Report from the World Federation of Occupational Therapists’ (WFOT) Global Survey of Current Assistive Technology Use

World Federation of Occupational Therapists
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@sarah_wallcook #WFOT18
Background

Today a billion people worldwide are estimated to need an assistive technology (AT) product.

Only 1 in 10 people have access to the AT they need.

(World Health Organisation 2017)
Objectives

- To identify the status of AT access across WFOT member countries;
- and determine perceived barriers and facilitators to AT universal access locally and globally.

Definition:

Assistive technology comprises products (both mainstream and customised), environmental modifications, services, and processes that enable the participation of people with disabilities in desired occupations, across multiple environments and without prejudice (Cook & Polgar 2015)
Response received from member and non-member individuals and/or WFOT organisations.

No responses received. Mostly non-WFOT, some WFOT member countries.

How global?
Responses to the Survey for Member Organisations:

51 out of 85 WFOT member organisations responded.

High representation from high income countries (World Bank 2018).

Income of countries represented by responding member organisations:

- 63% High income
- 21% Upper middle income
- 12% Lower middle income
- 4% Low income
56% of member organisations overall reported that AT provision meets needs in their country well, or very well.

Significant difference when compared by World Bank income classification (2018).

Higher income associated with better met needs.
Specific legislation and/or regulation regarding AT provision

- High income (n=33)
- Upper middle income (n=11)
- Lower middle income (n=6)
- Low income (n=2)

Significant difference between presence of legislation/regulation compared by income classification. Higher income associated with the existence of legislation/regulation of AT provision.
63% of member organisations shared future plans for AT provision

Examples shown according to how well current need for AT in that country is being met:

<table>
<thead>
<tr>
<th>Very well</th>
<th>Well</th>
<th>Not well</th>
<th>Poorly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using local materials</td>
<td><strong>Training</strong></td>
<td><strong>Training</strong></td>
<td>Position statement</td>
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<tr>
<td><strong>Position statement</strong></td>
<td>Values</td>
<td>Networking - GATE</td>
<td>Training</td>
</tr>
<tr>
<td>Promotion</td>
<td>Legislation</td>
<td>Collation (providers)</td>
<td>Working group</td>
</tr>
<tr>
<td>Competency profiles / Training</td>
<td>Recognition (insurance)</td>
<td><strong>Promotion</strong></td>
<td>Practice guidelines</td>
</tr>
<tr>
<td>Training</td>
<td>Weekly clinic</td>
<td>Audit</td>
<td>Online services</td>
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<td><strong>Online services</strong></td>
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Practice Implications

1. WFOT will support member organisations to target standards of AT provision across lower and higher income countries.

2. Identify the variability of legislation and training requirements and how this impacts quality of AT provision.

3. For advocacy efforts, research is needed to identify whether occupational therapists are indeed the principle profession facilitating access to AT.

4. WFOT recognize international variability and empower member organisations to develop locally specific strategies to increase access to AT.
The AT products that respondents work with

Collectively respondents reported working with all 50 top priority products listed in GATE (WHO 2107) @sarah_wallcook

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shower/bath/toilet chairs</td>
<td>61.18%</td>
</tr>
<tr>
<td>Wheelchairs-manual use</td>
<td>58.53%</td>
</tr>
<tr>
<td>Wheelchairs-postural support</td>
<td>52.09%</td>
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<tr>
<td>Wheelchairs-assistant controlled</td>
<td>50.59%</td>
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<tr>
<td>Wheelchairs-powered pressure relief</td>
<td>48.99%</td>
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<tr>
<td>Wheelchairs-power control</td>
<td>45.76%</td>
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<tr>
<td>Pressure relief cushions</td>
<td>43.33%</td>
</tr>
<tr>
<td>Ramps - portable</td>
<td>37.45%</td>
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<tr>
<td>Walking frames - walkers</td>
<td>37.25%</td>
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<tr>
<td>Pressure relief mats</td>
<td>36.36%</td>
</tr>
<tr>
<td>Mattresses</td>
<td>36.18%</td>
</tr>
<tr>
<td>Communication boards/cards</td>
<td>35.78%</td>
</tr>
<tr>
<td>Communication software</td>
<td>32.65%</td>
</tr>
<tr>
<td>Rollators</td>
<td>32.36%</td>
</tr>
<tr>
<td>Orthosis - upper limb</td>
<td>31.57%</td>
</tr>
<tr>
<td>Canes / sticks</td>
<td>27.39%</td>
</tr>
<tr>
<td>Keyboard / mouse</td>
<td>27.35%</td>
</tr>
<tr>
<td>Emulation software</td>
<td>26.63%</td>
</tr>
<tr>
<td>Time management products</td>
<td>24.22%</td>
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<tr>
<td>Emergency alarm</td>
<td>23.33%</td>
</tr>
<tr>
<td>Stading frames - adjustable</td>
<td>21.55%</td>
</tr>
<tr>
<td>Pill organisers</td>
<td>20.49%</td>
</tr>
<tr>
<td>Sound/vibration alarm</td>
<td>20.20%</td>
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<tr>
<td>Smoking products</td>
<td>20.20%</td>
</tr>
<tr>
<td>Crutches / elbow</td>
<td>19.41%</td>
</tr>
<tr>
<td>Fall detectors</td>
<td>18.72%</td>
</tr>
<tr>
<td>Incontinence products</td>
<td>18.46%</td>
</tr>
<tr>
<td>Orthosis - lower limb</td>
<td>17.55%</td>
</tr>
<tr>
<td>Personal alarm</td>
<td>17.18%</td>
</tr>
<tr>
<td>keyboards / mouse</td>
<td>17.18%</td>
</tr>
<tr>
<td>Cartilage / bone</td>
<td>17.18%</td>
</tr>
<tr>
<td>Keyboard / mouse</td>
<td>17.18%</td>
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<tr>
<td>Keyboard / mouse / cartilage / bone</td>
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<tr>
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<tr>
<td>Keyboard / mouse / cartilage / bone</td>
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</tbody>
</table>
The AT products that respondents work with

**Current tech: ipad, app, software**

- Seating other
- Scooter or car adaptations
- Adjustable height beds
- Small I/ADL aids
- Moving & handling
- Housing adaptations env. controls
- Pressure relief cushions
- Ramps
- Walking frames – walkers
- Pressure relief mattresses
- Communication boards/books/cards
- Communication software
- Rollators
- Othosis – upper limb
- Canes/sticks
- Keyboard/mouse
- Emulation software
- Time management products
- Personal emergency alarm
- Standing frames adjustable
- Pill organisers
- Alarm – light/Sound/vibration
- Simplified mobile phones
- Crutches auxillary/elbow
- Fall detectors
- Incontinence products
- Othosis – lower limb
- OTHER
Comparison of products by setting

In many instances products varied significantly by setting. Products traditionally associated with physical or cognitive functioning were used across setting boundaries.

Figure shows the overlap between top 4 products in community or inpatient mental health and community or inpatient physical health.

- **Mental health (n=43)**
  - Pill organisers 40%
  - Time management products 35%

- **Physical health (n=191)**
  - Shower / bath / toilet chairs 51%, 77%
  - Hand rails / Grab bars 33%, 66%
  - Wheelchairs manual active use 74%
  - Pressure relief cushions 64%
Steps to AT provision

- Provide advice and/or make recommendations to...
  - Person: 83.84%
  - Employer/provider: 38.85%

- Assess suitability
  - 66.26%

- Prescribe or order
  - Person/family/carers: 76.69%
  - Other workforce inc. students: 57.06%

- Provide instructions or training to...
  - Person/family/carers: 76.69%
  - Other workforce inc. students: 57.06%

- Follow-up, maintain, adjust, monitor, repair.
  - 47.85%

- Remove or replace
  - 39.47%

Collectively, respondents were engaged in all 15 aspects of AT provision.

There were higher responses for the earlier stages of the provision process.

Mid to later parts of the process received lower responses.
Cost and supply routes of products

- **Free of charge to the person – government, health or social coverage.** - 57%
- **Free of charge to the person – donated** - 3%
- **Borrowed by the person** - 3%
- **Other: eg. part funded, part purchase.** - 12%
- **Rented by the person** - 20%
- **Purchased by the person** - 9%

Mostly purchased or received from a supplier e.g. government, charity, manufacturer, etc. - 88%

Mostly custom built or modified using locally available materials. - 12%

Arm Pipe’ made by Icanho. Photos courtesy of Ian & Rosy Payne.
Barriers to AT provision

- Financial cost – to person
- Financial cost – to service
- Product demand outstrips supply
- Lack of available materials
- Lack of training for practitioners
- Lack of clarity re. responsibility
- Lack of time or capacity
- Lack of follow-up opportunities
- Community / family stigma
- Travel distances and geography
- Available/suitable transport
- Available needed infrastructure
- Available/suitable assistance
- None of these apply

68% of respondents reported they had received sufficient training to facilitate AT and 29% had not.
Practice implications

1. WFOT encourages organisations to scope and review community needs in relation to the match of AT products provided.

2. WFOT supports organisations to enact internationally recognised, contextually relevant, culturally sensitive best practice in AT provision.

3. WFOT recognizes the challenges and complexity of providing high quality, affordable AT and support organisations to deploy local strategies which increase access to AT.
Summary

WFOT have raised awareness of global AT provision with respect to occupational therapy and highlighted the opportunities that the profession has to build its global role in providing increased access to high quality, affordable AT.
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References


