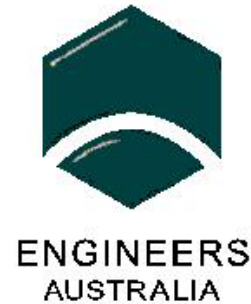


19 January, 2007

The Secretary
Senate Community Affairs Reference Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600



Submission to Senate Inquiry from the National Committee on Rehabilitation Engineering

RE: Fourth Commonwealth State/Territory Disability Agreement

The National Committee on Rehabilitation Engineering (NCRE - a standing committee of Engineers Australia) is the lead professional group responsible for engineers and technologists working in the field of assistive technology in Australia.

We maintain a close interest in all aspects of assistive technology development and use for people with disabilities and those who are ageing in Australia and internationally, including policy development. We would like to support the submission put to the Inquiry by Independent Living Centres Australia (ILCA, Submission 38 and supplementary submissions) regarding the importance of appropriately providing both assistive technology and the support services necessary for its successful use. Rehabilitation engineers and other professions play a vital role in ensuring the most effective outcomes from the use of technology to compensate for or replace lost function in humans. As a consequence we were particularly interested in the request from Senator Moore to Mrs Clay (ILCWA) during the Perth hearings with regard to Workforce Issues. We would support the comment provided by Mrs Clay in the Supplementary Submission (38a) to the Inquiry and would like to highlight further points that may be valuable for the Inquiry.

We are concerned that Australia still appears to treat this proven approach as a peripheral aspect of meeting the needs of people with disabilities and the ageing. The following points illustrate this impression.

1. Several submissions (and Senators) have highlighted examples of the fragmented systems across the states and the lack of Commonwealth support or even guidance to achieve a consistent and equitable approach.
2. Only four states and territories (Queensland, NSW, ACT and WA) have specialised technical advice and services (provided by qualified professional engineers) that is funded by the government – though often through general hospital health funding. In SA this service is provided by NovitaTech – with no government support. Victoria gains some support through the RehabTech unit associated with Monash University. In some states, governments have chosen to contribute to the costs of voluntary organisations that seek to meet one-off needs (eg Technical Aid to the Disabled) not all of which have suitably qualified professional engineering expertise available.
3. Training for professional engineers working in the field is being progressively lost, with Flinders University deciding to close its biomedical engineering program this month. There continues to be extremely limited opportunities for internships in

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Australia forcing international recruitment to fill vacancies for fully qualified professionals.

4. The Therapeutic Goods Act (as amended in 2002), the federal legislation that protects the public from medical devices that can cause injury or harm is still not regulating the assistive technology sector successfully, leading to poor outcomes and injury from substandard items being sold and supplied to Australians.
5. There remains no effective funding scheme for research and development in the area of assistive technology in Australia, despite the evidence that many imported technologies are unsuitable for Australian needs and conditions.

We would like to draw the Committee's attention to the growing body of international evidence highlighting the cost effectiveness of supporting assistive technology. In a randomised controlled trial conducted by W Mann et al (Arch Fam Med 1999, 8:210-217), a group of older people with full funded access to assistive technology was compared to a group able to access only a very restricted set of solutions. Ignoring the social, mental and health benefits found, the economic cost-benefit aspects are stark. The treatment group expended around \$2620 on AT compared to \$443 for the control group, but this impacted the cost for institutional care which averaged \$5630 for the treatment and \$21,846 for control groups. The United Kingdom Audit Commission has published a number of studies over the last six years that have highlighted the value of appropriately supplied assistive technology in:-

- increasing independence
- reducing recurrent support costs
- reducing hospital admissions and expediting discharge
- enhancing productivity – both of support services and those with disabilities themselves.

We submit that there is now ample evidence on the cost effectiveness of assistive technology to enable people with disabilities, and those who are ageing, to optimise their contribution to the workforce, maintain a level of independent living that maximises their participation in our community, and consequently sustains good health.

The NCRE supports the call from ILCA (and Australian Rehabilitation and Assistive Technology Association - ARATA) to work with government and users themselves to develop a holistic and consistent approach to the development and provision of assistive technology as part of a future CSTDA. We would stress to the Committee the importance of this area in addressing the challenges associated with an ageing Australia as well as the needs of those with disabilities and would seek a "whole of government" approach to address some of the barriers that hide the true benefits to be gained.

Yours sincerely



Mr Bill Contoyannis
Chair
National Committee on Rehabilitation Engineering