Strengthening Empowering Connections

Exploring the use of Digital Assistive Technology for People Living with Physical and Sensory Disability in South Australia

A report by the Disability Elders of All Ages Network

deaa
Disability Elders of All Ages

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We would like to acknowledge the land this report was prepared on is the traditional lands of the Kaurna people and that we respect their spiritual relationship with their country. We also acknowledge the Kaurna people, and that their cultural and heritage beliefs are still important to living Kaurna people today. We also recognise people living with disability and the disability community, in whose interest we prepared this report.

Acronyms and abbreviations

Disability Elders of All Ages (DEAA)
Assistive Technology (AT)
Digital Assistive Technology (DAT)
Australian Digital Inclusion Index (ADII)
National Disability Insurance Scheme (NDIS)
Culturally and Linguistically Diverse (CALD)
Local Area Coordinator (LAC)

Contents


Assistive
technology
alt

Summary

This report sets out the findings of a Needs Analysis that was conducted into the use of digital assistive technology (DAT) by people living with physical and sensory disability in South Australia. In this report DAT means devices such as computers, smart phones and tablets as well as devices, programs and apps that can be mainstream or specifically designed for people living with disability.

The Needs Analysis is part of a larger project being run by Disability Elders of All Ages, a peer network for people living with physical and sensory disability that is auspiced by JFA Purple Orange. The purpose of the Needs Analysis was to identify topics relating to DAT that could be explored further in workshops for people living with disability in regional areas.

The information for this Needs Analysis was gathered through the following processes:

1. Co-design
2. A literature scan
3. Surveys for community members and service providers
4. Focus groups and interviews with people living with disability

Our research revealed five broad themes in relation to the use of DAT: access, barriers, skills, confidence and training. Based on the issues raised in these themes, DEAA will run workshops for people living with disability in regional areas during late 2021 and early 2022. These workshops will aim to improve the knowledge, confidence and skills of people living with physical and sensory disability to use DAT and to strengthen their capacity to connect, communicate and participate in community life.

Background

Disability Elders of All Ages (DEAA) is a network of people living with physical and sensory disability. DEAA was formed through some training that Purple Orange ran in 2016 around confidence and capacity with managing NDIS plans. When the training ended, DEAA members realised how beneficial the group setting was because of the connection and information sharing. DEAA is important because the members come together and connect as well as share information with each other.

The Reference Group is a selection of people from the peer network who focus on the running of things. They come together to share ideas and refine them. In 2020 the Reference Group successfully applied for an Information Linkages and Capacity Building grant through the Department of Social Services. The grant fund a project to support the capacity building of the Reference Group and peer network and to develop a series of regional workshops on Digital Assistive Technology to build and strengthen the capacity of people living with disability to connect, communicate and participate in community life.

> The peer connection is so enriching to everyone's lives.
>
> **Quote from DEAA member**

One of the major barriers to people with disability is social isolation. The Reference Group thought how could they get as many people as possible to have the same positive experiences with connection as they were having? COVID-19 made this idea stronger because the network had to connect to each other by using technology. The Reference Group knew their reach could go further than just the city, so they decided to include regional areas in this grant.

The Reference Group wanted to do a Needs Analysis to further highlight issues relating to DAT for people living with disability and to highlight the ways that regional communities may be missing out. From a project perspective, the Needs Analysis also allows us to identify the topics of the workshops.

Disability Elders of All Ages is auspiced by JFA Purple Orange, which is a social profit agency that conducts policy work and capacity building opportunities to benefit the lives of people living with disability. JFA Purple Orange is the host agency of the Disability Elders of All Ages network. JFA Purple Orange supports DEAA through project staff, financial management and through conducting systemic advocacy on issues important to those in the network.

Reference group members.

Not pictured: Jane Gersch and Katerina Michael

Research limitations

The Needs Analysis was designed to be broad research across South Australia. The project did not have the timeframe or budget to travel extensively to regional communities to engage deeply. This means that we had limited reach to people living with physical and sensory disability in regional South Australia, although our surveys, interviews and focus groups did give us a good snapshot of DAT access and use.

The lack of responses to the service providers survey has meant that our data about service delivery in relation to DAT is limited, however it does give us an insight into some of the limitations service providers face in South Australia in relation to supporting clients with DAT.

Methodology

We used the following processes to develop the Needs Analysis:

Co-design: we engaged a group of 5 people with lived experience of disability and one professional with experience in AT. As a result of the co-design process, we refined the project definition so we could specifically focus on Digital Assistive Technology (instead of Assistive Technology more broadly) and how it can be used for connection and communication.

Literature scan: we conducted a literature scan to get a broad overview of DAT in Australia, to identify current barriers, and to demonstrate how training and peer supports build skills and confidence to use DAT. Research for the literature scan was accessed from government websites, academic journals, not-for-profit and community AT organisations.

Through conversations with co-design members, the reframing exercise, and the literature scan we identified five themes in relation to digital assistive technology use:

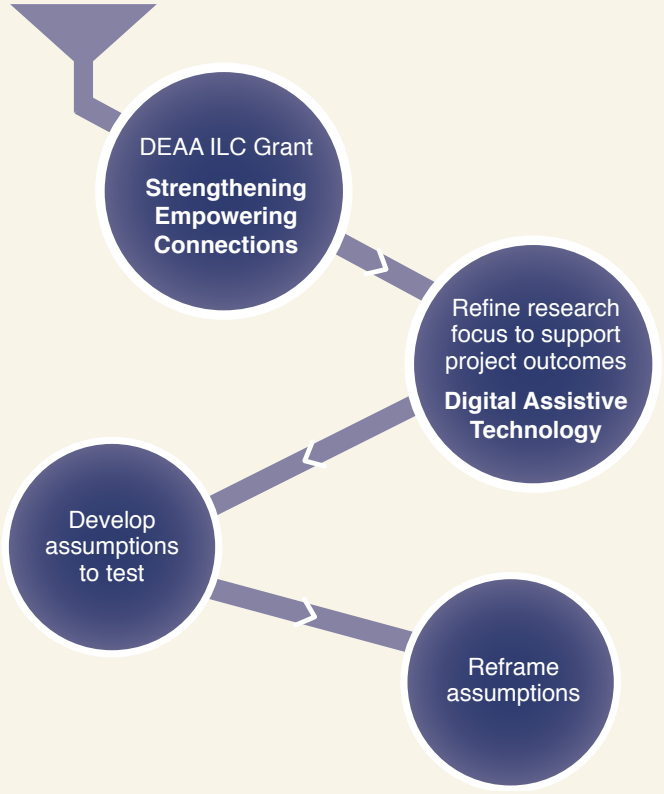
1. access
2. barriers
3. skills
4. confidence
5. training

We used these themes to help develop questions for our surveys, interviews and focus group discussions. The surveys provided quantitative data, while for more in-depth qualitative data we conducted one on one interviews and focus group discussions.

Surveys: we developed and published two surveys, the first for people living with physical and sensory disability and the second for service providers of DAT. The first survey was promoted through the JFA Purple Orange newsletter, social media, DEAA network, Local Area Coordinators and Local Government Centres and received a total of 30 responses. The service provider survey was sent to a sample of 19 organisations (occupational therapists, AT organisations and service providers) and received a total of 3 responses.

Focus groups and interviews: we held small focus groups online and in-person with people living with physical and sensory disability representing a diverse mix of disability, age, gender, culture and from metropolitan and regional South Australia. One focus group was held in Mount Gambier and the other was held online. In total nine people contributed to the focus group discussions. We also interviewed 10 people living with physical and sensory disability representing a diverse mix of disability, age, gender, culture and from metropolitan and regional South Australia.

Broad Assistive Technology Definition



Reframing Exercise

We asked the co-design group about their lived experience with Digital Assistive Technology and talked about any underlying assumptions for people living with physical and sensory disability in relation to access to DAT. The co-design group then reframed these into positive statements to reflect the change they wanted to see, and to help identify the questions we needed to ask in the surveys, focus groups and interviews to gather the right information to support people living with physical and sensory disability to access and use DAT.

An example of the reframe exercise:

Assumption
People living with a disability must figure out Digital Assistive Technology supports on their own

Reframe
People living with disability have support in accessing the appropriate supports and training for their individual Digital Assistive Technology needs.

Example Question
Have you attended any Digital Assistive Technology training in the last 2 years?

Literature scan

What is Assistive Technology and Digital Assistive Technology?

Traditionally Assistive Technology is often referred to as “aids” and “equipment” and includes handrails, car modifications, prosthetics and modification around and in the home.[1] More recently, AT has expanded with the emergence of Digital Assistive Technologies including devices such as smart phones, computers and tablets as well as devices, programs and apps that can be mainstream or specifically designed for use by people living with disability. The emergence of Digital Assistive Technology (DAT) for people living with physical and sensory disability means there are new ways for them to connect, communicate and participate in community.[2]

It is recognised that DAT provides many benefits for individuals. For example, DAT can help build independence, security, and mobility around the home, reducing the need for in home supports. DAT can also improve people’s opportunities for employment, recreation, and study, which may improve people’s social and emotional wellbeing.[3]

Access to a general item such as a smart phone or computer is often an essential requirement for using a DAT product such as a mobile app. This is recognised as a significant barrier for people living with disability to access DAT.[4]

Research suggests there are significant gaps in the availability of DAT products and allied health services to support people living with physical and sensory disability to access and use DAT. For example, inconsistent eligibility for the National Disability Insurance Scheme and state funded programs impacts on affordability and access to DAT.[5]

A barrier for people who have multiple disability types is having the support to identify wholistic DAT. For example, most organisations focus specifically on disability types, such as Vision Australia or Royal Society of the Blind. This means that many people are having to navigate the NDIS and other government funding options without more wholistic support and this impacts on motivation and confidence to use DAT[6].

There is growing evidence that suggests that creating the right environments for people living with disability to access and learn about DAT is essential to build confidence and skills. The literature suggests that a person-centred approach to prescribing and trialling DAT, peer supports, training and having regular access to one-on-one peer mentoring significantly increases confidence in access and use of DAT. One of the great challenges is hiring the right people with the right skills sets and creating safe environments to assist people living with physical and sensory disability to keep up with the changing software and devices.[78]

Use of Assistive Technology in Australia

People with disability may use AT to assist with their daily activities to improve their independence and increase their participation in social and economic life. In 2018, of the 4.4 million Australians with disability, over half (53.1% or 2.3 million) used AT due to their disability.[9] Use of AT varied according to a person's living arrangements. Amongst all those with disability:

- 58.3% of those who lived alone used aids
- 49.3% of those who lived with others used aids
- 94.8% of those who lived in cared-accommodation used aids.

In addition, people living with disability may use a variety of AT depending on levels of impairment or activity limitation, personal and environmental factors, accessibility, and affordability. In 2018:

- 29.4% of people with disability used communication aids, with 18.4% using a hearing aid
- 17.1% used aids for mobility tasks.

And for certain activities, people who lived alone were almost twice as likely to use AT:

- 19.3% used AT for self-care, compared with 11.3% of those who lived with others
- 20.9% used AT for mobility tasks, compared with 12.3% of those who lived with others.

We identified through the ABS statistics that although people living in regional areas are more remote, the percentage of people living with physical and sensory disability in regional communities is higher than in metropolitan areas, and that people use AT to increase independence and to participate in community life.

Use of Digital Assistive Technology in regional South Australia

While there is a significant amount of literature on AT, there was very little specific literature found on Digital Assistive Technology and its use by people living with physical and sensory disability in regional South Australia.[10]

The South Australian Community Data profile for disability suggest that compared to capital cities, a higher proportion of people living with disability in regional South Australia need assistance with core activities.

Overall, 6.2296% of South Australia's regional population reported needing assistance with core activities, compared with 4.8378% for capital cities. [11]

On average, South Australians living in rural and remote areas have poorer health and wellbeing outcomes compared with people living in metropolitan areas.[12] The literature available identified that poorer health and wellbeing among regional South Australians is contributed to geographical distance, costs associated with travel, stigma, lack of services, lack of employment and lack of affordability for basic needs.[13] In addition to this, research suggests there is greater likelihood that people living in regional South Australia and people living with physical and sensory disability were below the Australian Digital Inclusion Index for access, affordability and ability to use digital devices.[14]

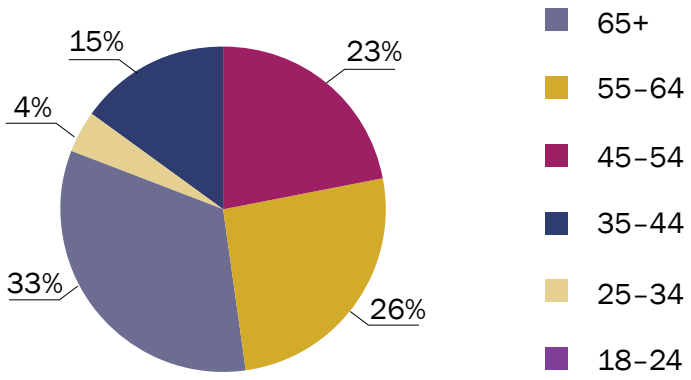
This means that people living with physical and sensory disability living in regional communities may not have the same number of supports and services that are available in cities and this may put people living with physical and sensory disability at greater risk of exclusion and isolation.

Key findings: community survey

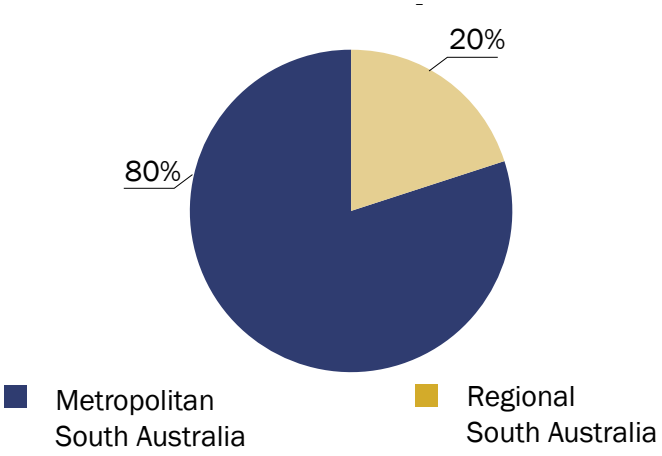
The community survey was designed to be answered by PLWPSD in South Australia. We distributed the community survey to regional local area coordinators, local government organisations, service providers, the JFA Purple Orange database of people living with disability, JFA Purple Orange social media channels and through the Disability Elders Of all Ages Network. The survey was open for six weeks and we had a total of 30 responses to the survey. Note that given the small sample size, the responses can't be considered conclusive or representative of all people living with physical and sensory disability in South Australia, however this information is a useful snapshot about the use of Digital Assistive Technology in the state.

Demographic of Respondents

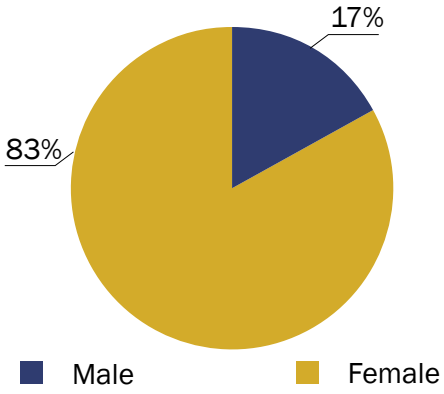
Respondents by age



Location of respondents:



Gender of respondents:



Language and culture:

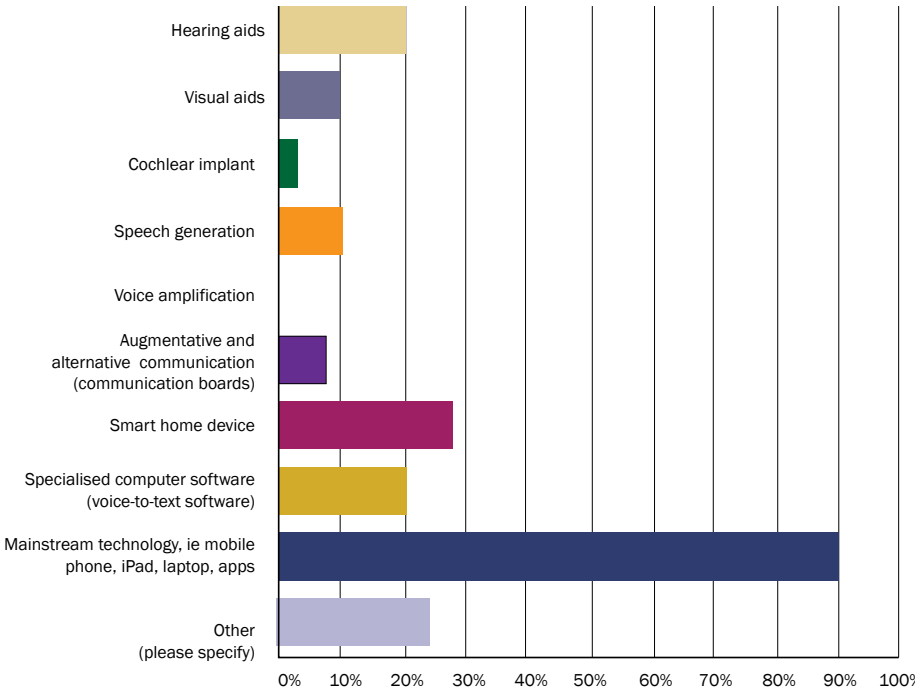
- 96.67% of people identified as English as their first language.
- We had no responses from people who identified as LGBTQI or from Aboriginal and Torres Strait Islander backgrounds.

Therefore, females from English-speaking backgrounds aged 54 and over were the main respondents to the survey.

Benefits

Benefits of using Digital Assistive Technology reported by survey respondents included an increase in independence, capacity to connect with friends and family, volunteering, employment, involvement in peer networks, home safety, mobility, hobbies and to have more time to participate in community life.

Usage



Responses to Community Survey Question 8: Can you tell us what Digital Assistive Technology you currently use?

Digital Assistive Technology used by people living with physical and sensory disability includes Screen Readers, Jaws, Voice Over Text, Magnifier, Communication Boards, Smart Home device, wheelchairs, and general devices such as iPad, computers, and laptops. Other AT people reported were for sensory disability include digital blue light glasses, and ear plugs to filter sound.

Access

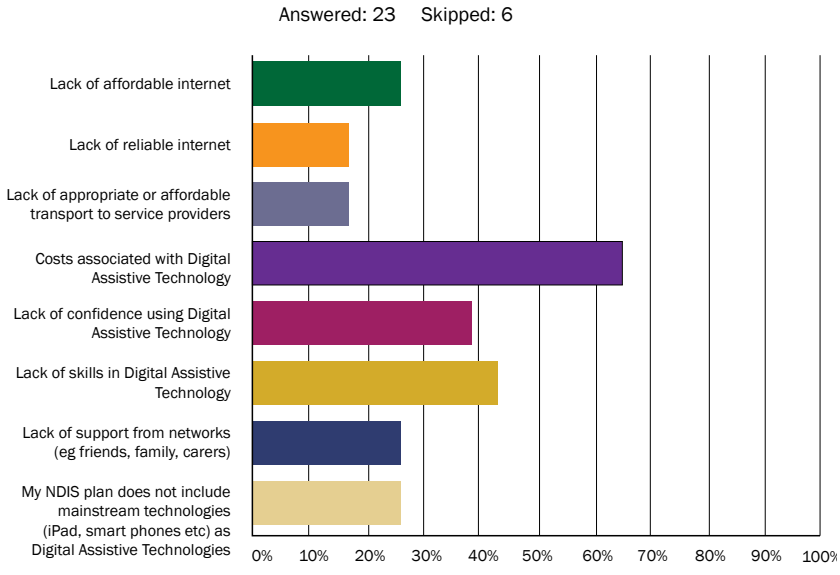
The community survey asked respondents what DAT they can access and how they access information about such technology. Of the respondents, 89.6% of reported using a general device such as a computer, iPad or smart phone and 22.6% reported they access specialised computer software through their general device.

It also appears that people living with physical and sensory disability mainly obtain information about DAT through internet searches and conversations with family, friends, and support workers. Very little information about DAT appears to be provided through LACs.

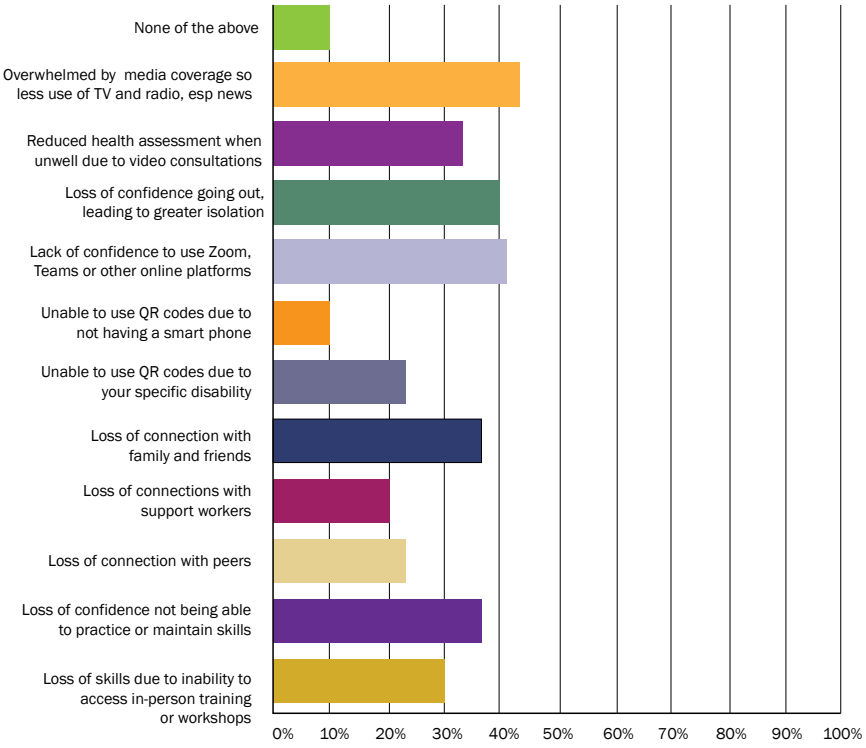
Inequality and access issues were identifi5ed with 24.14% of respondents unable to use QR codes due to specific disability and 10.34% of respondents reported being unable to use QR codes due not having a mobile phone. This is significant given the need to check-in at locations in South Australia using QR codes and demonstrates how this system can disadvantage and put at risk people living with disability who cannot use QR codes or access devices on which to scan them.

Barriers

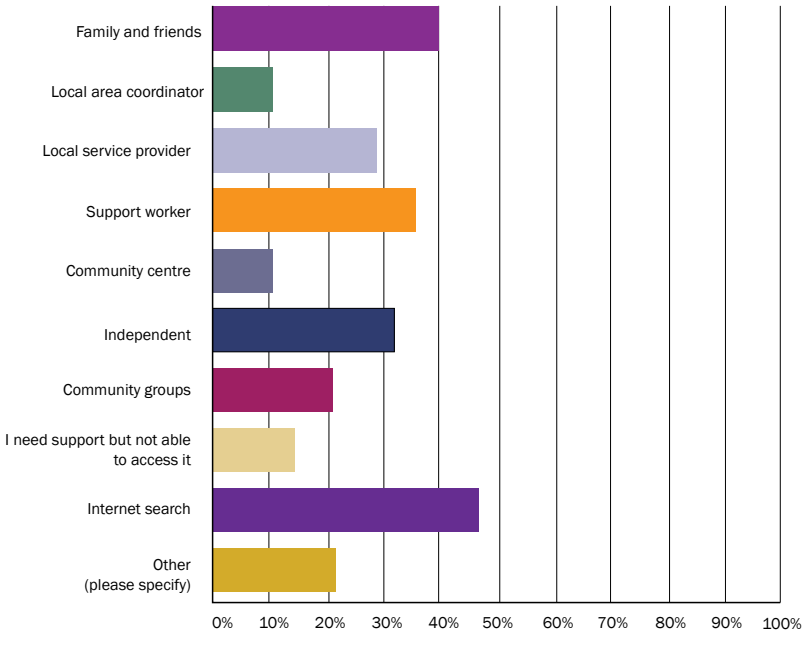
Q13 Have you experienced any of these barriers when accessing and using Digital Assistive Technology?



Q10 During Covid 19 did you experience any of these impacts?



Q12 How do you find out about Digital Assistive Technology in your region?



Affordability appears to be the biggest barrier for people to access DAT. Survey responses reported that inequalities with state based and government funding, cost associated with the initial purchase, ongoing maintenance of DAT, cost and fatigue associated with travel to CBD to get assistance with DAT were significant barriers to accessing DAT.

Lack of skills to use DAT (43.48%) and lack of confidence to use DAT (39.13%) were also reported as significant barriers to use AT. This is followed by not having access to affordable internet and not having DAT included in NDIS plans.

Accessing culturally appropriate information and information geared towards people living with physical and sensory disability were also identified as barriers to DAT access. For people living in regional SA, lack of access to skilled staff and not having access to ongoing 1:1 support to maintain skills to use DAT were barriers to using DAT.

Confidence

While nearly 70% of respondents reported having medium or high levels of confidence using DAT before COVID-19, a significant portion still experienced lack of confidence to use online platforms. People experienced reduced confidence during COVID-19 lockdowns due to not having access to and ability to use DAT as well as not being able to maintain existing digital skills.

Nearly 80% of respondents reported low or medium levels of confidence in service providers knowledge of AT.

Training

Of the survey respondents, 50% reported being able to access support to get online during the COVID-19 lockdowns, however only 17.8% had attended any formal training in DAT over the last two years. People who were either employed, volunteered, or were involved in peer networks had better access to training and supports during lockdowns. Respondents said these supports significantly increased confidence and access to DAT for communication and connection.

There were very high levels of interest in training about DAT from survey respondents: 96% said they would attend workshops to improve their capacity to connect and communicate with others, whilst a small portion 3.45% said they didn't think training would improve their capacity.

Key findings: Service provider survey

We co-designed one service provider survey to help give us an understanding of the existing training available and to identify barriers that service providers face when supporting people living in regional South Australia with DAT. We reached out to 19 different service providers in SA, including occupational therapists, speech pathologists, AT trainers and disability support organisations. The survey was open for six weeks and we had a total of 3 survey responses. Note that given the small sample size the responses can't be considered conclusive or representative of all service providers in SA, however the informing obtained is a useful snapshot.

Access

The service provider survey indicates that Adelaide-based service providers provide support in DAT to people living in regional SA. This support can either be to people living with physical and sensory disability or to regional Allied Health specialists, such as speech pathologists and/or occupational therapists. Support is generally facilitated online, via Teams meetings or via telehealth appointments.

The types of support vary from occupational therapy assessments and prescriptions, to trial before you purchase, online training and DAT products.

Knowledge

When asked how they would rate their knowledge on the complexities of DAT from 0 to 10 (0 being very low and 10 extremely high) 91% of respondents rated high levels of general AT knowledge, however 50% of respondents said that they had limited knowledge of specific DAT and they lacked confidence in making recommendations to prescribing DAT. This data supports the perceptions of people living with physical and sensory disability regarding service provider knowledge of DAT.

Barriers

The source and level of funding available to people living with disability for the provision of DAT-related services were identified as barriers by service providers. Two-thirds of responders identified the NDIS as primary funding source for DAT while the remaining third of respondents said that multiple agencies made funding available. When asked about impacts of these funding models, 50% of respondents said cost of travel and overnight expenses were prohibitive for in-person DAT supports for people living in regional communities. Other barriers include lack of local skilled supports, and limited funding in peoples' NDIS plans for DAT.

Training

No service provider respondents had a regional office, and all service provider respondents provided some form of training, either online, telehealth or through online tutorials.

Currently no respondents travel to regional towns to provide DAT training, although one organisation has plans to provide this in the future. Training provided includes specialised computer software programs such as JAWS or zoom text, AAC (communications) sensory room, mounting training and information sessions on existing DAT.

Recommended training by service providers included information sessions and workshops on DAT funding options and training for regional allied health staff on DAT.

In my experience, initial local support is required for those who do not have experience accessing digital technologies for remote training. This may involve training local support and/or providing the remote support technology through a third party such as a library.

Quote from service provider

Key findings: Focus groups and one-on-one interviews

To collect more in-depth research, we developed four top level questions with sub-questions to be used in focus groups and interviews to help explore broader lived experiences and insights about Digital Assistive Technology by people living with physical and sensory disability. The interviews and focus groups were informal to enable participants to share their lived experiences with DAT. The groups were a diverse mix of disability, age, gender, culture and from metropolitan and regional South Australia.

- We held two focus group discussions, one in Mount Gambier and one online.
- We had 9 people take part in the focus groups and 9 people for the one-on-one interviews.

For consistency, we used the same questions for the one-on-one interviews and for the focus groups discussion.

Access and use

Over 90% of focus group/interview participants used “general” items such as smart phones, laptops and computers and use specific apps or programs on these devices to support them, such magnifiers, screen readers, communication boards, sensory and GPS navigation plus much more. Other DAT used by participants includes digital home lighting, opening blinds/curtains/opening doors/shower, mobility and modifications to vehicle, Cochlear implants, speech to text (for study), wheelchairs, grab rails and power chairs.

People shared that the features of a desktop computer are good because it can’t be moved, and this is good for supports for employment, study, communication in the home etc, however a mobile device enables people living with physical and sensory disability to engage outside of the home, independently of family or carers.

> I didn’t realise how unsafe I felt before I got it (DAT). I thought I didn’t need it but then found it really liberating- there is so much scope with DAT- back in the days I wouldn’t have even had a power chair.
>
> **Quote from focus group participant**

People found their DAT through online searches, discussions with friends, family and peers or through a support worker or an organisation such as the Royal Society for the Blind.

Benefits

Focus group/interview participants used DAT for employment, study, mobility, volunteering, in the home, social media, gaming, online banking and for connecting with family and friends.

Participants reported their use of DAT increased their independence to be more mobile in the home and actively engaged around the house and community. Digital Assistive Technology also enables more time to do other things and may reduce the number of carers/support workers and reliance on family and friends.

> Offers of help from family can be difficult…offers come but nothing comes from it. Paid supports give more independence but with Digital AT I can do many things for myself.
>
> **Quote from focus group participant**

Participants shared stories of where all generations were getting on board to use DAT and by supporting each other to use online platforms they could connect with family gatherings, friends, peers, education, volunteering, and employment.

Barriers

During COVID-19 lockdowns, some people reported benefits including transition to tele- health appointments, however many people reported they observed peers were isolated as some spent considerable time reaching out to isolated people. For people living in regional communities, travel and fatigue associated with appointments were reported as significant barriers to seeking supports and found telehealth allowed for people to stay in their homes to avoid the fatigue. Participants reported telehealth was a good option to accessing services, however it was not ideal for training to learn a new skill in DAT.

Focus group and interview participants said they experienced misconceptions in the community. Many people said they don't know where or who to ask for help, and many people still feel they should be grateful for what they have. Stigma around disability and shame and lack of confidence and self-value means some people living with disability don't ask for support or help which may lead to greater isolation.

People reported that barriers to access and use of DAT include not having up-to-date computers or apps, and not having the knowledge of how to download or use an app without help. People said that if they had a support worker with skills in DAT, they found that with these regular supports, they could increase their skills and confidence.

For CALD communities, people shared that many people in their community don't own or have access to a mobile, laptop, or computer and for this reason their digital literacy and awareness for DAT was low.

For people living in regional South Australia, barriers to DAT include lack of training, lack of support from Allied Health staff and unreliable internet. People also reported they are still looking for better ways to interact with their DAT and these barriers impact on motivation.

> If it's too hard we give up. You put a lot of energy into finding resources that will make a difference in terms of capacity and independence then NDIS reject your plan.
>
> **Focus group participant**

> Accessing DAT is hard but the ongoing cost and subscriptions, updates and maintenance is even more difficult.
>
> **Focus group participant**

Although people were able to participate online with peer supports during COVID-19 lockdowns they used words like difficult, stressful, exhausting and “if it’s too hard I give up” in relation to the use of DAT.

One of the most common barriers we heard was affordability of DAT. This was due high levels of inconsistency when dealing with NDIS, and for others who were not on the NDIS scheme, affordability and knowing who to ask for help was the biggest barrier to access.

> NDIS expect family to help. Every time something needs upgrading, I have to fund and set it up by myself. Often (it seems) very simple but with low vision it can be very difficult and its terribly frustrating. (There is) a waiting list of up to 12 weeks for support.
>
> **Focus group participant**

Confidence

The majority of focus group and interview participants rated themselves as having medium to high levels of confidence to access or find DAT but with low levels of confidence in skills and ability to use it, as well as challenges around affordability. When asked what enabled them to have medium to high levels of confidence to access or find DAT, the majority of people interviewed responded as peer supports, friends, family and employment as the main reasons.

> Peer groups- realising how effective they are- I thought they may be boring and depressing but they are not at all".
>
> **Focus group participant**

People who rated higher levels of confidence generally had a strong desire to advocate and support others. They said they had to learn to be a loud voice for themselves and are empowered through connecting with organisations like JFA Purple Orange. Supporting people living with physical and sensory disability is now their purpose.

> During the COVID lockdown, I talked to my grandma and family members via Zoom, it was funny because they didn't know how to use it. We all just helped each other.
>
> **Focus group participant**

The majority of focus group and interview participants rated low to medium levels of confidence about using DAT prior to COVID-19 lockdowns, although when in lockdown their skills considerably improved because they felt they were forced to use DAT. During lockdowns people also said that peer supports had given them the confidence to try things out.

People who rated higher levels of confidence also noted that their confidence decreased when they are constantly having to troubleshoot problems. For example, compatibility of devices and updating apps is a big issue.

> Dragon is not compatible with my phone since being updated. It is very expensive, and I will have to look for a secondhand one or upgrade my phone which I can't afford at the moment. It will have to wait.
>
> **Focus group participant**

> I didn't know Apple had an inclusive person and classes! That would open up my world.
>
> **Focus group participant**

Training

When asked about motivation to use DAT and what gets in the way of this, people identified the fear of looking ignorant and silly were impactors and the time required to attend training was a restraint.

We asked focus group and interview participants what they needed to build confidence using DAT. The majority said they require regular and consistent time with a skilled person.

We asked about attending workshops about DAT and how we might overcome those barriers. Participants recommended:

- Include friends and family as these are people's main supports
- Include peer mentors
- Provide transport
- Clear communication about the workshops for the disability sector
- Aim at low level knowledge to build confidence
- Short sessions to avoid fatigue
- Small group sizes
- Collaborate and use accessible community spaces

We asked participants what they wanted to learn about DAT in workshops. They told us:

- Learn the basics such as digital literacy and cyber safety.
- Specialised sessions to try digital AT Products
- Session to hear about digital AT and how it may support them.
- Training in Zoom and online meeting platforms
- They would like a choice of workshops on different topics

Recommendations

Recommendations about the workshops

The workshops are an opportunity to engage people with community-based learning and support to increase their digital skills and ability to use Digital Assistive Technology to strengthen and empower connections.

We learnt that people living with physical and sensory disability in regional communities would benefit from DAT workshops to build capacity to connect, communicate and participate in community life. We learnt that building confidence by providing the right conditions and trainers with the right skill set is essential to learning about DAT.

The aim of the workshops is to increase the capacity, confidence and motivation of people living with physical and sensory disability to access and use DAT.

We currently have funding to provide six locations with three workshops at each location.

Recommendations about the workshops from the needs analysis co-design group include:

1. Explore training options in digital literacy, cyber security and provide opportunities for people to try different digital AT for their specific needs
2. Workshops to be 3 hours maximum with a break
3. Aim workshops at all community members so friends and family can attend
4. Small group sizes at workshops (maximum 10 people)
5. Provide transport options to workshops for people in regional communities
6. Recruit peer facilitators or tech champions at workshops for support
7. Provide support workers at workshops for support
8. Aim workshops at low level knowledge then increase complexity when confidence improves
9. Advertise the workshops with provide plenty of lead time (approx. 6 weeks)
10. Use simple language in promotions
11. Collaborate with local community centres and libraries
12. Identify community champions to support promotion and ongoing support
13. Identify ways to stay connected after the workshops, for example online digital AT Peer Networks


DIS
ABILITY

Recommendations about communications

The Need Analysis highlights a need to re-evaluate how we communicate with people living with disability and their community networks to enable:

1. a broader reach of communications to include all demographics
2. clear communication to enable people to understand the workshop topic better, and to feel confident to ask or enquire without feeling intimidated
3. communication that speaks to the whole of community
4. targeted community awareness programs in regional South Australia to promote Disability Elders of All Ages Network and DAT workshops

Recommendations about the online Resource Centre

One of the barriers we heard to learning and building capacity in Digital Assistive Technology was not having ongoing support after an initial consultation or workshop. The development of an online resource centre may provide opportunities for people living with physical and sensory disability to find up-to-date information on DAT, view DAT video content, connect with others through online peer networks and access tutorials.

The online Resource Centre should be co-designed and include:

1. DAT awareness raising campaigns (funding, accessibility etc)
2. DAT blog
3. Provide online tutorials
4. Provide access to a monthly DAT Peer Network meeting
5. Provide access to a DAT newsletter
6. Information on where to access and/or find digital AT
7. Links to other resources and training organisations
8. Provide video content of people demonstrating use of DAT

Recommendations about future advocacy

This Needs Analysis identified barriers to access and inclusion for people living with physical and sensory disability. These barriers may not specifically be addressed through the current ILC grant for workshops and an online resource centre. However, DEAA and JFA Purple Orange may explore and/or advocate for opportunities to address these issues in the future.

People told us there was a lot of confusion around funding and inequalities for digital AT funding. In order to address this the following was recommended:

1. Identify strategies to provide information about Digital Assistive Technology that is clear and consistent.
2. Promote and support advocacy campaigns such as Assistive Technology for All.
3. Continue to identify and collaborate with community-based organisations such as the Be Connected Program
4. Increase engagement and collaboration with Local Area Coordinators across South Australia.

People also reported that QR Codes were inaccessible for many people living with physical and sensory disability. It was recommended that DEAA write a submission to members of parliament with recommendations on access and use of QR Codes for people living with disability.

We also heard that people required consistent support to learn a new skill and keep up with technology. Skilled support workers in AT may provide significant regular supports for people living with physical and sensory disability. As a result, it was recommended that DEAA advocate for support workers to be trained in common DAT skills so they can better support their clients better.

Conclusion

We acknowledge the data relied on to prepare this Needs Analysis report has some limitations due to survey, focus group and interview participant numbers. However, the fact that many of the issues in relation to Digital Assistive Technology were common to the participants who contributed to this research demonstrates that the benefits of this technology are yet to be widely enjoyed by people living with disability.

Digital Assistive Technology has the potential to improve the lives of people living with physical and sensory disability, in particular their ability to connect and communicate with each other and the broader community. These benefits would be enjoyed by people living with disability in metropolitan and regional South Australia. However, issues around access, barriers, skills and confidence in relation to DAT need to be addressed before the technology's potential can be fully realised. DEAA hopes that our regional workshops and online resource centre will go some way to addressing those issues.

References

1 NDIS Assistive Technology Strategy 2020, accessed **https://www.ndis.gov.au/** (website), October 2015:5, accessed 8th April 2021

2 Ibid

3 National Aged Care Alliance (2015) "Enhancing the quality of life of older people through better support and care", NACA Blueprint Series June 2015, available from: **www.naca.asn.au/Publications/NACA_Blueprint_2015_Final** accessed 14th July 2021

4 NDIS Assistive Technology Strategy 2020, accessed **https://www.ndis.gov.au** (website) 2020: 15–20 viewed 15 May 2021

5 Cota Victoria, The Current Assistive Technology Funding Gap, ATFA Assistive Technology For All (web site) accessed **https://assistivetechforall.org.au/at-funding-outside-the-ndis/** viewed 24 June 2021, Beames., David unpublished paper, Paper On Assistive technology 1996–2006, updated 2020:1–10

6 Ibid

7 Emily J. Steel, Natasha Ann Layton, Michele M. Foster & Sally Bennett (2016) Challenges of user-centred assistive technology provision in Australia: shopping without a prescription, Disability and Rehabilitation: Assistive Technology, 11:3, 235–240, DOI: 10.3109/17483107.2014.941953

8 Emily J. Steel, Natasha Ann Layton, Michele M. Foster & Sally Bennett (2016) "Challenges of user-centred assistive technology provision in Australia: shopping without a prescription", Disability and Rehabilitation: Assistive Technology, 11:3, 235–240

9 Ibid

10 The National Disability Insurance Agency, "Rural and Remote Strategy 2016–2019, "(2016) :8-11

11 ID Community Profile (web site) accessed, Regional SA Need for Assistance **www.profile.id.com.au/australia/assistance?WebID=210**, viewed 24 June 2021

12 Wellbeing SA Strategic Plan 2020–2025:58

13 Ibid

14 Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T, 2020: 19–20, "Measuring Australia's Digital Divide: *The Australian Digital Inclusion Index 2020*", RMIT and Swinburne University of Technology, Melbourne, for Telstra