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Too little, too late:

Wait times and cost burden for people with a disability in seeking equipment funding in Victoria

Scope, 2006.

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Acronyms

AD	Adult (Client)
AHC	Allied Health Clinicians
AIHW	Australian Institute of Health and Welfare
COM	Community (Client)
DHS	Department of Human Services
ECI	Early Childhood Intervention (Client)
NGO	Non Government Agency
SA	School Aged (Client)
SSR	Specialist Services Region
VAEP	Victorian Aids and Equipment Program

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Executive Summary

Study background and purpose

People with a disability in Australia experience significant financial hardship. This greatly affects their ability to afford necessary aids and equipment. Australia is listed as having the lowest personal income for people with disabilities in the OECD, with people with disabilities receiving forty-four percent (44%) of the income of those without a disability (HREOC 2005).

For many years, Scope has identified concerns regarding problems with access to and cost of aids and equipment for people with a disability.

Assessment of the extent of the problems was hampered by inadequate or inaccessible data. In turn, this hindered the development of an appropriate strategy to address the needs reported by therapists and clients.

This study was aimed at addressing these issues and was conducted between May and October 2006. The study collected data by reviewing a sample of fifty-seven (57) Scope client files across all client groups in seven regions.

The purpose of the study was to:

Commence the establishment of a public evidence base to document the barriers to meeting the equipment needs of people with a disability in Victoria; and

Ascertain the *costs* and *waiting times* experienced by Scope clients, as they relate to the process of application, approval, through to delivery and use of equipment.

Specifically, the study sought to identify the following:

1. wait times for clients at each stage of the equipment request process;
2. range of equipment costs requested by clients;
3. proportion of funds provided by VAEP for each request;
4. proportion of funds provided from all government sources for each request;
5. proportion of funds to be provided by clients or from non VAEP sources;
6. sources of top up funds to which clients had made requests;
7. impacts of wait times on clients and families (where data available).

Key findings

The equipment requests of this sample totalled \$248,959 (for 64 items of equipment). This equates to an average of \$3,890 per equipment item.

The average minimum request across all regions was \$923, and the average maximum cost was \$11,109 (with the highest individual request being \$20,715).

A median equipment request can be identified as being between \$3,500 and \$8,000.

Equipment request costs are fairly similar across client groups. The highest median cost of equipment request was found in the school aged client group, with roughly fifty (50%) of school aged equipment requests being between \$4,176 and \$16,880.

Ninety-six percent (96%) of applications were approved by VAEP, but only nine percent (9%) received VAEP funding to meet one hundred percent (100%) of their equipment request.

Ninety-one percent (91%) of clients were required to self fund or source top up funding to meet the gap between VAEP funding and the total cost of equipment.

The VAEP provided an average allocation of sixty percent (60%) of the total equipment cost requested.

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

Sixty-two percent (62%) of applications for top up funding were made to non government sources, including a client or family's own sources of personal finance.

Thirty-eight percent (38%) of applications for top up funds are made to government sources and seventy-one (71%) of these are made to the Department of Human Services (DHS).

School aged clients make only fifteen percent (15%) of applications for top up funds to government sources, compared with between forty (40%) and sixty-seven percent (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 average wait time between assessment of need by therapist and delivery of equipment is between two hundred and eight (208) and two hundred and thirty-eight (238) days (i.e. seven and eight months) with a typical maximum being up to three hundred and six (306) days of wait. In many cases, a further one or two months' wait occurs whilst modifications, fitting and training are undertaken.

There is significant wait time between the approval of VAEP funds and the delivery of equipment, with an average wait time of between one hundred and three (103) and one hundred and thirty-three (133) days.

A second significant wait period occurs between application to VAEP and approval of VAEP funds, with this period averaging between seventy-nine (79) and one hundred and nine (109) days.

Nine percent (9%) of clients accessed loaned equipment whilst awaiting equipment funding and delivery. The remaining ninety-one percent (91%) did not borrow equipment during this period.

Actions within reach

This analysis identifies many issues, some of which require further analysis and change action across multiple systems of support and funding. However, even without these changes, some clear and immediate actions can be identified within the field of responsibility for the Department of Human Services, that would greatly improve access to equipment for people with a disability in Victoria.

1. Increase equipment funding ceilings on most items and the overall level of funds in the VAEP budget.
2. Review VAEP application assessment processes in order to radically decrease the amount of time VAEP assessment takes to a standard of no more than thirty (30) days.
3. Initiate an immediate review of school aged equipment funding, access and eligibility of government sources. Establish an information and support strategy directed at school aged clients and their families to ensure they are well informed about funding opportunities for equipment.
4. Investigate barriers to the loan of equipment and develop a resource plan for the further implementation of an effective loans program. This should occur within the context of additional funding to VAEP in order to reduce wait times overall.

Section One: Introduction

Scope context

Scope is a large non government disability agency providing services and supports to people with a disability throughout Victoria. Its mission is to “support people with disabilities to achieve their potential in welcoming and inclusive communities” (Scope, 2005). Scope has an annual operating budget of approximately \$50M and a client base of approximately four thousand (4,000) clients. Scope offers a range of services including accommodation, specialist and psychology services, day services, community inclusion activities, advocacy, respite, employment and business services.

For many years, Scope has identified concerns regarding problems with access to and cost of aids and equipment for people with a disability. These included: long wait periods for equipment; restricted eligibility criteria to government funded schemes; the substantial cost burden borne by clients required to meet or ‘top up’ the difference between government funding allocation and total cost of equipment; and, time spent by therapists away from direct service delivery sourcing top up funds.

Assessment of the extent of the problems was hampered by inadequate or inaccessible data (i.e. not publicly available). In turn, this hindered the development of an appropriate strategy to address the needs reported by therapists and clients.

Between 2004 and 2006, Scope commenced a series of data collection activities in an attempt to map the issues and quantify the extent of the problems. This activity culminated in 2006, with this study that sought to examine a sample of Scope clients in order to document waiting times and cost burdens for these people with a disability in each of the seven Scope regions throughout Victoria.

The findings and methods of this study are the subject of this report.

National context

People with a disability in Australia experience significant financial hardship. This greatly affects their ability to afford necessary aids and equipment. In 2003, the median gross income for fifteen (15) to sixty-four (64) year olds with a disability was about half that of people without a disability (\$255 compared to \$501 per week). Income was less again for people who reported a profound core activity limitation (\$200 per week) (ABS 2003: 3). Similarly, in 1998, seventy percent (70%) of household-living Australians aged between fifteen (15) and sixty-four (64) who had a core activity restriction, and fifty-six percent (56%) of those with severe restrictions, were in the lowest income quintiles. In comparison, only thirty-one percent (31%) of people living without a disability were in this quintile (AIHW 2004: 44). Australia is listed as having the lowest personal income for people with disabilities in the OECD, with people with

disabilities receiving forty-four percent (44%) of the income of those without a disability (HREOC 2005).

Concern about the accessibility and effectiveness of government funded aids and equipment schemes in Australia is not new. Within Victoria, the Victorian Aids and Equipment Program (VAEP) operated by the Victorian Department of Human Services (DHS) is the major source of funds for people with a disability for aids and equipment. This program has undergone review several times over the past decade, though none of the findings have been made public. At the time of publication of this report, the VAEP is again under review with an expected review conclusion date of October 2006.

In the national context, there has been considerable interest in documenting the level of unmet need for both equipment and therapy services for people with a disability. In 2005, the Australian Institute of Health and Welfare (AIHW), in partnership with Cerebral Palsy Australia, commenced a major national research project to, among other things, “identify the nature and quantify the extent of met, partially met and unmet need for therapies and equipment” among people with cerebral palsy and similar disabilities (AIHW, 2006: 1)¹. This research is due to be published in December 2006. The AIHW study cites significant difficulties in accessing data regarding levels of equipment provision and need. Notably, the provision of aids and equipment falls outside of the Commonwealth State Territory Disability Agreement (CSTDA) which provides not only a framework for funding and service delivery but a well scrutinised accountability process requiring data collection and analysis. The absence of such a system with regard to public expenditure on aids and equipment has resulted in significant problems in evidencing levels and types of need, and the impacts of the current funding regime.

Consequently, while there is strong interest in determining the effectiveness of current policy and funding environments, there is little available evidence upon which to base this analysis.

The wider policy environment

The policy area of aids and equipment in Victoria sits inside, and somewhat at odds with, a wider disability policy environment. The Victorian State Disability Plan provides a vision for Victoria as an inclusive society in which people with a disability can pursue individual lifestyles of choice and fully participate in the life of the Victorian community (Department of Human Services, 2002). In turn, this policy sits within a broad international policy framework that emphasises intervention to address the disabling factors within society and environment in order to maximise the independence, participation and inclusion of people with a disability.

This research does not set out to explore the disjuncture between the policy framing of the VAEP and the broader Victorian, national and international policy directions, nor the consequences of this disjuncture. This is a subject for future

¹ Scope has contributed as a project partner to the AIHW study. In this position, Scope has had access to the penultimate draft prior to release in December 2006. References to the AIHW, 2006 report refer to this draft (October 2006 unpublished).

research to be conducted by Scope (Vic) and Melbourne Citymission (MCM) between October 2006 and May 2007.

Focus of this study

This study was conducted between May and October 2006.

The purpose of the study was to:

Commence the establishment of a public evidence base to document the barriers to meeting the equipment needs of people with a disability in Victoria; and

Ascertain the *costs* and *waiting times* experienced by Scope clients, as related to the process of application, approval, through to delivery and use of equipment.

Specifically, the study sought to identify the following:

1. wait times for clients at each stage of the equipment request process;
2. range of equipment costs requested by clients;
3. proportion of funds provided by VAEP for each request;
4. proportion of funds provided from all government sources for each request;
5. proportion of funds to be provided by clients or from non VAEP sources;
6. sources of top up funds to which clients had made requests;
7. impacts of wait times on clients and families (where data available).

This data was felt to be of vital importance in order to support Scope service planning and response as well as to inform broader advocacy work for policy change.

Method

This study was designed to supplement and address data gaps in previous data collection activities within Scope that aimed to identify issues in equipment access.

Previous Scope data collection had generated data in the following areas:

- The total of outstanding funding requests for equipment of Scope clients at two given time periods (2004 and 2005);
- The proportion of the total equipment costs allocated by the VAEP at two given time periods (2004 and 2005);
- Range of equipment requested;
- Average cost per item of equipment;

- Estimates of amount of therapist time spent on sourcing top up funds to meet the gap between VAEP provision and the total cost of equipment item.

However, both previous data collection episodes in 2004 and 2005 provided incomplete data sets due to lack of response by one or more of Scope's regional areas. Lack of response was understood to be a consequence of extreme workload of therapists and regional co-ordinators who had been the prime data providers (via survey) of previous studies.

In 2006, Scope researchers set out to collect a small sample of data from each of the Scope regions providing therapy and psychology services. The most effective method of data collection was identified as file auditing of a sample of Scope clients. This entailed researchers travelling to each region to directly collect data from targeted client files. It was felt that this method would overcome problems of non response and provide the best means for ensuring data collection from each region.

This method of file review or audit entailed:

- Initial development of a file review schedule;
- Identification of desired sample characteristics;
- Liaison with Scope Specialist Services Co-ordinators in each region;
- File review / audit;
- Data analysis.

Each of these is explained succinctly below.

Initial development of a file review schedule

Researchers worked with the Scope Equipment Funding Working Group (comprised of a number of therapists, therapy advisors and specialist services co-ordinators) to identify a set of data categories. These pertained largely to: waiting times, cost burden and impact of wait. These were later refined following testing against client files. The final data categories are listed below:

Fig.1.1: Data categories for file review

Client code (identifier)
Client 'type' (i.e. ECI, SA, AD, or COM)
Gender
Postcode of residence (suburb)
Therapist name (for data gap follow up)
Date of first assessment for needs
Equipment type and cost
Date of VAEP application
Date of VAEP approval
VAEP funding allocated in \$
Date VAEP funds secured
Gap in \$ (gap between VAEP allocation and total item cost)
Source applied for top up funding (government vs non government)
Date applied for top up funding (government vs non government)
Amount in \$ applied for top up funding
Date approved for top up funding and amount in \$
Number of applications
Application to top up funding made prior to or after VAEP approval
Presence of DHS case manager
Whether equipment was loaned in interim
Date equipment ordered
Date of equipment delivery
Modifications required (and number of times; if required)
Date of final fitting and use

Identification of desired sample characteristics

Given the resource requirements of the chosen method, the study confined its review to a small sample of Scope clients. At the outset, the study intended to document data in relation to eighty-one (81) clients across the seven (7) geographic regions of Scope covering Victoria. This anticipated sample aimed to include:

- Twenty-seven (27) high need clients;
- Twenty-seven (27) medium need clients;
- Twenty-seven (27) low need clients.

This sample included a balanced spread across client subsets of early childhood intervention (ECI); school aged; adult; and community clients².

² These sub sets reflect funding sources rather than age, though the first three categories can also be understood as distinct age cohorts. Whilst community clients tend to be adults, this source of funding can also be accessed by school aged clients, though this is less common. In this sample, the majority of community clients were adults.

Figure 1.2: Desired sample characteristics by client group

Client Groups	Abbreviated Reference	Age Correlation (Approximation in years)	Anticipated sample size
Early Child Intervention	ECI	0-4	21
School Aged	SA	5-17	21
Adult	AD	18-65	18
Community (inclusion SA, and AD)	COM	Unspecified (inclusion of SA, and AD)	21

Similarly, the study aimed to evenly distribute the sample across Scope's seven regions in order to enable some regional comparisons of trends.

There were two primary reasons for conducting the field research across the seven regions. Firstly, the general organisational character of Scope that operates specialist services on a regional basis. In this way, each region represented a centre where information on regional needs was consistently communicated/serviced.

Secondly, the regions constituted a wide geographic spread across Scope's Victorian operation. Therefore, by studying the spread of the specialist services regions, the project could generate indicative data that correlated to: (a) a general geographic spread; and (b) a broad reflection of Victoria's disability challenges.

Fig 1.3: Scope Specialist Services Regions

Scope Specialist Services Region	Associated Data Collection Point
Barwon	Geelong
Northern/Western	Glenroy
Eastern	Glen Waverley
Southern	Glen Waverley
Gippsland	Warragul
Loddon Mallee	Bendigo
Hume	Shepparton

The client file sample for each region was anticipated to be twelve (12) with the exception of one region which was unable to provide a sample of adult clients.

The regions were asked to select client files based on the sampling criteria of an even spread across ECI, School Aged, Adult and Community Clients, and a spread across high, medium and low need. In addition, the regions were asked

to select client files that had progressed through all stages of the equipment process from assessment to receipt of equipment. Finally, regions were asked to select recent clients who had undertaken the equipment request process since the first quarter of 2004 (recognising that such a time frame allowed for the likely wait times from assessment to equipment delivery).

As the study progressed, a number of difficulties were identified with regard to meeting this sample profile. Some regions did not provide services across all client sub sets (ECI, school aged etc.). Many regions found it difficult to rank clients into high, medium and low need categories. Some regions identified clients in these categories but were unable to provide complete data sets against all categories of data requested. Some regions were unable to provide clients across the profile who had completed the equipment request process.

As a result, the actual sample is less rigidly defined. The sample is smaller than anticipated, totalling fifty-seven (57) clients. It includes clients who have not yet completed the request process (i.e. have not received equipment), and has a possible bias towards clients with more difficult requests or those experiencing greater problems in sourcing funding (as regions re-interpreted the high, medium, low need criteria more loosely as a range of client experiences in the system and may have included some more difficult examples).

Fig. 1.4: Actual sample size and characteristics (region and client group)

	Barwon	Loddon Mallee	Eastern	Southern	North West	Hume	Gippsland	Total sample by client group
ECI	3	2	0	2	3	3	2	15
SA	2	2	1	2	2	2	0	11
AD	5	3	3	2	2	0	3	18
COMM	1	2	2	2	1	2	3	13
Total sample by region	11	9	6	8	8	7	8	57

Liaison with Specialist Services Regional Co-ordinators in each region

Each region's Specialist Services Co-ordinator was approached by researchers to identify, in collaboration with therapists (speech pathologists, physiotherapists and occupational therapists) and psychologists, up to twelve (12) client files that fit the sampling criteria.

Once files had been identified, the responsible therapist (i.e. the therapist who had undertaken the equipment request process) was instructed to determine *one* piece of equipment for tracking as part of the file audit.³ A time limit was

³ Note that clients may have multiple equipment requests active at any one (1) time. The research focused on only one (1) of these. In this way, the results of this study may be

placed on this, whereby assessment for the equipment had to have occurred since first quarter 2004 (January/February/March). This was to ensure that the data collected was contemporary and relevant.

This stage acted as the primary point of information-sharing about the study and its parameters. In particular, this stage required firm agreement by all parties on matters concerning client confidentiality issues. It also provided 'space' for: contributive discussions; outlining to regional partners the foundations of the project; and building upon prior efforts in regional data collection about equipment.

File review / audit

Researchers organised a date to visit each region. This visit was to entail:

- An initial meeting with the responsible therapist to receive a briefing on the selected client files;
- Time spent in file auditing (approximately one day x two researchers in each region);
- Follow up with the responsible therapist/s, either during the visit or later by phone, in order to clarify data queries or gaps in file documentation.

Researchers utilised data record sheets focused on: assessment; equipment cost(s); the VAEP process; the search for and application to sources of top up funding; and the wait times relating to these processes. Researchers entered de-identified data onto a data collection matrix during their visit. No data was removed from client files or the site.

An important aspect of this stage was to implement a field data collection process that directly involved the responsible therapists for a portion of the visit time, whilst achieving minimum interruption to therapy hours.

Data analysis

Following data collection, data underwent an initial analysis to exclude any files that were too incomplete for use.

Data was then analysed to generate a range of profiles against the file review schedule. In particular, data profiles included:

- regional profiles;
- client group (ECI, SA, AD, COMM) profiles;
- total sample profile.

Each profile contains data on wait times, total costs, cost burdens, funding sources, and impacts. This data is presented in Section Two.

conservative, given that they relate to single equipment items rather than a total picture of waiting periods and cost burden for any single client at any one (1) time.

Obstacles

During the process of data collection and analysis, some obvious issues were identified. These had an impact on both the consistency of analysis and the generalisability of trends and themes. For instance, inconsistent documentation within and across regions was a significant issue. Gaps across many of the data categories resulted in some files being excluded from the study. In some extreme cases, data relating to assessment, prescription and delivery was fully documented, but information clarifying the ordering process, including VAEP application, was absent. In others, therapists had left the organisation without documenting the current status of the equipment order.

In addition, relying on regional staff to select client files to match sampling criteria led to specific issues. In some cases, regions may have endeavoured to provide case studies that best illustrated the current issues for their clients, which otherwise did not well fit the sampling criteria. In other regions, it was not possible to provide the sample spread requested.

This range of issues resulted in a different sampling profile than anticipated, and one that may include a number of more difficult cases or negative experiences.

Section Two: Findings

Introduction

This chapter reports the research findings against the multiple categories of analysis. In particular, it focuses on findings with regard to wait times in each of the stages of equipment request, cost range of equipment, proportion of costs funded by VAEP, and proportion of costs funded by non government sources.

The data represents a small sample of clients in each Specialist Service regional area of Scope. As a small sample, the data is not presented as representative of either the case mix of clients in each region or of client experience overall. However, the data is indicative of possible trends, and identifies conclusions that can focus future research and data validation processes.

Client and regional characteristics

Given the small sample, it is important to be explicit about the profile of clients represented. Knowing this profile, allows conclusions to be adapted and generalised, after making adjustments to overcome any disjuncture between the demographic profile of this sample and the cohort under review elsewhere.

Fig 2.1: Regional profiles showing percentage of client types in sample

	Barwon	Loddon Mallee	Eastern	South -ern	North West	Hume	Gipps-land	Total sample % by client group
	%	%	%	%	%	%	%	
ECI	27	22	0	25	37	42	25	26%
SA	18	22	17	25	25	29	0	19%
AD	46	33	50	25	25	0	37	32%
COMM	9	22	33	25	13	29	37	23%
Total sample by region	N = 11	N = 9	N = 6	N = 8	N = 8	N = 7	N = 8	N = 57

Equipment request profile

As discussed in Section One, each region selected clients to broadly fit the sampling criteria provided. No limitations were given around type of equipment under review. It could be expected, then, that a range of equipment requests would be profiled in this study.

Equipment requests are summarised below. Note that the number of equipment requests might exceed the number of client files reviewed in each region. This

is due to some requests being dual requests, where two or more items were requested as part of a package of items in the same request.

Figure 2.2: Equipment requested by type and frequency across all regions

	Barwon	Loddon Mallee	Eastern	Southern	North West	Hume	Gipps-land	Total sample by equipment type
Wheel-chair ⁴	6	6	1	4	2	4	2	25
Stroller, pusher, buggy ⁵				1	1	1		3
Pressure cushion	2	1						3
Jenx chair ⁶	1				1			2
Home modification	1					1		2
Bathroom modification	1		1					2
Sunbeam chair	1							1
Shower / bath/toilet chair				1	1		1	3
Pressure care	1							1
Hoist/sling ⁷		1	1				2	4
Frame ⁸		1		1		1		3
Mattress ⁹			3				1	4
Bed ¹⁰			2	1	1			4
Cheap-talk				1				1
2 nd skin splint					1			1
Orthoses & splints					1		1	2
Vehicle							1	1
Booties							1	1
Walker							1	1
Total sample by region	13	9	8	9	8	7	10	64

⁴ Includes manual and electric (in one instance, one client requested both)

⁵ Includes various types of pusher/wheelchairs

⁶ Includes gamma and giraffe chairs

⁷ Includes hoists and slings requested singly

⁸ Includes walking and standing frames

⁹ Includes air and other mattresses

¹⁰ Includes hi/lo, tilt and electric beds

Equipment costs

In sum, combining all regions, the equipment requests of this sample totalled \$248,959 (for sixty-four [64] items of equipment). This equates to an average equipment request of \$3,890 per item.

The total equipment data was analysed to provide data on the:

- range of costs of equipment items (minimum to maximum);
- the median cost of equipment per request;
- the average cost of equipment per request.

This data is analysed to provide a regional and statewide comparison, as well as to provide comparison across client groups.

Regional comparison of cost of equipment requests

The data evidences a wide range of costs per request, ranging across the total number of files analysed statewide from \$195 to \$20,715. This reflects the range of equipment requested.

Fig. 2.3: Statewide map of cost range of equipment requests including minimum, maximum and median

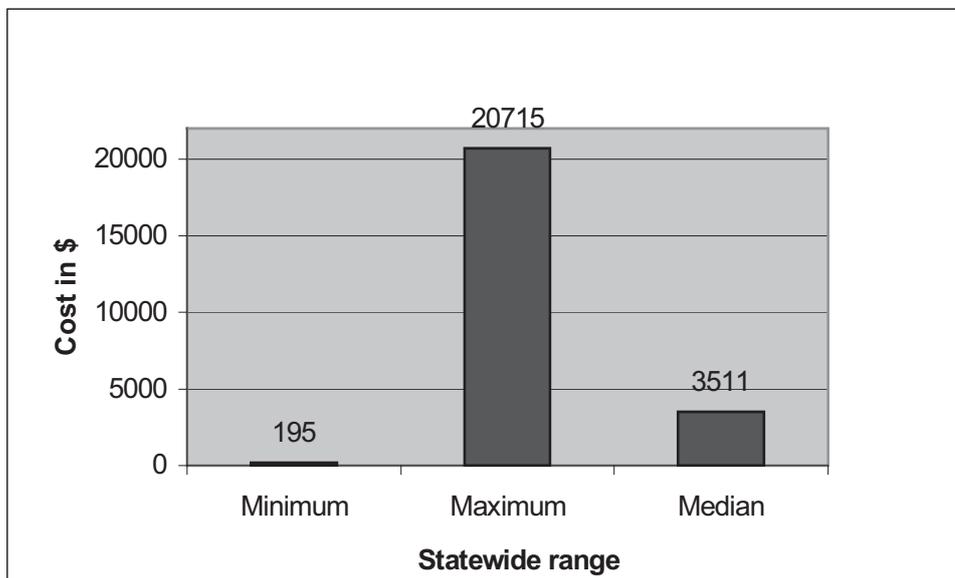


Fig. 2.4: Cost analysis of equipment per request by region¹¹

Region	Minimum (\$)	Maximum (\$)	Median (\$)	Average (\$)
Gippsland	195	6,177	1,029	2,112
Southern	536	14,400	1,243	3,896
Eastern	1,960	11,726	4,062	5,744
Hume	1,099	6,126	3,521	3,645
Barwon	1,020	20,715	8,371	8,503
Loddon Mallee	706	9,677	3,555	3,860
North West	945	8,945	1,961	3,427
Statewide range	195	20,715	3,511	4,801

The lowest cost equipment request across all regions was \$195, with the other highest minimum being \$1,960. Overall, the average minimum cost per request across the regions was \$923. In some instances, the request entailed a number of low cost items that were required to function together – this may explain the gap between the lowest cost item in the range (\$195) and the average minimum cost across all regions (\$923). Despite this gap, overall the variation across minimum equipment costs across the region is not significant, comprised only of a variation of \$1,000. In this sample, Gippsland region demonstrates consistently lower levels of minimum and maximum costs per equipment item than other regions. Whether this was a consistent trend across all client files in Gippsland would need to be verified by other data and, if so, could reflect a regional VAEP allocation process with in-built or widely understood cost restrictions that function to lower the costings of requests.

By contrast, there is significant variation in the maximum cost of equipment across the regions. The maximum range extends from \$6,126 to \$20,715, with an average maximum cost per request across regions of \$11,109. In this sample, Barwon region demonstrates a trend to both high end minimum and maximum cost ranges of equipment items. Again, a wider data set would be needed to verify whether this trend held across a larger sample. Anecdotal evidence suggests that such a trend may be supported by a more positive equipment funding environment in the region which has access to clearly identified local top up funds via regional trust funds for this purpose. This environment may lead to a pervading culture among therapists in which they prescribe more by need and appropriateness than with an eye to funding limitations.

The data was also analysed for median point in recognition that a calculation of averages may not best reflect the cost distribution of equipment given the large differences between minimums and maximums. The median represents the data point where an equal number of requests fall both below and above it.

¹¹ Note that the average per request is higher than the average quoted per equipment item on the previous page. This is due to some requests including multiple equipment items.

Table 2.4 above shows that median calculations are somewhat lower than the averages calculations, with a statewide median of \$3,511 compared with the statewide average of \$4,801. If we exclude the Barwon outlying figure from the range, the median range across regions is relatively consistent, showing a variation of only \$3,000 between medians. Subject to testing on a wider sample, this could suggest that a possible common median for equipment requests may be between \$1,000 and \$4,000.

One argument for increasing this median to include the Barwon median is the prevalence of wheelchairs as requests (usually high cost items). Likewise, there is some evidence¹² to suggest that communication aids are under-prescribed for a variety of reasons, including inability to staff the therapist time in order to provide clients with training in aid use¹³. Again, electronic communication aids can be high cost items. Given these factors, it might be more reasonable to assume that if equipment needs were being more appropriately met, that the median figure would be significantly higher, perhaps more commonly the Barwon median quoted here (\$8,000 range).

Costs for client groups

This study aimed to document initial evidence about relative cost burdens borne by specific client groups. Given the small sample size of this study, results can be considered indicative only and the subject for testing in further research.

Comparing client groups evidences a much closer range of average and median equipment costs across groups, than is evident across regions. The median range shows a variation across groups of only around \$1,800. This suggests the experience of equipment costs is fairly similar across client groups. Notwithstanding this, this study also found the highest median cost of equipment request was found in the school aged client group, reflecting the higher level minimum and maximum costs found in this client group. This means that, in this sample, roughly fifty percent (50%) of school aged equipment requests fall between \$4,176 and \$16,880, with the other half falling below \$4,176. This becomes of significance in the later analysis of the proportion of funds allocated to client groups from VAEP and government sources.

Similarly, roughly fifty percent (50%) of early childhood intervention clients make equipment requests costing between \$2,308 and \$11,190. The community client median range is greatest, with roughly fifty percent (50%) making requests between \$3,301 and \$20,715.

¹² Communication Resource Centre (2006). *The Non-electronic Communication Aid Scheme (NECAS) - Pilot Project Service Request Data Report – June 2006*, Box Hill: Scope. Whilst this report provided data about the non electronic communication aid scheme, some data has relevance for other types of aids. The report identifies data on two hundred and twenty-nine (229) requests. Of these, forty-nine percent (49%) of requests were from people (average age forty-one (41) years) who had no other form of communication aid. In all cases, client communication needs were significant. Discussions with researchers identified concern that this figure partially evidences the level of unmet need for electronic and non electronic communication aids in Victoria and that this level is extreme.

¹³ See forthcoming in December 2006: AIHW, 2006 report, *Therapy and equipment needs of people with cerebral palsy and like disabilities in Australia*.

Figure 2.5: Statewide cost analysis of equipment per request by client group

Client Type	Minimum (\$)	Maximum (\$)	Average (\$)	Median (\$)
ECI	768	11,190	3,560	2,308
School	945	16,880	5,656	4,176
Adult	195	12,044	4,378	2,310
Community	1,291	20,715	6,134	3,301

Source of funds

One of the significant findings of this study concerns the source of funds for clients' equipment requests. Discussions with therapists, clients, and service agencies prior to the research identified a number of key questions:

1. What proportion of the total equipment cost does the VAEP fund?
2. What proportion of the total equipment cost does the client or family need to fund?
3. Where are these top up funds sourced from?
4. How long does it take to source top up funds? (i.e. how much longer is equipment delayed due to the need to source top up funds?)
5. What proportion of top up funds is sourced from government funding schemes?
6. What proportion of top up funds is sourced from non government areas?

Proportion of VAEP funding

The data in this study provided findings in relation to: the number of applications to VAEP that were successful (and the number rejected or unsuccessful); and the proportion of the total cost of equipment requested actually funded by the VAEP.

Of the fifty-seven (57) client files, forty-nine (49) provided clear data about VAEP approval or rejection. Of these, forty-seven (47) recorded VAEP approval of application, and two (2) recorded VAEP rejection of application. This represents a ninety-six percent (96%) success rate in VAEP applications. Contributing factors to this high rate possibly include the sampling characteristics, (where researchers specifically directed therapists to select files to do with VAEP), and the level of therapist skills and knowledge in appropriately targeting applications to VAEP.

Significantly, of the ninety-six percent (96%) of applications approved by VAEP, only nine percent (9%) received VAEP funding to meet one hundred percent

(100%) of their equipment request. Thus, while the vast majority of clients received some VAEP funding, a similar majority (91%) were required to fund or seek other funding to top up the VAEP allocation before equipment could be ordered or received. This data evidences the rarity of receiving one hundred percent (100%) of equipment funds from VAEP.

Fig. 2.6: Success rates in VAEP applications and percent of clients receiving one hundred percent (100%) of total equipment cost from VAEP

Clients successful in VAEP application	Clients unsuccessful in VAEP application	Clients receiving 100% of total equipment cost from VAEP	Clients required to find top up funds to meet gap between VAEP and total equipment cost
%	%	%	%
96	4	9	91

Despite the high success rate of VAEP applications, the VAEP provided a range of funding levels to applicants. Across all regions, the VAEP provided an average allocation of sixty percent (60%) of the total equipment cost requested. This meant that clients were required to find an average forty percent (40%) of the total equipment cost.¹⁴

Top up funds

Top up funds are those funds required to cover the gap between VAEP funding (if any) and the total cost of equipment.

As stated above, the data evidences that clients are required to find funds at an average of forty percent (40%) of the total equipment cost to meet the gap unfunded by VAEP. This data shows a wide variation of minimums and maximums across regions. This variation identifies that some clients may incur a significant cost burden, having to find additional funds of up to \$16,415. However, excluding this outlier data, in general the data shows that most clients could expect to pay a maximum amount (of top up funds) of between \$3,000 and \$7,000 per equipment request.

¹⁴ This data excludes the ten percent (10%) of clients in the total sample who were required to fund one hundred percent (100%) of their equipment costs without VAEP contribution. (Note that these figures include both those explicitly rejected by VAEP as well as those for whom VAEP application data was missing but that indicated one hundred percent (100%) of self funding.)

Fig. 2.7: Top up fund ranges and average proportion of total equipment request

Region	Minimum top up amount (\$)	Maximum top up amount (\$)	Average top up funds (%)
Gippsland	268	2,655	47
Southern	160	5,900	29
Eastern	458	7,326	29
Hume	277	4,235	43
Barwon	3,544	16,415	64
Loddon Mallee	195	2,826	30
North West	306	5,499	54
Statewide top up range	160	16,415	40

Therapists, clients and families sought top up funds from a variety of places, including government and non government sources. In general, this study found that the majority (62%) of applications for top up funding were made to non government sources, including a client or family's own sources of personal finance. There was significant variation across regions with some regions showing a greater engagement with government sources of funds than others. However, the trend to seek funds from non government sources for top up costs was consistent across regions with all regions, except one (Loddon Mallee), making the majority of top up applications to non government sources.

Despite this trend, it is notable that a statewide average of thirty-eight percent (38%) of applications for top up funds are made to government sources, and most of these (71%) to the Department of Human Services (DHS). These figures suggest that, given thirty-eight percent (38%) of clients will make a second (or more) application to government (in addition to VAEP), it would be greatly beneficial to clients to simplify and streamline application processes so that multiple applications to government sources, (most likely within the same Department), are avoided. This would have an impact on reducing workloads for clients and therapists as well as a potential reduction in waiting times.

Fig. 2.8: Proportion of top up applications to non government and government sources by region

	Personal N	NGO N	Applications to non govt sources %	DHS N	Other govt N	Applications to govt sources %
Hume	2	0	66	0	1	33
Barwon	4	5	90	1	0	10
Loddon Mallee	0	0	0	7	0	100
Gippsland	0	5	63	3	1	37
Northern	1	6	54	2	4	46
Southern	1	2	60	2	0	40
Eastern	2	2	100	0	0	0
Statewide averages (%)	34	66	62	71	29	38

N = number of applications

The data also presents some significant trends when analysed by client group. Anecdotal evidence suggests that school aged clients are more distanced from and disenfranchised within the funding system. This study confirms this hypothesis. Figure 2.9, below, identifies a significant inconsistency across client groups. School aged clients make only fifteen percent (15%) of applications for top up funds to government sources, compared with between forty and sixty-seven percent (40% and 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. Coupled with this is the higher median cost of equipment requests experienced in the school aged client group (refer Fig. 2.5) compared with other groups. This suggests that school aged clients are seeking higher levels of funding for equipment but receiving less support from government sources of funding than other client groups. This identifies a significant area for further and immediate research to validate the trend identified here.

Fig. 2.9: Number of top up applications by client type and source of funds

	Personal N	NGO N	Applications to non govt sources %	DHS N	Other govt N	Applications to govt sources %
ECI	1	2	33	5	6	67
School aged	4	6	85	1	1	15
Adult	3	4	50	5	2	50
Community client	2	7	60	4	2	40

N = number of applications

The range of top up sources utilised by clients and therapists in this sample is listed below and suggests a requirement for therapists, clients and families to have an extensive knowledge of other sources of funds. Scope Equipment Funding Working Group has identified that this is an area that requires specific support and resourcing.¹⁵

Fig 2.10: Sources of top up funds applied to in this sample group

Note: figures in brackets indicate turn around times for applications experienced by this cohort where available.

Government sources	Non government sources
Regional Disability Support Initiative (0-30 days)	Lord Mayors Charitable Trust
Early Choices (0- 30 days)	Variety Club (0-30 days)
Community Care Options (30-60 days)	Rotary
La Trobe Community Health Service	St George
Baw Baw Home and Community Care	Lions Club
Department for Human Services – general (0-30 days)	Arthur Marsden Whiting Sympathy Fund (180- 210 days)
	Dick Smith
	Peter Brock Foundation
	Australian Home Care
	Anglicare
	Carlton United Breweries (30-60 days)
	Scope (trust fund)
	Benalla Trust (0-30 days)

¹⁵ As a response to this need, Scope has compiled and published an Equipment Funding Resource for individuals, families and other support people. This resource aims to support people by building their capacity to source their own funding for equipment.

This study provides some interesting data about therapist activity to manage top up funds. The sample provides a sub set of twenty (20) client files where information was recorded about the timing of when top up funds were applied for. In forty percent (40%) of cases, therapists anticipated a need for top up funds prior to the VAEP decision. In these cases, client files indicated that top up funds had been applied for prior to awaiting the outcome of the VAEP application for funding. Although no data is provided, it is likely that in these cases therapists could identify the gap between the VAEP pre-determined funding cap on the equipment item and the actual cost of the item. In such cases, therapists could anticipate that even should the VAEP application be successful, further funds would be required before the equipment could be ordered. However, sixty percent (60%) of relevant client files indicated that top up funds were applied for after the VAEP decision was made. Given the above data illustrating wait periods for top up funding allocations (between thirty [30] and two hundred and ten [210] days), it is likely that in these cases, this added a further and possibly significant wait period to the process of gaining both funding and equipment. Unfortunately, it is likely that in many cases therapists are unable to be pre-emptive about seeking top up funds as they are waiting on the determination of the actual funding amount from VAEP in order to finalise the amount sought from other sources.

Fig 2.11: Percentage of clients applying for top up funding prior to VAEP decision

Clients who <i>did</i> apply for top up funds prior to VAEP funding decision %	Clients who <i>did not</i> apply for top up funds prior to VAEP funding decision %
40	60

In the small number of occasions listed where clients self funded the entire equipment or top up cost, this process appeared to be quicker than seeking alternate funds (averaging between zero [0] and thirty [30] days). However, the vast majority of clients required external financial support in order to fund top up costs.

Wait times

Waiting periods have been reported by clients and therapists to be an area of major concern and one that greatly impacts on clients' health and wellbeing. This study aimed to provide data about wait times in answer to a number of key questions:

1. What are the wait times between each component in the equipment funding process?
2. What are the wait times from the beginning of the process to its end?
3. What proportion of clients loan equipment during this period to lessen the impacts of delay?

4. Were wait times greater in a specific component of the process or in particular regions?

Data to answer these questions is presented below. It should be noted that this appears to be the first publicly documented data of this kind in Victoria. This is not surprising since tracking wait times across each component of the process is difficult, demanding close examination of file data. Further research is needed to validate these findings and to examine the range of impacts on clients, as well as on the families and therapists who support them during this period and later as a result of deterioration or complications sustained due to delayed access to equipment.¹⁶

Before examining the wait times related to the component parts of the funding process, a broad overview of total wait times is useful. Figure 2.12 details wait times from initial assessment with therapist through to delivery of equipment in each region.

Fig. 2.12: Waiting times for clients from initial assessment with therapist to delivery of equipment*

Region	Minimum wait time (days)	Maximum wait time (days)	Median wait time (days)	Average wait time (days)
Hume	90-120	210-240	130-165	150-180
Eastern	120-150	300-330	270-300	230-260
Southern	120-150	240-270	135-165	165-195
Barwon	30-60	120-150	60-90	70-100
Loddon Mallee	30-60	510-540	255-285	312-342
North/West	Insufficient data	Insufficient data	Insufficient data	Insufficient data
Gippsland	Insufficient data	Insufficient data	Insufficient data	Insufficient data
Statewide average	78-108	276-306	210-240	208-238

* These figures are based on calculations made direct from clients' files noting date of assessment and date of equipment delivery. For ease of recording, wait times have been categorised into thirty (30) day increments (except for calculation of averages and medians).

In this sample, Loddon Mallee evidenced the longest client wait time of up to five hundred and forty (540) days (i.e. one and a half years) between therapist assessment and delivery of equipment. By contrast, the shortest time between assessment and equipment delivery was thirty (30) to sixty (60) days experienced in Loddon Mallee and Barwon.

¹⁶ Note that the forthcoming AIHW, 2006 report identifies a number of cases where clients document serious medical complications due to lengthy delays in accessing appropriate or any equipment.

The statewide averages show that the average wait time between assessment of need and delivery of equipment is between two hundred and eight (208) and two hundred and thirty-eight (238) days (i.e. seven - eight months), with a typical maximum being between two hundred and seventy-six (276) and three hundred and six (306) days of wait. It is also important to note that researchers collected data about the time periods between equipment delivery and use. Whilst this was available in a smaller sample subset only (n = 12), the majority of these client files evidenced a further zero (0) to thirty (30) day wait between delivery of equipment and use of it. In one case, the wait was between thirty (30) and sixty (60) days. This wait was due to the need for fitting, modification and training in the equipment or device. For these twelve (12) people requiring equipment modification, two (2) were still unable to use the equipment after thirty (30) or sixty (60) days due to modifications being incomplete or deemed inappropriate due to changed conditions. The total number of modifications recorded for this small sub group was sixteen (16).

This data evidences significant delays between assessment by a therapist that identifies an equipment request, and the delivery and use of equipment. Including the statistics for wait times between delivery and use, the data suggests that clients and services could confidently plan, in most cases, for a wait period in excess of eight (8) months. This period is a significant one and will result in a range of impacts on clients. Such a period will have greater impact in the lives of some clients than others, particularly those whose needs are changing either through growth (e.g. children), deterioration or other changes in their lives, whereby it could be expected that eight (8) months would result in significant physical and other changes.

Wait times for components of equipment funding process

This section focuses on the components of the VAEP equipment funding, namely:

- Initial assessment by therapist to determine need to lodge VAEP application;
- Lodgement of VAEP application to VAEP funding decision (approval or decline);
- Notification of VAEP approval to delivery of equipment. (Note that this period will be extended by need to source top up funds prior to ordering equipment.);
- Equipment delivery to actual use of equipment.

This section aims to identify any problem areas across the component areas in terms of higher waiting times.

Fig 2.13: Average wait times across regions for each component of equipment funding process with VAEP¹⁷

	Assessment by therapist to VAEP application (days)	VAEP application to VAEP approval (days)	VAEP approval to equipment delivery (days)	Equipment delivery to equipment use (days)
Hume	30-60	30-60	75-105	0-30
Eastern	78-108	24-54	90-120	0-30
Southern	54-84	140-170	120-150	0-30
Barwon	8-38	45-75	60-90	0-30
Loddon Mallee	18-41	137-167	90-120	23-53
North West	45-75	84-114	240-270	Insufficient data
Gippsland	0-30	70-100	Insufficient data	Insufficient data

This data shows considerable variation across regions. Given the small sample in each region, these differences may be due to client needs rather than indicative of regional differences. This is an area requiring further research in order to determine whether wait periods, in particular between assessment and application (given these may be affected by therapist workload and levels of staffing in regions), and VAEP application to VAEP approval, differ across regions and the causes of this.

Figure 2.14 details statewide data for each of the components of the equipment funding process. Maximum wait times recorded are of concern in the first three components of the system. One client waited between two hundred and forty (240) and two hundred and seventy (270) days between the first assessment and the submission of the VAEP application. No data is available to determine the cause of this wait, except contextual data which details that the client was school aged and the request entailed two wheelchairs. A different adult community client experienced the maximum wait between VAEP application and approval, of between three hundred and sixty (360) and three hundred and ninety (390) days, awaiting approval for an electric bed. Similarly, a third client (adult community) experienced the longest wait of two hundred and forty (240) and two hundred and seventy (270) days between VAEP approval and equipment delivery, waiting for delivery of an electric wheelchair.

Analysing the average wait times in each component of the VAEP funding process identifies two components with significant wait periods. As could be expected, there is significant wait time between the approval of VAEP funds and the delivery of equipment, with an average wait time of between one hundred and three (103) and one hundred and thirty-three (133) days. This is probably the hardest component to change, given issues of supply and the distance to

¹⁷ Note: Fig 2.13 identifies each component as a separate allocation of time rather than cumulative. A total wait period can be calculated by adding components. However, totals will differ from Figure 2.12. In Fig 2.13 each component has been separately calculated into thirty (30) day increments. Thus calculating a total wait period by adding components will give a higher total than Fig 2.12 where exact dates have been used between start and finish, and then later categorised into thirty (30) day increments.

suppliers (often overseas). However, this wait is also affected by the need to source top up funds prior to ordering equipment. Therefore this period could be reduced by either a greater frequency of full funding occurring on first application (to VAEP) or more streamlined processes to seek top up funds (especially where these are sought within government).

The second longest wait period occurs between application to VAEP and approval of VAEP funds. This period of VAEP assessment averages between seventy-nine (79) and one hundred and nine (109) days. This area is easier to target and effect changes in given it is largely within the control of the Victorian Department of Human Services. It should also be noted that the average wait period is significantly less than the maximum recorded for this component of the process (between three hundred and sixty [360] and three hundred and ninety [390] days). So, whilst the VAEP assessment process could be expected to take around three or four months, it may take beyond one year. Given the inherent wait times in the other parts of the system (especially the wait between ordering and receiving equipment), it is imperative that the wait period of VAEP assessment be minimised in order to avoid negative impacts on clients and families as a result of significantly extended waiting periods for equipment.

Fig. 2.14: Wait times statewide for each component of equipment funding process with VAEP, showing minimum and maximum wait times and average wait times

Component	Wait time minimum (days)	Wait time maximum (days)	Wait time average (days)
Assessment by therapist to VAEP application n=32	0-30	240-270	32-62
VAEP application to VAEP approval n=30	0-30	360-390	79-109
VAEP approval to equipment delivery n=16	0-30	240-270	103-133
Equipment delivery to equipment use n=14*	0-30	30-60	2-32

* This sample excludes two (2) clients who had received equipment but who were still unable to use it due to inappropriateness of equipment or difficulty in modification. If this data was included the average wait time between equipment delivery and use would be longer.

In four (4) instances, a second VAEP application was required to amend or vary the first application due to changes experienced during waiting. In one (1) instance of a school aged client, lengthy VAEP approval delays led to the need to re-assess the child and complete a second VAEP application, which again lengthened the wait for equipment.

Equipment loans during wait time

Focus group data collected for the forthcoming AIHW (2006) report evidences the impacts on clients because of extended waiting periods for equipment approval and purchase. Such impacts include: deterioration of health, mobility and communication; negative impacts on inclusion and participation in employment, education and the community; ill health and stress of carer or family; and significant personal issues (AIHW, 2006). As a result, the Scope study was interested in determining the extent of interim equipment loans amongst clients in the sample, whilst awaiting equipment decisions and funding, given this might be a strategy to mediate the negative impacts of waiting for equipment.

This study identified relevant data in forty-seven (47) client files. Of these forty-seven (47) clients, nine percent (9%) accessed loaned equipment whilst awaiting equipment funding and delivery. The remaining ninety-one percent (91%) did not borrow equipment during this period. There is no data to evidence the factors influencing this result.

Fig. 2.15: Extent of equipment loan occurring whilst awaiting equipment funding

Clients who <i>did</i> loan equipment during wait period	Clients who <i>did not</i> loan equipment during wait period
%	%
9	91

Conclusion

This study commences the process of developing a publicly accessible evidence base to determine the impact and effectiveness of equipment funding for people with a disability in Victoria.

The sample for this study is relatively small, given the difficulties of accessing the depth of data targeted in this study. Such research is dependent on the support of a service organisation which adopts a quality improvement approach to all aspects of service delivery, and is therefore committed to facilitating reviews of this kind. It is also dependent on time available to therapists to assist researchers to interpret client file data accurately, along with resources to support such research activities.

The study reports data from fifty-seven (57) client files across Victoria and representing a range of client groups, including early childhood, school aged, adult and community clients. The fifty-seven (57) clients in this sample requested a total of \$248,959 for sixty-four (64) items of equipment.

Data analysis evidenced some significant trends. Were these trends to be further validated for Victoria by further research, they would represent a deeply burdensome system for people with a disability in Victoria.

In short, these trends would evidence that people with a disability in Victoria can expect to:

- Receive only sixty percent (60%) of the total equipment cost from VAEP;
- Be required to self fund or source other funding for around \$3,000 to \$7,000 for *each* equipment request;
- Wait between two hundred and eight (208) and two hundred and thirty-eight (238) days (i.e. seven and eight months) between assessment of need by therapist and delivery of equipment, with a typical maximum wait time being up to three hundred and six (306) days of waiting.
- Wait a further one to two months after equipment is delivered before being able to use it, whilst modifications, fitting and training are undertaken.

In addition, the following are critical facts with regard to the equipment funding system:

- Sixty-two percent (62%) of applications for top up funding were made to non government sources, including clients' or their families' own sources of personal finance;
- Thirty-eight percent (38%) of applications for top up funds are made to government sources and seventy-one percent (71%) of these are made to DHS;
- School aged clients make only fifteen percent (15%) of applications for top up funds to government sources, compared with between forty percent (40%) and sixty-seven percent (67%) of applications made to government by other client groups;
- There is significant wait between the approval of VAEP funds and the delivery of equipment, with an average wait time being between one hundred and three (103) and one hundred and thirty-three (133) days;
- A second significant wait period occurs between application to VAEP and approval of VAEP funds, with this period averaging between seventy-nine (79) and one hundred and nine (109) days;
- Very few clients, that is, nine percent (9%), appear to access loan equipment whilst awaiting equipment funding and delivery.

Actions within reach

This data suggests that many of the problem areas could be addressed by immediate and targeted action within the current system.

Given that only nine percent (9%) of applicants received one hundred percent (100%) of their request from VAEP, and that applicants receive only sixty percent (60%) of the total cost of request, this suggests that a) funding ceilings on equipment items are forty percent (40%) too low; and b) there are insufficient funds in the VAEP system to address the level of equipment need.

Action: Increase equipment funding ceilings on most items and the overall level of funds in the VAEP budget.

The timeframe of VAEP assessment of client applications is excessive (averaging between one hundred and three [103] and one hundred and thirty-three [133] days, and with some applications taking more than one year in VAEP assessment). This process is directly within the control of DHS.

Action: DHS review VAEP application assessment processes in order to radically decrease the amount of time VAEP assessment takes, to a standard of no more than thirty (30) days.

School aged clients appear to be significantly disadvantaged within the government equipment funding system. This group appears to incur higher equipment costs, yet makes only fifteen percent (15%) of applications for top up funds to government sources, relying almost exclusively on the non government arena for support. This suggests that school aged clients are either ineligible for sources of government funding (other than VAEP), or are poorly informed about these.

Action: Initiate an immediate review of school aged equipment funding, access and eligibility of government sources. Establish an information and support strategy directed at school aged clients and families to ensure they are well informed about funding opportunities for equipment.

Despite the significant and well known waiting times inherent in the equipment request process (an average of eight [8] months from therapist assessment to equipment delivery), only nine percent (9%) of this sample accessed loaned equipment during this time. This suggests that people with a disability are largely going without necessary equipment for extended periods in their lives, leading to reported deteriorations of health, wellbeing, social and economic participation.

Action: Investigate barriers to loan of equipment and develop a resource plan for the further development of an effective loans program. This should occur within the context of additional funding to VAEP in order to reduce wait times overall.

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Appendix One

Fig.App 1.1: Summary of previous data collection in Scope - major categories

	2004 survey	2005 survey
Number of items of equipment currently on request within Scope (all regions)	225	61
Total cost of equipment request	\$392,576	\$242,344
Average cost per item	\$1,540	\$3,973
Range of equipment costs		Minimum: \$1,966 Maximum: \$12,600
Percentage of total cost of equipment funded by VAEP	56	72
Average waiting time first assessment to VAEP approval		180-210 days