



# **Equipping inclusion: the need for policy change for Aids and Equipment funding in Victoria**

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# Format of presentation

- **Context:**
  - Victorian Aids and Equipment funding context
- **Research: 2 reports**
  - wait times
  - cost burden to people with a disability
  - impacts of unmet need
- **Advocacy strategy**
  - Equipping inclusion forum
  - Aids and Equipment Action Alliance
  - Outcomes to date

# Why is Victoria's data of interest to you?

- Ingredients of process - able to replicate
- Possibility of national, or multi-state / territory coalitions
- Importance of combined action in terms of inclusion of aids and equipment in the next CSTDA.

# Context

- The current Victorian Aids and Equipment Program (VAEP) is not consistent with Victorian, national or overseas policy directions.
- VAEP reviewed twice previously but no reports made public
- VAEP 2006 review by KPMG
- widespread issues: long waiting times, high cost burden, insufficient funds
- no public evidence available

## Context: Victorian State Disability Plan 2002-2012

### **Vision:**

“By 2012, Victoria will be a stronger and more inclusive community - a place where diversity is embraced and celebrated, and **where everyone has the same opportunities to participate in the life of the community**, and the same responsibilities towards society as all other citizens of Victoria.” (p. 7)

# Context: Victorian State Disability Plan 2002-2012

## Goal 1:

“Enabling people with a disability to **pursue their own individual lifestyle** means ensuring people have **maximum control over their own lives**. To achieve this, the Government will reorient disability supports so that they are more responsive and more **focused on people’s individual needs and choices**, and to the needs of their families and carers” (p.11)

Context: Victorian Aids and Equipment Program (DHS): annual budget \$21M

## **Aim**

...to provide people with permanent or long term disabilities with subsidised aids, equipment and home modifications to **enhance their safety and independence, reduce their reliance on carers and prevent premature admission** to institutional care or high cost services. (p. 5)

## Priorities of access to A &EP funds

### **High urgency category:**

- critical to **safety** or injury prevention
- no aids and equipment will lead to **deterioration of health and functioning**
- no aids and equipment will lead to **current living arrangements at risk** (p.14)

# Creating public evidence: Research

- Two research projects separately initiated.
  - Scope (2006). *Too little too late: Wait times and cost burden for people with a disability in seeking equipment funding in Victoria.*
  - Melbourne Citymission (2006). *Aids and Equipment for Victorians with disabilities – entitlement or hand-out? A Position Paper. Recommendations for an effective Victorian Aids and Equipment Program for the 21st century.*
- Following data collection, the two agencies combined with others on a collaborative advocacy strategy.

# The evidence: Scope research

Sample of 57 Scope client files across all client groups (early childhood - adult) in seven regions of Victoria.

## Key topics:

- **range of equipment costs** requested by clients;
- proportion of **funds provided by VAEP** for each request;
- proportion of **funds to be provided by client** or from non VAEP sources;
- proportion of **funds provided from all government sources** for each request;
- **wait times for clients** at each stage of the equipment request process;
- **sources of 'top up' funds** to which clients had made requests

# The evidence: Scope report

## Range of equipment costs requested by clients

- The equipment requests of this sample totalled \$248,959 (for 64 items of equipment)  
= average of \$3,890 per equipment item.
- The average minimum request across = \$923
- The average maximum cost was \$11,109 (with the highest individual request being \$20,715)
- The highest median cost of equipment request was found in the school aged client group

# The evidence: Scope report

Proportion of funds provided by VAEP for each request:

- 96% of applications were approved by VAEP
- Only 9% received VAEP funding to meet 100% of their equipment request.
- The VAEP provided an average allocation of 60% of the total equipment cost requested.

# The evidence: Scope report

Proportion of funds to be provided by client or from non VAEP sources:

- 91% of clients were required to self fund or source top up funding to meet the gap between VAEP funding and total cost of equipment.
- Clients were required to find an average 40% of the total equipment cost.
- In general, clients could expect to require a maximum amount of top up funds of between \$3,000 - \$7,000 per equipment request (though one client required \$16,415).

# The evidence: Scope report

Proportion of funds provided from all government sources for each request:

- 38% of applications for top up funds made to government sources
  - 71% of these are made to the Department of Human Services.
- School aged clients make only 15% of applications for top up funds to government sources, as compared to between 40-67% of applications made to government by other client groups.
  - This suggests that school aged clients are either not eligible for other government sources or lack the knowledge or support to access these sources where eligible.

# The evidence: Scope report

Wait times for clients at each stage of the equipment request process

- **Between assessment of need by therapist and delivery of equipment :**
  - average wait is 208-238 days (7-8 months)
  - typical maximum being around 276 and 306 days of wait.
  - a further 1-2 months' wait occurs whilst awaiting modifications, fitting and training in equipment
- **Between application to VAEP and approval of VAEP funds:**
  - average wait is 79-109 days
- **Between approval of VAEP funds and the delivery of equipment:**
  - average wait is 103 – 133 days

# The evidence: Scope report

## Loan of equipment whilst waiting for funds:

- 9% of clients loaned equipment whilst awaiting equipment funding and delivery.

# The evidence: MCM report

Sample: 26 staff working in 12 health and community organisations in Melbourne's northern suburbs

## Key topics:

- impacts on clients and carers of delays and unmet needs for aids and equipment
- staff time spent sourcing top up funds
- ideas for reform of VAEP

# The evidence: MCM report

Impacts on clients and carers of delays and unmet needs for aids and equipment

- 81% had been unable to obtain equipment when needed

Impact of delays and lack of equipment:

- 70% reported clients experienced stress or depression
- 62% reported clients experiences physical deterioration
- 46% reported clients experienced exclusion
- 46% reported clients experienced isolation
- 15% reported young clients experienced lost opportunities in developmental years
- Carers experienced stress and financial hardship

# The evidence: MCM report

## Staff time spent sourcing top up funds

- average of 4 hours per week (per respondent) sourcing top up funds
- range of between 1-20 hours per week

## Estimated cost of top up search in staff time

### Average salary per 100 workers

- $\$35.75/\text{hour (inc on costs)} \times 4 \times 52 \times 100 \text{ staff} = \$743,000$

# Advocacy Strategy

## Equipping Inclusion forum

- Public forum involving people with a disability, agencies, government, families
- Focus on:
  - agreeing on principles that should underpin government aids and equipment provision
  - discussion to prioritise a policy direction for reform

# Advocacy Strategy

## Equipping Inclusion forum

Principles to underpin govt aids & equipment provision

### **Budget equals demand:**

Govt investment consistent with demand, and regularly adjusted to reflect demographic and technological changes.

### **Meets individual needs:**

Responsive to individual need (and needs of families and carers), allow for choice and timely allocation appropriate to the individual.

### **Funding guaranteed against clear eligibility guidelines:**

Must be security of entitlement, and eligibility criteria should be transparent.

### **Allows for life changes:**

Allow for changes technology and in the life situations, needs and aspirations of individuals (families and carers).

### **Efficient systems:**

Systems for the provision, maintenance and recycling of equipment should be

# Advocacy Strategy

## Equipping Inclusion forum

Discussion to prioritise a policy direction for reform

Explored 3 policy directions based on overseas policy approaches

# 1. An improved Aids & Equipment Program

- include the funding of aids and equipment based on a recognition of the needs and aspirations of people with a disability
- include a wider range of funded items (including aids and equipment relevant to whole-of-life activities)
- increase funding amounts.

## 2. 'Equipment as of right' funding scheme with lump sum periodic payments

- Pool aids and equipment funding sources together into a single combined allocation.
- Increase funding overall.
- Periodically allocate funding packages to individuals (to meet broadly defined aids and equipment needs).
- Individuals have control of how funds are spent on eligible items

### 3. Individualised package of flexible and self directed funds for whole of life (including equipment)

- integrate a range of funding programs into a single pool
- allocation is made to individuals to cover their life needs as determined by them
- individuals decide how to spend funds across their life needs.

# Advocacy Strategy

## Results of discussion of policy options

- interest in having options to choose an approach that best suited individual (ie . Elements of all policy approaches)
  - not interested in finalising policy approach UNTIL enough money in the system to actually deliver results
- => 1st priority to lobby for increased government investment

# Advocacy Strategy

## Aids and Equipment Action Alliance

- Formed out of Equipping Inclusion Forum
- Membership of 20+ organisations
- Objectives
  - Achieve increased investment in the Victorian Aids and Equipment Program.
  - Ensure greater choice and equity for people with a disability in the way Aids and Equipment policies, programs, and supports are delivered

# Advocacy Strategy

## Key actions 2007

- Engage with State Government and Commonwealth Governments
- Finalise State and National membership and governance structures of the Alliance
- Foster an evidence base and information sharing
  - Support and initiate high quality research
  - Develop information systems to disseminate and build information on reissuing, recycling, refurbishment, cost of transport, program utilisation and other issues
- Develop strategies for changing community attitudes
- Make links to related advocacy in aged care.

# Advocacy Strategy

- complementing a range of players

Some outcomes: Oct 06 - May 07

- pre-election lobbying led to State Govt commit to increased eligibility in VAEP and increased investment
  - include vehicle modifications
  - increase home modifications
- State budget May 07 further increase of \$30.2 Million for aids and equipment

# Advocacy Strategy

## Future actions

- Lobby for release of Vic State Govt VAEP review
- Lobby Commonwealth govt re pre-election funding boosts
- Engage in CSTDA development
- Develop resources to summarise funds available and how to access.
- Collect evidence regarding needs and outcomes

# Aids and Equipment Action Alliance

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