Research on the provision of Assistive Technology in Ireland and other countries to support independent living across the life cycle

Executive Summary

Kevin Cullen, Donal McAnaney, Ciaran Dolphin,
Sarah Delaney and Philomena Stapleton

Work Research Centre
Dublin

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DISCLAIMER

The National Disability Authority contracted WRC to conduct this research. The views expressed in the report are those of the authors and do not necessarily reflect the views of the National Disability Authority.
Executive summary

The field of Assistive Technology (AT) concerns the practical tools that can support functional needs of people who experience difficulties linked to disability or ageing. It encompasses a broad spectrum of low tech and high tech technologies, for example, walking frames, wheelchairs, hearing aids, vision aids and computer-based communication aids. These technologies play a crucial role in enabling independent living and access to education and employment. The value for money that public expenditure on AT may represent and its potential to contribute cost-savings through reduced demand for more expensive services is increasingly being recognised.

This study examined the approaches to provision of AT in Ireland and a number of other jurisdictions with relatively well-developed systems. The scope of the study covered provision of AT to meet the needs of people with disabilities and older people across three core settings – home/community/everyday life, employment and education. The main countries covered were Ireland, Denmark, Norway, Netherlands, Italy and the UK, as well as a more limited coverage of Germany (employment setting only). These were selected to reflect a number of different welfare systems and ways of funding and organising AT provision. The overall objective was to provide guidance for the future development of the Irish system in ways that would reflect established or emerging good practice in the field.

The report is organised into six main Chapters. Chapter 1 provides an Introduction, outlining the scope of the AT domain and describing the methodology used in the study. Chapter 2 discusses the relevance and importance of AT in the Irish context, including new analyses of existing data from the National Physical and Sensory Disability Database and from the National Disability Survey of 2006. Chapter 3 presents a description and appraisal of the current Irish AT provision system(s) as they apply to the three core settings - home/community/everyday life, employment and education. Chapter 4 presents a description of core aspects of the AT provision systems in each of the other countries, covering the legislative/policy context and the mechanisms and procedures for AT service delivery. Chapter 5 identifies and discusses some key themes and issues arising from the system descriptions in Chapters 3 and 4 as well as in relation to a number of specific themes that were also examined in the different countries. Chapter 6 presents a synthesis and recommendations, with the main conclusions and recommendations organised in accordance with the following schema.
The main points are summarised below.

**Need for greater recognition of the importance of AT and the value for money it represents**

The importance of AT and the value for money that it can provide seems generally not as well recognised in Ireland as it is in some of the other countries covered. It is concluded that:

- Assistive technology could be given more attention and importance in policy on older people and people with disabilities, per se, as well as in policy on wider issues facing the health & social care system; it needs to be specifically identified as an important dimension in all relevant policies and programmes and this needs to be followed-up with concrete action to ensure impact.

- In the current economic climate it is important to take into account the potential for AT to deliver both substantial value for money (e.g. in terms of gains in quality-adjusted life years (QALYs) and better educational and labour market outcomes for users of AT) in itself as well as cost-savings in other areas of public expenditure that can accrue from spending on AT.
A narrow focus on reduction of expenditure on AT in health and social care services could be counter-productive in terms of additional costs that would arise in other areas, such as acute hospital, home care and residential care.

There is a requirement to systematically document the nature and extent of unmet needs in this context, examine the implications for the clients concerned and for overall costs across the entire health and social care system, and take this into account in funding allocation decisions.

The AT provision systems in each of the three settings need to be strengthened

Health and social care system

- The Irish system of AT provision within health and social care is under-developed in comparison to the five other main countries covered in the study; there is a need to develop a modern and effective approach, with assistive technology services clearly defined and made visible amongst the range of services that are provided.

- The modern 'assistive technology' terminology/conceptualisation might be more appropriate than the narrower 'aids and appliances' one that is currently employed in the HSE and would be more in line with the approach in other countries with well-developed systems.

- As regards the overarching issues of eligibility and entitlement, further analysis is needed of the implications for AT provision of any major structural reforms of the Irish health and social care system; the information and discussion in Chapters 4 and 5 on systems in countries with relevant welfare models (e.g. Nordic, Dutch, UK) may provide a useful input to this.

- In the short-to-medium term, the public-private mix in access to AT is likely to remain in Ireland; this should be actively recognised in public policy and service provision, and information and other relevant supports should be provided for those who must or choose to acquire AT themselves; the approach and experiences in this aspect in the UK merit further examination in this regard.

- The issue of how best to organise and coordinate the efforts of the HSE and NGOs should be addressed as part of the more strategic positioning and strengthening of AT policy and services in Ireland; focused, national-level consultations between the HSE and main NGOs in the field would be a starting point for this.

Employment

- There appears to be very low take-up of the Workplace Equipment Adaptation Grant (WEAG) and there is a need to investigate whether there is
substantial unmet need that is not being reached; as a first step, a more proactive approach could be implemented (e.g. an active awareness-raising campaign) and its impacts assessed.

- Greater AT awareness and expertise could be developed within the employment services, as well as clear arrangements for accessing AT expertise from other relevant players when needed (for example, the access to specialist assessment services that is provided in the UK system).
- The possible merits of a system (e.g. certificate) of guarantee for job-seekers in relation to public financial supports for workplace equipment/adaptations could be examined, such as the approach in Norway.

**Education**

- There is a need for guidelines to be easily available to primary and secondary schools and professionals, providing clear information on eligibility criteria and school responsibilities, and describing the service pathway for accessing AT, supported by case studies for clarification; there is currently no such guidance for primary schools or specifically for assessing professionals.
- Consideration should be given to putting in place a more formal approach to follow up and monitoring of AT usage and impact including an analysis of the way in which AT, which has been accumulated by schools, is being utilised to provide support for other learners with disabilities.
- An important issue to be addressed is the most effective way to ensure that learners, who require it, are given the training necessary to ensure that they get the best out of the AT they are provided with.
- A review is needed of eligibility criteria for learners with high incidence disabilities, that is, those disabilities that occur more frequently in the student population, such as mild general learning disability, who require information technology support in primary and secondary education with reference to the approach being implemented in higher education.
- Formal support for networking and knowledge sharing between educators and professionals with a specific responsibility or interest in AT could assist in raising awareness of new developments and support higher standards of assessment and applications for AT.
- An important concern is how best to make expertise available at a local or regional level to support schools and parents in understanding the potential of appropriate AT and to contribute to continuing teacher education.
- There is a need for a more consistent approach in the further education sector particularly across Vocational Education Committees (VECs), the Institutes of Technology and post-secondary education colleges which would
build on the instances of good practice that already exist within the sector and best practice in the higher education sector.

A more coordinated approach
There is considerable scope for better coordination of the currently mainly separate systems of provision of AT in the three different settings:

- A collaborative forum (e.g. working party) of key players could be established with a focus on defining AT policy priorities and the improvements needed in the current system(s) of AT provision, as well as how better coordination and synergies could be achieved.

- This forum might include Health Service Executive (HSE), the body that is to replace Foras Áiseanna Saothair (FÁS), National Council Special Education (NCSE), Department of Education and Skills, Citizens Information Board (CIB), the key disability NGOs providing AT services, Department of Health, National Disability Authority (NDA), Health Information and Quality Authority (HIQA), Health Research Board (HRB) and any other relevant players; NDA might be an appropriate party to take the first initiative towards the establishment of such a forum.

- One issue that needs to be examined concerns ways of creating more effective and streamlined access to AT for individuals who have been deemed eligible for AT in one part of the system as they transition between settings; key transitions to be addressed include those between different levels of education as well as between education and employment; an extended version of the ‘user pass’ approach from Norway might be one option to consider in this regard.

- There are many other areas where coordination and synergies across players and settings would be useful; some examples of these are mentioned in the context of the themes raised below.

Specific quality improvements and other measures
In order to develop an Irish approach that is in line with existing and emerging good practice in other countries there are a number of specific areas that need to be addressed.

Standards
- Service quality standards need to be developed and applied in the AT services field in Ireland. This can be informed by the various approaches in this area from other countries, including standards for services as a whole as well as for specific aspects of services. The working group on standards in AT comprised of staff from NDA’s CEUD and NSAI and chaired by CEUD might have a contribution to make in this context; this group has reviewed a number of
European and International AT Standards including wheelchairs, mobility devices, voice recognition software etc.

- For quality standards in AT provision by the health and social care services, specific issues that need priority attention include:

- Acceptable standards for waiting times for AT assessment and for delivery after assessment need to be established and implemented consistently across the country

- Variations across the country in how HSE 'aids and appliances' services are organized need to be addressed; a consistent, nation-wide approach needs to be put in place, underpinned by a nationally-defined service model.

- Development of service quality standards for AT provision in the educational and employment settings also needs to be considered.

- HIQA would have a key role in this in relation to standards for AT services within the health and social care field; a cross-cutting approach could also be considered as part of the work of the proposed cross-setting collaborative forum.

**Monitoring and evidence-base**

- The monitoring and publishing of key performance data on AT services in Ireland needs to be improved. The approach in Norway provides a good example of what could be aspired to in this area, with regular monitoring and reporting on delivery times, numbers receiving services, costs and other aspects.

- There is also a need to develop an Irish-specific evidence base on the value for money and other contributions of AT in order to provide guidance for policy and for optimal allocation of scarce resources; the approach could include in-house research by the relevant agencies as well as funding of externally-sourced applied research focusing on key issues for current policy and services.

- A first topic for attention might be a focused examination of this aspect in relation to the AT services provided and/or funded by the HSE.

**Specialist AT expertise**

- There is a need to develop an effective approach that would provide access to expert knowledge and advice about AT for non-specialists at all relevant levels (national to local) within the AT provision system and in each of the three settings; this should aim for sharing of resources, capitalising on existing expertise and avoidance of duplication.
- A mapping and analysis of current sources of expertise within the health/social care, employment, education, NGO and other sectors is needed as a first step; the proposed cross-setting, collaborative forum might be the most appropriate entity to take the initiative on this.

**AT skills for frontline staff**

- The area of AT skills for the frontline staff in education, employment, health and social care sectors involved in AT provision is recognised as being underdeveloped and problematic in Ireland; this would include the range of health and social care professionals working with client groups who may have needs for AT, as well as teachers, principals, employment service officers and all other relevant professionals in the educational and employment contexts. There are good examples of approaches in some of the other countries that could provide guidance for the development of this aspect in the Irish context, such as the extensive programme of short continuing professional development courses in AT that are provided within the system in Norway.

- Attention needs to be given both to the inclusion of AT in initial professional education and to AT training as part of continuing professional development, with appropriate accreditation and utilisation of effective means of reaching frontline staff including the use of eLearning.

- The cross-setting collaborative forum that is proposed might be a good vehicle for taking the first initiative to progress this aspect in Ireland.

**Information and awareness about AT**

- The possibility to further develop the existing online information services of AssistIreland.ie could be examined; this could include addition of user discussion forums as these have been found to be very useful aspects of the online information systems in some of the other countries.

- Given the public-private mix that prevails in the Irish system, consideration could be given to further development of information and other supports for people who must or choose to acquire AT privately.

- Alternatives to online information also need to be developed in order to reach those who are not online, including older people who comprise a large percentage of those who need AT.

- Demonstration facilities and initiatives are also an important element of the approaches in some countries and this could be further developed in the Irish context.
**User choice**

- The issue of greater user choice in what AT they receive and/or where they get it is currently on the agenda in many countries and needs further examination in the Irish context.

- User choice would need to be considered from an overall system perspective, taking into account the current mode(s) of functioning of the public-private mix here, as well other developments such as those in relation to personal budgets.

- The pros and cons of developing a ‘retail model’ along the lines of the approach being developed in the UK (involving 'prescriptions' for basic AT that are filled by retail outlets as an alternative to direct supply by the health and social services) warrant further examination in the Irish context.

**Market functioning**

- The approach to public procurement of AT in Ireland is being developed in order to achieve value for money objectives; this needs to take into account the experience from other countries that value for money concerns both price and quality, as well as the need to nurture an innovative and vibrant supply side.

- Possible ways to influence price and quality of AT that is purchased privately also need to be considered; the impacts of the ‘retail model’ in the UK on this aspect warrant monitoring with a view to its possible suitability in the Irish context.

**Synergies with related areas and business development opportunities**

- There is increasing convergence of standalone, special-purpose AT systems and broader, universal design approaches that embed assistive functionality in everyday products and the everyday environment; these developments offer new approaches to overcoming barriers to participation and independent living for people with disabilities and older people, as well as new business opportunities for the sectors that will produce and implement them (for example, building assistive functionality into transport systems, buildings, street furniture and so on).

- The broader industrial innovation potential in the areas of AT, telecare, telehealth and ambient assisted living have begun to be addressed in ‘welfare technology’ programmes in countries such as Finland and Denmark; these approaches might provide useful models for similar efforts in the Irish context under the auspices of Enterprise Ireland and Forfás.
The NDA’s Centre for Excellence in Universal Design (CEUD) could consider taking initiatives to foster more attention to these areas in the Irish context, including the possible cost savings as well as the new business opportunities that they may present.