

Abstract

This thesis explores how assistive technology (AT) and choice are interpreted in contemporary disability rights, and how these rights are implemented in Australian policy. AT comprises products and services that are used to improve the ease and effectiveness of performance in a range of tasks and roles. People with disability use AT to enable participation in society by mediating the effects of impairment and environmental barriers. Effective use of AT facilitates inclusion, but access to and outcomes from AT have often been inequitable or inconsistent due to fragmented systems and limited involvement of AT users in decision-making. This thesis explores how the concepts of disability, AT and choice are understood by people who develop and implement policy, and by affected citizens including service providers and consumers.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) protects and promotes the civil, cultural, economic and social rights of people with disability. This thesis investigates Australia's policy reforms since ratifying the CRPD in 2008 through an interpretive policy analysis of AT provision, focusing on the National Disability Strategy (NDS) and National Disability Insurance Scheme (NDIS). It argues that the meanings ascribed shape the ways in which disability rights are progressively implemented in policy and how choice is constructed in AT provision. The research aims to capture progress at a single point in time to influence future debate and further policy development.

The interpretive policy analysis was approached systematically, incorporating multiple data sources and qualitative analysis methods. This involved identifying artefacts (data sources) and individuals and communities relevant to AT provision and Australia's policy reforms in disability services. Key documents produced since Australia ratified the CRPD were investigated through the process of category analysis, to reveal interpretations of disability, AT and choice from the perspectives of policymakers (government), implementers (government agencies) and affected citizens (service providers and consumers). To ensure that under-represented groups' interpretations were heard, five individuals from the affected citizens' community were interviewed about their experiences of AT provision and choice in different contexts. The participants' accounts were explored in detail using Interpretive Phenomenological Analysis (IPA) to identify patterns in the emergent themes.

The findings in this thesis suggest that many people in Australia are still operating in an old paradigm that conflates disability with impairment, and considers disability a health issue. Policy implementers have interpreted assistive technology as products only, and choice as a means to improve efficiency, relying on technological innovation and market mechanisms as solutions instead of addressing the issues of access to AT and quality of services as identified by affected citizens. The ambiguity of choice as a policy principle means that it aligns with both liberal ideals that adopt market competition in public services and the human rights agenda, though these adopt different mechanisms and appear to deliver different outcomes.

This thesis concludes by considering alternative conceptualisations and approaches for policy development and the cultural change required to realise disability rights and improve AT provision. Australia's policies can evolve to support AT provision practices that facilitate the ongoing self-management of AT users by prioritising collaborative relationships. Re-framing choice as both a means and an end is consistent with a capabilities approach that aims to boost people's opportunities in life through individual and collective resources.

Understanding that AT is a process as well as products, and that AT provision is often a prerequisite for participation, may reorient policies toward building and sustaining social capital rather than stimulating market competition. Considering impairment as another dimension of diversity instead of a specialist health issue may enable mainstreaming in policy through a universal design (UD) approach.

This thesis contributes to the theoretical and practical challenge of realising the CRPD's vision for an inclusive society. It argues that this requires an understanding of the universality of impairment and a culture that embraces diversity and understands the role and value of AT.