



# First Nations perspectives on Assistive Technology (AT) and Home Modifications (HM) service provision

**A Community Listening Report**

[liveup.org.au](https://liveup.org.au)





LiveUp is powered by iLA, a national for-purpose organisation with funding from the Australian Government Department of Health and Aged Care.

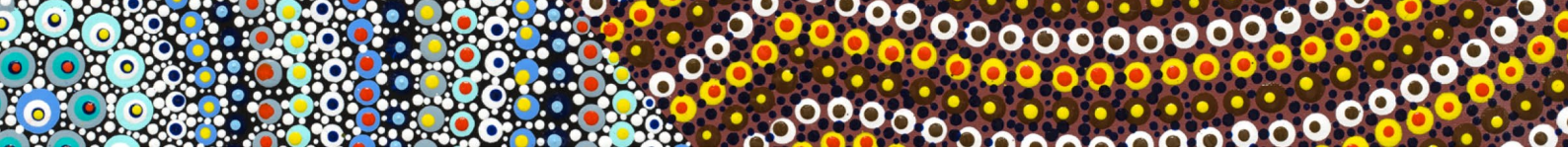
## **Acknowledgement of Country**

iLA acknowledges the Traditional Custodians of the lands, skies and waters throughout Australia and the Torres Strait where we live and work. We specifically acknowledge the Whadjuk Noongar people as the Traditional Custodians of the lands on which our head office sits, in Boorloo/Perth, Western Australia (Noongar Boodja).

We pay our respects to all Aboriginal and Torres Strait Islander peoples across Australia, and their Elders past and present.

We are committed to walking together with Aboriginal and Torres Strait Islander peoples, to develop culturally safe information and initiatives that enable people to make informed choices and connections, and support strong, self-determining communities.





## Imagery

WARNING: This document may contain the images of Aboriginal and Torres Strait Islander people who have passed away. Viewer discretion is advised.

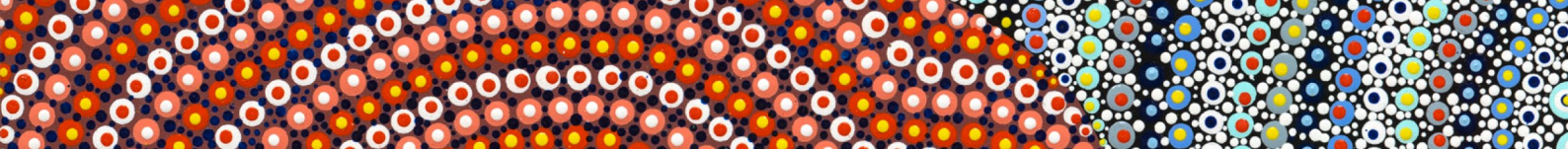
iLA would like to thank Campfire x and Guriwal Aboriginal Corporation, for helping iLA capture imagery of La Perouse community elders, on beautiful Bidjigal Country. Thank you for helping us connect to and celebrate their stories. You can learn more about Campfire x here: <https://www.campfirexproductions.com>

iLA would like to thank Eulalia Martin, *Eulalia Nawajarri Designs*, for designing the banner artwork **"Growth"** for us, and for giving her time and expertise to review iLA's Acknowledgement of Country. Thank you for helping us share iLA's mission and purpose.

### **"Growth"**

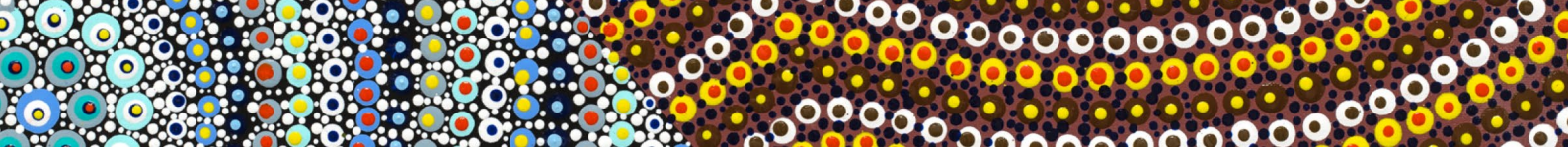
The centre circle represents iLA, with the river of blue, yellow, and orange representing the Derbarl Yerrigan and iLA expanding into the community. The roots and hands of the flowing river represent a strong foundation of people reaching out to help others. You can find more of Eulalia's work here: <https://www.eulalianawajarridesigns.com>

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## Introduction

### About iLA and the LiveUp initiative

Independent Living Assessment Incorporated (iLA), a for-purpose organisation, has a long history in helping Australians make genuine and informed decisions through the provision of impartial information, navigation, and capacity building initiatives. iLA has been funded by the Department of Health and Aged Care to develop LiveUp. LiveUp is a free national healthy ageing guide that empowers older people to have greater choice and control over their ageing journey by providing information about low-risk and under-advice assistive products. It also connects older people to locally relevant activities and networks to support their wellbeing and reablement.

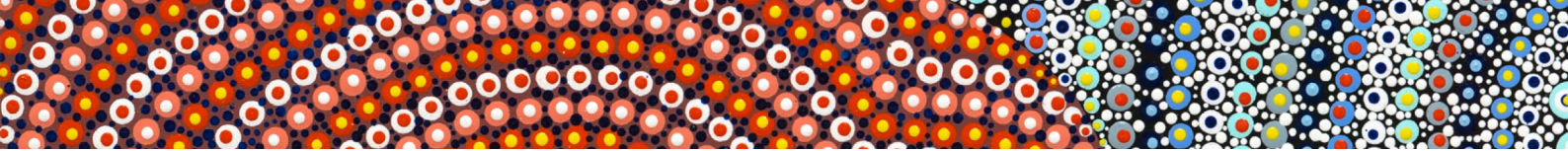
LiveUp was created in response to the *Review of Assistive Technology Programs in Australia* report (2020), which identified a need to protect and promote older people's independence by increasing their awareness and understanding of Assistive Technology.

Assistive Technology, or AT, is an umbrella term for assistive products and services that help maintain or improve a person's functioning and independence. Assistive products are sometimes known as aids, equipment, durables, medical equipment, and appliances. AT services refer to 'human factors' such as assessment, advice and evaluation which help match a person, their goals, and their environments to specific assistive products. Globally, more than 3.5 billion people will need at least one assistive product by 2050, with many older people needing two or more (World Health Organisation, May 2023).

#### LiveUp focuses on low-risk and under-advice assistive products:

- **Low-risk:** those assistive products with a low potential for causing harm when used for activities in daily living environments and do not require professional advice, set up or training for effective use; usually readily available through retail and online suppliers (e.g., raised garden bed)
- **Under-advice:** the person requiring the assistive product would benefit from written or professional advice to select and to ensure the product is used or installed effectively (e.g., personal alarm)

LiveUp is for every older person, so iLA is committed to creating and connecting opportunities for diverse community members, leaders, and organisations, to voice and implement their own ideas to improve access to assistive products. This includes engagement and consultation with unique communities about key issues and changes to the health and aged care sector.



## About this report

iLA recognises the need to invest in and leverage First Nations capabilities and knowledge to mitigate barriers to accessing assistive products for the older Aboriginal and Torres Strait Islander age groups (older First Nations people) and the wider non-Indigenous population.

This report *First Nations perspectives on Assistive Technology (AT) and Home Modifications (HM) service provision: A Community Listening Report*, seeks to assist policymakers and industry practitioners in designing and delivering culturally safe AT and HM services for Australia's First Nations population, while also strengthening the broader approach for all people living in Australia.

The report identifies for policymakers and industry practitioners,

- 1. some of the most common overarching barriers to accessing assistive products among First Nations service users, relevant to key support types available under the Australian Aged Care Act 1997, and**
- 2. growth areas recommended for further consultation with the First Nations sector, to help mitigate these barriers.**

The report relates to research into experiences of AT and HM service provision as of January 2024, under the Australian Aged Care Act 1997; with a particular focus on loans schemes, subsidised assistive products, assessment processes, and wrap-around assistive services.

The report republishes research results previously shared only with government in early 2024, prior to the introduction and passing of the Aged Care Bill 2024. By republishing these research results, iLA hopes to emphasise the need for continued investment in AT and HM research that is led by, in collaboration with, and returns benefits to First Nations communities, if Australia is to deliver assistive products and services in a culturally safe and effective manner.

## About the research

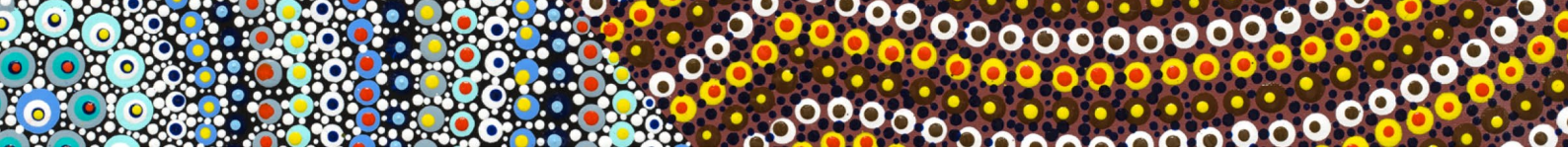
Research guided yarns were conducted by iLA, online and by phone, between August 2023 and January 2024. These yarns ranged in duration from 60–90 minutes and aimed to:

1. identify factors that could contribute to culturally safe AT service provision for Australia's First Nations population, and
2. clarify which areas require more understanding to support progress in this area.

Purposive sampling was used to recruit two groups: 1) Aboriginal and Torres Strait Islander peoples aged 50 and above, self-identifying as someone who might benefit from access to low-risk and under-advice assistive products (service users), and 2) staff from Aboriginal Community Controlled Health Organisations (ACCHOs), self-identifying as someone working closely with Aboriginal and Torres Strait Islander peoples aged 50 and above within their organisation's aged care and disability services (service providers).

First Nations perspectives on Assistive Technology (AT) and Home Modifications (HM) service provision





The sample included ACCHOs in New South Wales, Northern Territory, Queensland, South Australia, Tasmania, and Victoria, and Aboriginal and Torres Strait Islander peoples aged 50 and above from over 21 Aboriginal and Torres Strait Islander communities and language groups nationally.

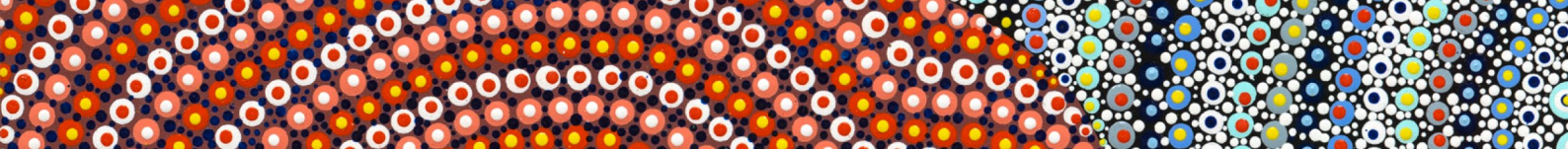
Participant recruitment continued until data saturation was reached, defined as the point where representation included major cities, inner and outer regional and remote areas, and no new themes emerged. Saturation was reached at 24 individual interviews with Aboriginal and Torres Strait Islander peoples aged 50 and above, and ten individual and group interviews involving 26 service provider staff. Results were organised through thematic analysis by iLA, with the drafted results provided to all participants for feedback and approval.

As highlighted in this report, there was a specific focus with service providers on key support types available under the Australian Government Aged Care Act being **loan schemes, subsidised assistive products, assessment processes, and wrap-around assistive services**, exploring how these supports have impacted First Nations service users and their uptake of assistive products.

Some of the barriers to accessing assistive products mentioned in this report are likely to be similar among non-Indigenous age groups. However, how First Nations service users experience these barriers often greatly differs due to historical, cultural, and socio-economic factors that uniquely affect First Nations service users. It is therefore critical that the First Nations sector is better resourced to create and table their own solutions for the AT & HM eco-system.

## **Limitations**

iLA acknowledges that the First Nations health and aged care sector is highly nuanced. While due care has been taken to capture the views of some community-controlled service provider staff, this is only done at a high-level. This report does not speak for all in the sector and does not purport to represent all views of community-controlled service provider staff.



## The contributors

iLA would like to acknowledge the older First Nations people and Aboriginal community-controlled service provider staff who contributed to this report. We thank you for graciously sharing your time, knowledge, and stories with us. iLA encourages policymakers and industry practitioners to foster continued, genuine engagement with these contributing organisations and others to workshop possible solutions to the growth areas mentioned in this report. iLA is happy to facilitate connections to key contacts if required.

### Contributing older First Nations people proudly belonging to First Nations communities and language groups including but not limited to

Arrente	Gundungurra	Ngambri
Dharug	Jagera	Paredarerme
Dja Dja Wurrung	Jaru	Turrbal
Gamilaroi	Kurna	Wiradjuri
Giabal	Larrakia	Yarrowair
Gubbi Gubbi	Miriwoong	Yorta Yorta
Gunditjmara	Ngunnawal	Yuin

### Contributors included but are not limited to staff from the following organisations:

Bungree Aboriginal Association	Rumbalara Aboriginal Cooperative
Carbal Medical Services	The Purple House
Gunditjmara Aboriginal Cooperative	Wyanga Aboriginal Aged Care
Karadi Aboriginal Corporation	



iLA gives special thanks to Think HQ and CultureLink Consultancy, for their contributions to previous research with First Nations communities, commissioned by iLA in 2022. This qualitative research with 20 older First Nations people and 16 service provider staff, aimed to understand attitudes and preferences toward the LiveUp program, and information about assistive products. The research findings unearthed a significant opportunity for the sector to lead better practice in the provision of information about assistive products and opened the door for iLA to invest further in AT research that explores and uplifts Indigenous solutions to AT access barriers.





## Results

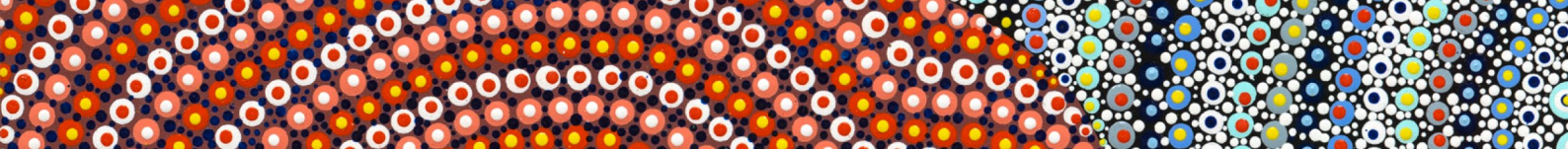
### A note on the difference between urban, regional, and remote perspectives

Interestingly, service providers in urban areas and service providers in regional or remote areas shared much of the same perspectives on AT and HM service provision (as of January 2024). That said, for service providers and their service users in regional and remote areas, certain barriers to accessing assistive products can be crippling, due partly to the challenges of distance and isolation, as well as the difference in housing options.

**Commonly mentioned barriers with compounded effects on regional and remote areas include but are not limited to:**

- Under-resourcing of community-based Occupational Therapists for an assessment.
- Low availability or no stock of assistive products.
- Low availability of assistive products designed to withstand harsher environmental conditions.
- Low availability of services to maintain and/or repair assistive products.
- A lack of infrastructure support for assistive products to be installed and used effectively.

iLA recommends that policymakers and industry practitioners work closely with regional and remote service providers to ensure approaches to AT and HM service provision are developed to the extent that they work just as well for service users in regional and remote areas.



## Key support: a loans scheme for assistive products for First Nations people that runs through existing state and territory programs

### Barrier

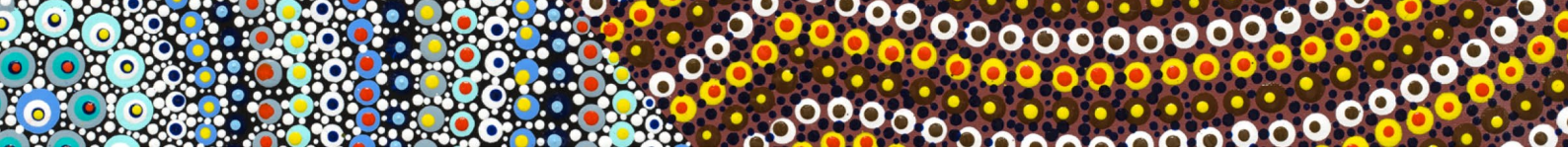
Loan schemes have merit but can cause a lot of stress for service providers and their service users. A stronger, more inclusive approach to AT and HM service provision offers high-quality assistive products on loan (outside of a service user’s funding package), with the understanding that they are disposable products.

#### Growth areas for consultation

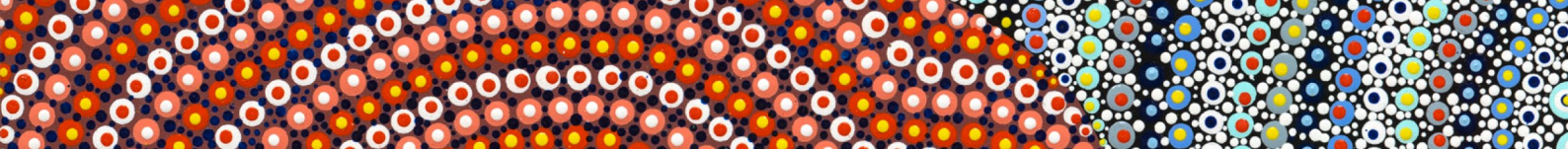
#### Key considerations:

<b>Ensure the loan scheme is financially accessible</b>	<ul style="list-style-type: none"><li>• Some service users rely on government payments and have multigenerational caregiving obligations so must share their resources and funds, which makes costs associated with assistive products, including loans, a significant challenge.</li></ul>
<b>Ensure the loan scheme is accessible to older First Nations people, wherever they live</b>	<ul style="list-style-type: none"><li>• Some service users lack the housing infrastructure or support required for effective installation and use of certain assistive products. They would require wrap around support bundled with assistive products for loan or would otherwise be excluded.</li></ul>
<b>Don't expect to get the assistive product back, or in the same condition</b>	<ul style="list-style-type: none"><li>• Some service users feel they have less control over how an assistive product is looked after because they live in a shared household, with lots of people coming in and out.</li><li>• Some service users find it difficult to transport or hold on to an assistive product because they live a transient lifestyle. This includes those who travel frequently from regional/remote areas into urban areas for services and support, and those who travel frequently from urban areas into other urban or regional/remote areas to connect with their homeland and community.</li><li>• Some service users align with a collectivist approach to healthy ageing, including community-benefiting health behaviours, so may share or give away an assistive product to others.</li></ul>





	<ul style="list-style-type: none"><li>• Some service users or their families have cultural sensitivities around keeping or using assistive products that belong to someone who has passed away.</li></ul>
<b>Ensure the assistive products are easily replaceable but high quality</b>	<ul style="list-style-type: none"><li>• Some service providers are concerned that assistive products available on loan will not be the highest quality; that they will be 'home-brand', and there may be better options for their client available elsewhere.</li></ul>
<b>Provide culturally appropriate communications about the loan scheme, early and ongoing</b>	<ul style="list-style-type: none"><li>• Some service providers would like greater access to culturally appropriate provider-based training and client-facing resources to raise awareness and confidence utilising the loan scheme. The training and resources should be tailored specifically to First Nations service users. This might include tailored infographics, videos, and factsheets to address the above-mentioned challenges and cultural sensitivities.</li><li>• Some service providers would like to see resources about assistive products targeted to families and communities, not just individual service users. This might help others take on the responsibility of looking after an assistive product on loan.</li></ul>



## Key support: an inclusions list that specifies which assistive products are subsidised

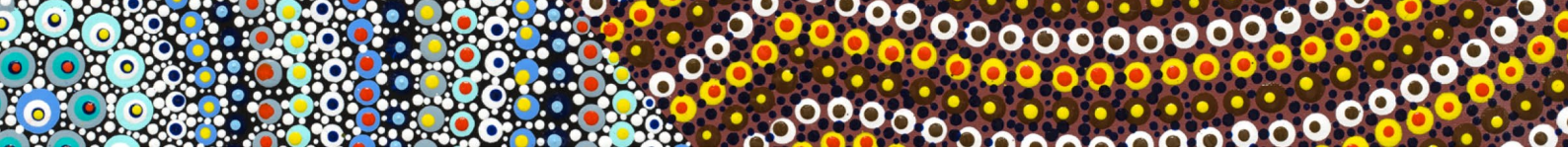
### Barrier

The process for inclusions and exclusions (as of January 2024) is too selective: it limits older First Nations people’s access to practical solutions and the freedom to age their way. A stronger, more inclusive approach to AT and HM service provision includes subsidised psycho-social services, and lower-cost assistive products that do not require specialised knowledge to set up, bundled with support for infrastructure where appropriate.

### Growth areas for Key considerations consultation

<b>Ensure subsidised assistive products and services include minimal to no technical assistance required options</b>	<ul style="list-style-type: none"><li>• Some current subsidised products require service providers to outsource specialised knowledge or technical assistance for approval or installation, which uses up already limited time and resources, and creates longer waiting times for service users.</li></ul>
<b>Ensure subsidised assistive products and services include lower-cost, culturally appropriate options</b>	<ul style="list-style-type: none"><li>• Some current subsidised products are high-cost, which can be high-risk. For example, some service users will sacrifice at-home services required for personal care, so that they have enough funding available to purchase an assistive product.</li><li>• Some current subsidised products are high-end, but not necessarily best for all service users. For example, a stretcher bed would make a huge difference to some service users and is culturally appropriate, however, they can only access a subsidised electric bed. Not only is an electric bed more expensive, but it requires a certain level of housing infrastructure for effective installation and use, and some service users in more remote areas may prefer to sleep outside or move around.</li></ul>



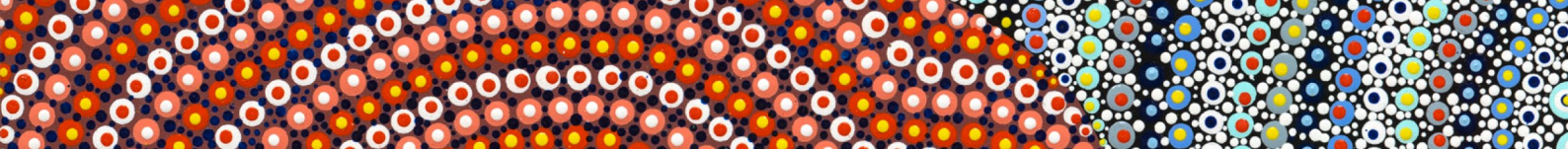


**Ensure subsidised assistive products and services reflect the age-related *and* psycho-social issues influencing older First Nations people's capacity to stay independent and age well**

- The aged care benchmark of 50 years old for First Nations people means that service providers are not working with service users who have only age-related issues (physical or cognitive functional decline associated with ageing, such as frailty), but also psycho-social issues influencing their health as they age, such as intergenerational trauma.
- Some service users' functional difficulty performing activities associated with daily living is linked to their trauma and grief from a long history of exclusion, marginalisation and forcible separation from community and culture. These functional difficulties cannot be solved by subsidised assistive products alone. Service users also require access to subsidised transport, social, and cultural activities for healing. This includes transport for Sorry Business, getting back to Country, visiting family and community.
- While the non-Indigenous population is dealing with the high cost of living and might like to see certain white goods subsidised (e.g., portable air conditioning, washing machine, fridge), higher rates of home care, and conditions of disadvantage (e.g., higher rates of unemployment, mental health issues, drug, and alcohol dependence) reinforce a unique connection between subsidised white goods and healthy ageing for older First Nations people.

**Bundle subsidised assistive products and services with support for infrastructure if required**

- Some service users lack the housing infrastructure or support required for effective installation and use of certain assistive products. Subsidised assistive products should be bundled with support for this infrastructure if it is not available to the service user, including WIFI, wiring and power connections where available.



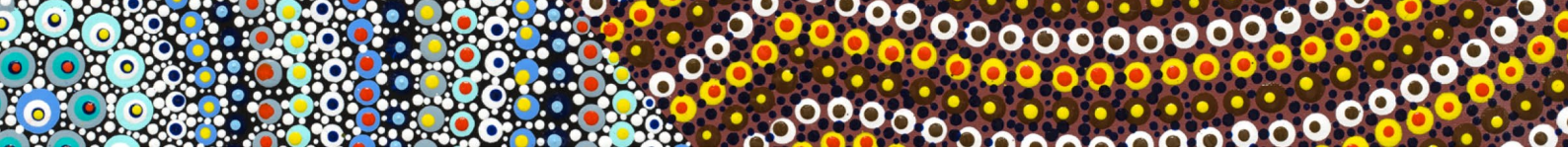
**Consider the benefits to creating a separate inclusions list for older First Nations people, or providing more flexible grounds for exclusion from the list**

- Some service providers believe there is merit to creating a separate inclusions list for First Nations service users, given the unique factors influencing older First Nations people's ability to stay independent and age well, and the government commitment to close the gap.
- Some service providers would like to be excluded from having to use the inclusions list for First Nations service users, for the above-mentioned reasons.

**Provide culturally appropriate resources about the inclusions list, early and ongoing**

- Some service users experience confusion and distress around the inclusions list. Some blame the provider and the government for taking away control over how they age. This can be a particularly triggering experience for Stolen Generation service users.
- Some service providers feel they do not have enough warning ahead of updates or clarifications around inclusions and exclusions, to sensitively manage expectations with service users.
- Some service providers pass government resources directly to service users to explain the inclusions list and any relevant updates. However, these resources are not tailored in a way that an older First Nations person and their family will understand and feel comfortable with.
- Some service providers would like greater access to culturally appropriate provider-based training and client-facing resources to raise awareness and confidence using the inclusions list. The training and resources should be tailored specifically to First Nations service users, and address sensitivities for Stolen Generation service users.





## Key support: the assessment process

### Barrier

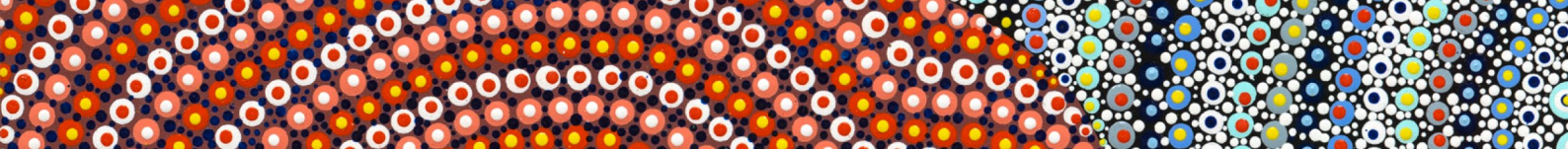
A negative, culturally unsafe assessment experience can make it less likely for an older First Nations person to use the assistive product recommended to them effectively. A stronger, more inclusive approach to AT and HM service provision empowers service users by providing them with the tools and autonomy to make their own decisions, supported by culturally aware community-based Occupational Therapists (OTs) and provider-based case managers.

### Growth areas for consultation

### Key considerations:

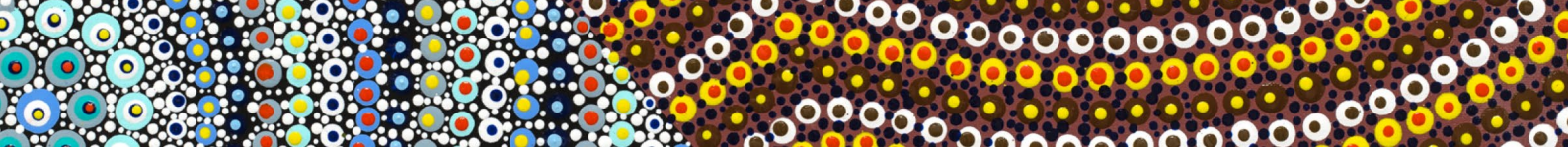
**Invest in building a culturally aware OT workforce, and introduce provider-based case managers to complete basic assessments (with training)**

- Some client referrals do not come through MyAgedCare because of higher rates of digital and English illiteracy, and low trust for the system.
- There is a lack of community-based specialist OTs with expertise in working with First Nations service users, and a lack of training and resources to support alternative workers in the absence of these positions.
- To help navigate under-resourcing of OTs, some service providers believe there is value to exploring whether certain products can be provided through less professionalised pathways. Examples given include over-toilet chair frame, or four-wheel walker.
- Due to existing trusted relationships with service users, some service providers feel they are well-placed to complete basic assessments (with the appropriate training) for some assistive products. More complex assessments could be supported by telehealth.
- Appropriate training and resources would be required to enable provider staff to undertake assessments under remote supervision, or credentialling by an OT, where OT services are not available or require lengthy delays and place the service user at increased risk while they are waiting for assessment.
- Lengthy wait times between referral and receiving services means that some vulnerable service users are forced to retell their stories.



**Provide culturally appropriate resources about what to expect during and after an assessment**

- Where an OT assessment is required, some service providers see value in having a case manager or known Aboriginal health worker present during assessments, to provide cultural support and advocate for the service user where appropriate.
- Less reliance on OTs would free up funds for service users to access the assistive products they need. Some service providers reported that service users were required to spend funds on an OT, but then did not have enough funds left in their package to purchase the assistive products that were recommended.
- Some service users feel unfamiliar with the current language or 'government speak' used to describe the approach to Assistive Technology and Home Modifications service provision (e.g., acronyms), which can cause shame-job feelings.
- Some service users experience shame-job feelings around the physical observations that might be required during an assessment, and/or at-home visits.
- Some service users find it difficult to identify goals during their assessment, in the way the assessment process requires them to. Some service providers believe service users could benefit from culturally appropriate resources to support this. For example, visual cues with examples to choose from or build on.
- Some service users do not have realistic expectations for what happens after an assessment (e.g., timelines for receiving an assistive product) which can cause tension between the service provider and service user.



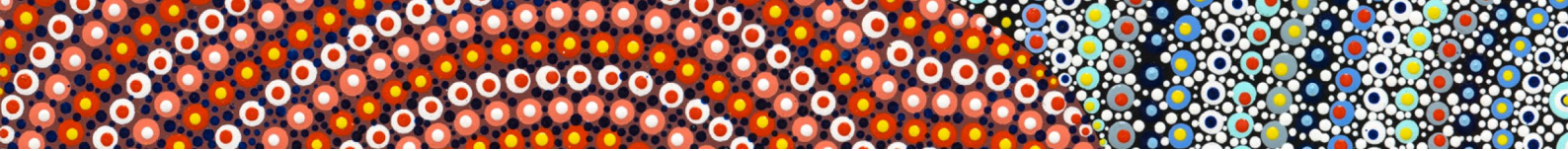
**Provide culturally appropriate resources to increase health literacy**

- Some service users have growing mistrust for the sector – some worry about being exploited by private businesses selling or transferring home care packages not in their best interest.
- Some service users lack awareness of the full range of assistive products and services available to them and at what cost, reducing their ability to self-advocate and make an informed choice about how to use their funding.
- For example, some service users may agree to purchase a certain assistive product based on an assessment but not have enough funding available later to fulfil other care needs important to them, like joining a social group.

**Mandate or encourage service users to nominate a trusted person to join the assessment process**

- Some service users may get access to an assistive product but fail to communicate this to their support network, reducing the likelihood of effective installation and use. Some service providers would like to see service users nominate a family member, friend, neighbour, or carer to join the assessment process.





## Key support: wrap around assistive services

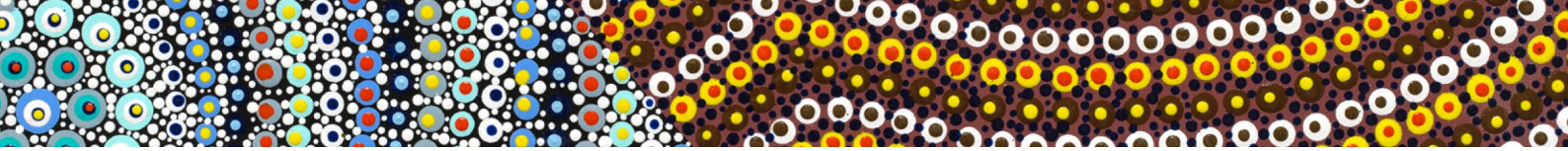
### Barrier

A lack of investment and support post-assessment can stop older First Nations people from accessing the assistive products they need, when they need them. A stronger, more inclusive approach to AT and HM service provision reduces waiting times by improving product stock levels, and the way in which the products are delivered and maintained over time.

#### Growth areas for consultation

#### Key considerations:

<b>Increase stock availability</b>	<ul style="list-style-type: none"><li>• Due to waiting times, some service users are going without the assistive products they need, resulting in injury and even hospitalisation. Some service users pass away before receiving an assistive product.</li><li>• Some service providers have helped raise money for the service user so they can access an assistive product privately and out-of-pocket through a local supplier, sooner, for example, a personal alarm for a client that has an increasing likelihood of falls.</li><li>• Some service providers have access to donated assistive products that could be approved for use.</li></ul>
<b>Consider not just delivery costs, but how assistive products are delivered</b>	<ul style="list-style-type: none"><li>• Some service users are unable to travel to pick up assistive products from service providers (e.g., transport is too costly, they may be physically unwell, they may not want to leave Country).</li><li>• Some service users share mobile phones with family members, and for other reasons, are difficult to recontact to be advised of delivery for items.</li><li>• Sometimes assistive products are delivered to service users by couriers without any advice on installation, or the assistive products are delivered in parts over a long period of time.</li></ul>
<b>Invest in outreach services post-assessment</b>	<ul style="list-style-type: none"><li>• Some service providers give extra time and support to their service users to get them where they need to be – often off their own back or in addition to their ‘business as usual’ work. They would like well-resourced opportunities to connect with service users along their journey with assistive products. This includes a post assessment check in.</li></ul>



**Invest in  
maintenance  
services**

- Some service providers would like greater access to maintenance services, with some provider staff repairing products off their own back because there is no other timely, or affordable alternative. This is compounded for those in remote and regional areas, where assistive products are likely to have a much shorter life span.



## Conclusion

The environment in which AT and HM services are provided is highly complex. Policymakers and industry practitioners must navigate an intricate interplay between wide-ranging community needs, available resources, and public policy, among other factors. This report sheds light on challenges faced by some older First Nations people in accessing assistive products under the Aged Care Act 1997.

The barriers identified demonstrate how logistical, cultural and systemic issues are impacting the effectiveness of key support areas: loans schemes, subsidised assistive products, assessment processes, and wrap-around assistive services. The report reveals a range of possible mitigating actions to address, in part, the barriers. These mitigating actions require further exploration with diverse First Nations communities to better understand the nuances, achieve tangible results more quickly, and ensure long-lasting improvements in AT access.

Forthcoming changes under the Aged Care Act 2024 hold promise in addressing some of the growth areas highlighted in this report. However, iLA hopes this report reinforces the need to continuously elevate First Nations voices in discussions about AT and HM policy and practice, and that it emphasises the importance of building on the strengths within First Nations communities to effectively tackle the challenges they face.