSA to provide feedback. The Department has also failed to report back on the outcomes of the limited consultation processes that have taken place. The Department's approach to the design and implementation of these reforms fundamentally goes against the principles and objectives outlined in the Australian Public Service Framework for Engagement and Participation.

On the 18th November 2024 we were invited to participate in a 60-90 minute consultation facilitated by a private firm (Callida Consulting). The consultation was scheduled to occur between 21st and 27th November, beginning only 3 days after we

received this unexpected call to provide feedback. Despite our regular engagement with the Department, we were not made aware or able to prepare ahead for these consultations. At their request we were able to push back the meeting by a couple of weeks and Callida held a focus group with ATSA members of 4th December. Despite our requests, we have not received any feedback from the Department or Callida to tell us how feedback provided by ATSA members would be used and what stakeholders can expect in terms of next steps. Providers still do not have any information about how the new scheme will work in practice, what ramifications it is likely to have, and how businesses can prepare for roll-out in July 2025. The lack of engagement and transparency on these critical reforms is concerning.

An updated manual for the new Support at Home Program was released on 12 March 2025. The manual provides little detail on the operation of the new AT-HM scheme and consistently refers readers to the operational guidelines for the AT-HM Scheme that are contained in "Appendix 3" for further information. Frustratingly, the document clearly states that Appendix 3 will not actually be available until 1 July, which is when the scheme is intended to commence rollout.⁴ Providers cannot be expected to adequately prepare for the new scheme without access to this vital information.

Recommendation 5:

The Department of Health and Aged Care must exercise greater transparency around the design and implementation of the new Assistive Technology and Home Modifications Scheme and work collaboratively with the AT sector to develop a service model and implementation plan that will better meet the needs of all stakeholders.

Failure to align requirements with those that exist under other service systems.

Right now, funding models, regulatory requirements and pricing frameworks for AT continue to differ greatly across key service systems such as:

- The Department of Veterans Affairs Rehabilitation Appliances Program (RAP)
- The National Disability Insurance Scheme (NDIS)
- The new Support at Home Program for aged care that will commence rollout from July this year.

The Department's approach to the design and implementation of the new AT-HM Scheme is further perpetuating this issue. To date, we have not seen any evidence of the Department working collaboratively with other service sectors to align requirements relating to the provision of AT. Many of our members have questioned why the Department has failed to explore the benefits of existing models that are more market driven; citing the Department of Veteran's Affairs Rehabilitation Appliances Program (RAP) as a model that could provide vastly better outcomes.

RAP provides eligible veterans and war widows/widowers with AT to help them maintain independence, mobility and quality of life. It supports consumer choice and supplier competition, ensuring high-quality outcomes for veterans while fostering a healthy market environment for providers.

While many stakeholders do not support the proposed model for a loan scheme, the DVA model is seen as a better starting point from which to begin, learn and adjust.

The proposed funding tiers for AT under the new program provide another example of government's failure to align requirements across service systems. The proposed funding tiers for the new AT-HM Scheme are outlined below:

- Low-cost assistive technology: Under \$500
- Mid cost assistive technology: Up to \$2,000
- High-cost assistive technology: Up to \$15,000⁵

In light of Recommendation 72 from the Royal Commission and the government's broader agenda to align regulation across the care and support economy, it is perplexing that these funding tiers do not reflect the following tiers that are already in place under the NDIS:

- 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.⁶

The new funding tier for low-cost assistive technology also represents a step backwards when considering that the Commonwealth Home Support Program currently provides access to low-cost assistive technology up to the value of \$1,000 per financial year.⁷

The Department's approach to this work needs to be considered within the context of the Australian Government's broader vision to align requirements across the care and support economy 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.⁸

Recommendation 6:

The Department of Health and Aged Care must actively consult with the AT sector to explore how it could build upon the successes of existing programs, such as the Department of Veterans Affairs' Rehabilitation Appliances Program, to implement a framework that better supports consumer choice and supplier competition.

Recommendation 7:

The Department of Health and Aged Care must demonstrate how it has engaged with other departments across the care and support economy in an attempt to align aspects of the new AT-HM scheme with arrangements that are already in place under other service systems.

To what extent have the Government's reforms supported the establishment of a rights-based, person-centred aged care system?

According to the World Health Organization:

“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.”ⁱⁱ

The Special Rapporteur on the Rights of Persons with Disabilities further clarifies:

“States must establish legal and policy frameworks that ensure that support services and arrangements, including assistive technologies, are available, accessible, adequate and affordable.”ⁱⁱⁱ

As a signatory to the United Nations Convention on the Rights of Persons with Disabilities, the Australian Government has an obligation to ensure older people and people with disability have equitable access to the AT they need. Regrettably, however, the individual AT-related needs of older people may be overlooked under the model that has been proposed for implementation.

Feedback from stakeholders suggests that a national loan scheme, administered through existing state-based aids and equipment programs, does not reflect a truly person-centered approach. Existing state-based schemes are often constrained by stock availability, slow processing times and limited flexibility, leading to delays, inappropriate equipment provision and a lack of choice for end-users. In practice, people are often matched to whatever equipment is available rather than receiving tailored solutions that truly meet their needs. Without significant, long-term investment in structural change, scaling these state-based models into a national loan scheme risks entrenching inefficiencies rather than delivering meaningful, individualised support. This approach compromises independence, dignity, and overall effectiveness, particularly for those with complex or evolving needs.

A truly person-centred approach would ensure choice, timely access, and tailored solutions, rather than forcing individuals into a one-size-fits-all system driven by existing supplier contracts and inventory.

Many stakeholders we spoke with have also expressed significant concern with the sudden introduction of a \$15,000 lifetime cap on Home Modifications, which occurred without any prior consultation. This cap will significantly limit access to essential modifications such as bathroom upgrades and accessibility ramps. This change directly contradicts the principle of needs-based assessment. It is also likely to contribute to earlier transitions into residential aged care and increased hospitalizations, both of which impose greater costs on taxpayers. Furthermore, this cap fails to factor in the evolving needs of older individuals whose gradual decline in physical ability can often be effectively supported through the phased implementation of home modifications over time. ATSA asserts that the Department must abolish the arbitrary lifetime cap for home modifications, and actively consult with key stakeholders to develop a funding framework that is based on assessed needs and properly reflects market pricing.

Recommendation 8:

The Department of Health and Aged Care must not proceed with the national rollout of the proposed AT-HM Scheme and accompanying National AT Loan Scheme until it can clearly demonstrate that the chosen model reflects a truly person-centred approach and will maximise choice and control for participants.

Recommendation 9:

The Department of Health and Aged Care must:

- ***disclose the data it has drawn upon to justify a \$15,000 lifetime cap on home modifications, and***
- ***Undertake consultation with key stakeholders to establish a new funding framework for home modifications that is more responsive to individual needs and circumstances.***

Have existing reforms been sufficient in creating an aged care system which can meet individuals' needs regardless of their backgrounds or circumstances? Alternatively, or do they continue to treat diverse populations as an 'add on' to mainstream populations?

The new AT-HM Scheme must have the flexibility to meet the needs of:

- Older people experiencing disability as a result of age-related functional decline, and

- People who were born with or acquired disability well before their 65th birthday, but did not meet the age eligibility requirements for the NDIS at the time of rollout.

Individuals with permanent, non-age-related disability have told us that they do not feel as though the proposed AT-HM Scheme or proposed National Assistive Technology Loan Scheme sufficiently differentiate between needs relating to age-related functional decline and those relating to permanent, life-long disability. This cohort has not had timely or equitable access to assistive technology to-date and is likely to continue being under-served under the proposed scheme. It is imperative that this cohort has equitable access to high-cost, customised AT to meet their individual needs – as recommended by the Royal Commission.

Concluding comments

Thank you once again for providing ATSA with an opportunity to report on progress against the implementation of Recommendation 72 from the Royal Commission. We have a once in a lifetime opportunity to get the implementation of this recommendation right. As such, it is important that we do not rush and take the time that is needed to ensure a new AT-HM Scheme provides timely and equitable access to AT for all aged care recipients who need it.

We hope to have the opportunity to work more collaboratively with the Department of Health and Aged Care to ensure the new Assistive Technology and Home Modifications Scheme adequately responds to the needs of aged care recipients and the broader AT sector.

Should you require any further information in relation to matters raised throughout this submission, please do not hesitate to contact us. You can contact ATSA's Director of Policy and Advocacy, Lauren Henley by phone on 0422 098 369, or by email at lauren.henley@atsa.org.au.

Appendix A: Draft principles for a National Assistive Technology Loan Scheme

ATSA is working with members and external stakeholders to develop a set of principles on which a national AT loan scheme for Support at Home should be designed and delivered. We have developed the following set of draft principles based on consultation with a broad range of stakeholders. These will be refined and finalised through further consultation over the coming weeks.

DRAFT PRINCIPLES FOR CONSULTATION

A National Assistive Technology Loan Scheme should operate within a structured, market-based model that promotes competition, choice, and sustainability, rather

than a centralised government-controlled approach. The following principles should guide its implementation:

Principle 1: Evidence-based and transparent implementation

- Conduct a full feasibility study, cost-benefit analysis, and review of international models before progressing a national rollout.
- Ensure transparent decision-making and accountability in the design and implementation of the new scheme.
- Actively consult with the assistive technology sector to inform the design and implementation of the new scheme.

Principle 2: Equitable and integrated access across systems

- Align aged care, NDIS and DVA systems to ensure fairness, efficiency, and seamless transitions.
- Standardise policies, performance indicators and data collection across service systems.

Principle 3: High-quality, safe, and sustainable equipment management

- Implement strict maintenance, safety, and hygiene compliance protocols.
- Ensure all AT meets clinical, regulatory, and international safety standards.
- Use a hybrid approach, incorporating new, refurbished, loaned, and purchased equipment to minimise waste and costs.
- Develop a centralised digital tracking system for equipment availability, returns and maintenance.
- Establish clear repair, replacement and structured phasing-out processes for outdated or unsuitable equipment.

Principle 4: Open market and supplier participation

- Maintain consumer choice by allowing individuals to select their AT provider.
- Enable participation of all qualified suppliers, including small and regional businesses, to prevent monopolisation.
- Leverage private sector expertise to minimise overhead costs for government.

Principle 5: Timely, fair, and accessible Services

- Implement clear performance measures to reduce AT delivery delays, especially in rural areas.
- Ensure long-term AT users are not burdened with ongoing rental fees.
- Develop a digital platform to facilitate consumer choice and supplier participation while maintaining in-person support.

Principle 6: Appropriate loan scope

- Long-term, customised AT remains individually funded
- Limit loan schemes to short-term, high-use and standardised equipment

- Provide funding for highly specialised, high-cost AT beyond standard loan pool offerings
- Ensure loan pool equipment is available to older people living in residential aged care as well as those receiving support at home

Principle 7: Effective provision of wrap-around supports

- Ensure access to allied health professionals for proper AT prescription.
- Provide equipment trials and demonstrations to support informed decision-making.
- Ensure equipment is delivered to, and set-up for use, by an allied health professional (or equipment specialist) for the participant.
- Ensure the participant can access any training that may be required to facilitate their safe and effective use of the equipment.
- Establish structured funding for the regular review and maintenance of AT

¹ National Disability Insurance Agency. (2019). 'NDIS Operational Guidelines', retrieved from <<https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-age-requirements>>.

² Australian Healthcare Associates, on request of the Australian Government Department of Health. (2020). *Review of Assistive Technology Programs in Australia Final Report*, P.33.

³ 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>>.

⁴ Commonwealth Department of Health and Aged Care (March 2025) Support at Home program: Program manual for 1 July 2025 (MS Word version), P138.

⁵ Commonwealth Department of Health and Aged Care (2025) Assistive Technology and Home Modifications (AT-HM) Scheme, accessed 11 March 2025, retrieved from <<https://www.health.gov.au/our-work/support-at-home/assistive-technology-and-home-modifications-at-hm-scheme>>.

⁶ National Disability Insurance Agency (2025) Assistive Technology Explained, accessed 11 March 2025, retrieved from <<https://www.ndis.gov.au/participants/assistive-technology-explained>>.

⁷ Commonwealth Department of Health and Aged Care (2025) Commonwealth Home Support Programme: Program Manual 2024-2025 (MS Word version), P33.