

# **Disability: the use of aids and the role of the environment**

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DISABILITY SERIES

# **Disability: the use of aids and the role of the environment**

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## Abbreviations

A&EP	Aids and Equipment Program (Victoria)
ABS	Australian Blindness Forum
ABI	Acquired Brain Injury
ABS	Australian Bureau of Statistics
AIWH	Australian Institute of Health and Welfare
ALS	Artificial Limb Scheme
CAAS	Contenance Aids Assistance Scheme
CAEP	Community Aids and Equipment Program (Western Australia)
CRS	Commonwealth Rehabilitation Scheme
CSDA	Commonwealth/State Disability Agreement
DVA	Department of Veterans' Affairs
ICF	International Functioning of Disability and Health
ILEP	Independent Living Equipment Program (South Australia)
NGO	non-government organisation
PADP	Program of Appliances for Disabled People (New South Wales)
PDCN	Physical Disability Council of NSW
RAP	Rehabilitation Appliances Program
SAEAS	Supported Accommodation Equipment Assessment Scheme (Victoria)
TAFE	Technical and Further Education
TIMES	Territory Independence Mobility and Equipment Scheme (Northern Territory)

## Symbols

- when used in a table, means nil or rounded to zero (including null cells)
- .. when used in a table, means not applicable

## Summary

Recognition of the environment as having a direct impact on the experience of disability is an important conceptual and practical step on the road to improving participation and the quality of life of people with disabilities. The provision of affordable aids and equipment, support arrangements in educational and workplace settings, mainstream education, accessible public transport and personal assistance all act to facilitate opportunities for individuals to participate in the economic and social world. Furthermore, and just as importantly, they provide people with disabilities an added independence to explore these opportunities. Nonetheless, features of the environment may still act as barriers for different people in different circumstances.

The International Classification of Functioning, Disability and Health recognises environmental factors as one of three components defining functioning and disability (WHO 2001). Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives, and influence the experience of disability both at the body level (function and structure) and in terms of the activities they do and the areas of life in which they participate.

Aids and equipment are environmental factors with the potential to improve the life of people with disabilities through the attainment of greater independence and less reliance on personal assistance. Some research suggests that aids and equipment alone may be a more efficacious form of assistance than personal assistance in reducing difficulty associated with performing tasks of daily living. Nonetheless, the prescription of aids and equipment to people with disabilities is not always beneficial to the client, sometimes leading to the acquisition of an inappropriate aid and its eventual abandonment.

In Australia, a range of Commonwealth and state and territory based schemes provide cost-free or low-cost aids to people with disabilities. These schemes, however, do not generally provide complete coverage in terms of scope, size and the types of aids and equipment provided, despite recent reviews to improve the quality and delivery of aids.

This report describes the use of aids and equipment by people with disabilities in Australia, and other relevant environmental factors, such as support arrangements in educational and workplace settings, access to public transport, assistance with daily activities, and home modifications. A summary of the findings from analysis of the 1998 Survey of Disability, Ageing and Carers is given below.

### Aids and equipment

- In 1998, 48% of people with a disability used some form of aid. Of this group, 40% were under the age of 65 years (Section 4.2).
- The use of aids and equipment was more likely in older age groups and for those with more severe core activity restrictions (Sections 4.3 and 4.4).
- Medical aids were the most frequently used aid for people aged 15–64 years, followed by mobility aids. The exception was children under 15 years, where self-care and communication aids were the second most used aid categories, after medical aids (Sections 4.3).

- The average number of aids used generally rose with increasing severity of core activity restriction. People with a mild core activity restriction used on average 1.2 aids compared to 1.5 for a moderate core activity restriction and 1.9 aids for a severe core activity restriction. People with a profound core activity restriction used an average of 3.5 aids (Section 4.4).
- People aged 0–64 and with physical/diverse or hearing impairments were more likely to be users of aids compared with people with an intellectual, psychiatric or vision and speech impairment (Section 4.5).
- People who needed assistance with core and other daily activities were more likely to use aids than those who did not need assistance. However, needing assistance with a core activity was not necessarily associated with a high use of aids specific to the core activity. Around 40% of people who needed assistance with self-care or mobility used self-care and mobility aids respectively. Only 8% of people needing assistance with communication used communication aids (Section 4.6).
- Almost half of people aged 0–64 years and reporting a need for assistance with self-care, mobility or communication received personal assistance only, suggesting that ‘low’ aid use is offset by receipt of personal assistance. Nonetheless, a high proportion of people still reported using neither personal nor aid or equipment assistance for core activities, in particular in relation to communication where the proportion having no personal or equipment assistance was 43% (Section 4.6).
- People with a primary carer were more likely to use aids. For people aged under 65 years and using aids and equipment, the primary carer was usually a spouse or partner, and to a lesser extent a parent; for people who did not use aids, a parent was the main primary carer. Aid and equipment users generally received shorter hours of primary care, albeit only slightly less so (Section 4.7).

## **Other environmental factors**

### **Education (Section 5.2)**

- Over 70% of school-aged (5–19 years) children with a severe, moderate or mild core activity restriction and 49% of children with a profound core activity restriction attended ordinary classes in 1998.
- Receipt of support arrangements was more likely if a primary or secondary school student attended a special class or a special school. This might reflect the greater needs of children in these educational settings compared to those in ordinary classes and/or a better array of facilities in classes or schools specifically catering for children with disabilities. However, it was not possible to determine the proportion of children who did not have access to support arrangements, but who needed them, compared to those who did not need them.

### **Employment and workplace arrangements (Section 5.3)**

- Support arrangements in the workplace were more common for people with a profound or severe core activity restriction than those with other restrictions. Special equipment and assistance from a disability support person were the most common forms of support arrangement. Again, however, it was not possible to determine the proportion of adults

who did not have access to workplace support arrangements, but who needed them, against those who did not need such arrangements.

### **Access to public transport (Section 5.4)**

- Public transport systems were available to over 80% of people with a disability. For people aged over 65 years, 98% had a concession card but only 52% of those aged under 65 years held a similar card.
- Six per cent of people who used private transport did so because the absence of public transport in their area meant they had to rely on other transportation means.
- Problems with safety, frequency and reliability of services, ability to transfer between home and stops or station, and in and out of vehicles, and the absence of direct services have been identified as barriers to regular public transport use.

### **Personal assistance with daily activities (Section 5.5)**

- Personal assistance with daily activities was predominantly provided by informal assistance. Formal personal assistance accounted for only a small proportion of assistance received. This is particularly so for people aged under 65 years where the proportion of assistance received from formal sources ranges from 2% to 11% for specific activities, the exception being health care where 19% of assistance is formal.
- Between 5% and 33% of people with a core activity restriction and aged 0–64 years reported that their need for assistance with a specific daily activity was partly met. For people aged over 65 years, the range is from 3% to 19%.
- Between 4% and 8% of people with a core activity restriction and aged 0–64 years who need assistance with a specific daily activity report they do not receive any assistance at all. Between 2% and 11% of people aged 65 years and over and with a core activity restriction also report not receiving assistance for specific activities.

### **Home modifications (Section 5.6)**

- Home modifications were more common for people with a profound or severe core activity restriction (23% and 14% respectively), those aged under 14 years (11%) or over 65 years (16%) and home owners, boarders or lodgers living rent-free (13–14%).
- People using aids were significantly more likely to live in homes with modifications.
- Type of home modifications varied with age. Ramps and structural changes were more common in the homes of people aged under 30 years and handgrab rails more common in the homes of people aged over 30 years. Toilet, laundry and bath modifications are equally important to all age groups.

The role of the environment in the experience of disability is a new and important area for information in the disability field in Australia. Information here and internationally is rather scarce and tends to neglect the population under the age of 65 years. This report starts to fill this gap by providing a broad-scale picture of the association between disability and the environment, for all age groups. However, in turn, further questions are unlocked, for example, the effect of the environment on specific disability groups (e.g. vision impaired) or age groups (e.g. children), the adequacy and scope of current schemes responsible for the provision of support arrangements, aids and equipment, and other assistance, and policy implications of these findings.

