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CONFERENCE ABSTRACT

Assistive Technology: Resource for Integrating care and social inclusion for people with intellectual disability

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Introduction: The familiarity of Airbnb, Facebook, Skype, Twitter or Uber across different socioeconomic settings underscores how we experience the world today (1). Life in the 1970s, without these technologies, is unimaginable for millennials (2). For many people with intellectual disability (ID), life is still very much the 1970s. The potential of technology to transform the lives of people with ID (3,4) remains a pipeline dream. But years of evidence illustrate the value of assistive technology (AT) in enhancing wellbeing and independence for people with ID, and for an inclusive society (5,6).

The present study: The aim of the study is to contribute knowledge on how AT can enhance access to services such as health and social care services, thus support social inclusion for people with ID in Ireland. But little is known about the current level of AT usage or the needs of people with ID that can be met by access to and use of appropriate AT in Ireland. This study is aimed at filling this knowledge gap through a cross sectional exploration of the perspectives of the participants; people with ID, their family members, key workers supporting people with ID and members of the community where community services for people with ID are based. In-depth interviews and participant observations were used for data collection. Data analyses underpinned by symbolic interactionism (7) and Strauss and Corbin's grounded theory cyclic-three-stages analytical approach (8)

Policy context: There is ongoing deinstitutionalization of care for people with ID in Ireland and other similar settings (9). The need for integrated care for people with ID is thus a major policy priority in Ireland (10). More so that people with ID are being relocated from institutional care settings, where health and social care services were provided in one place, to community settings where people with ID may have to seek care from different services and locations.

Highlights: Access to and use of appropriate AT by people with ID can mitigate current inequalities experienced by this highly marginalised social group, particularly in the context of the ongoing deinstitutionalization of care. AT can change the delivery of and/or access to health and social care for people with ID by moderating the impact of their impairments and mediating their access to services, ensuring healthier and more independent living in the community settings (see figure 1 below). AT can contribute to the attainment of all the 17

sustainable development goal (SDGs) (11). But lack of access to assistive technology is a recipe for social exclusion of many people with disability (12).

Targeted population: People with intellectual disability.

Comments on transferability: The need for AT in the integration of care is bound to become even more prominent. Thus, AT should not be viewed as an added value to the lives people with disability, but as core part of integrated care. People with disabilities, including intellectual disabilities, are living longer with more complex care needs at a time of funding limitations. Also, the demographic changes in the OECD nations imply that the population of the oldest old (>85 years old), is growing and so are the associated high rates of comorbidity and disability (13,14). Assistive technology can enhance the integration of care for these growing vulnerable population groups, on the current diminishing public budgets. However, the design and implementation of AT should carter for the needs of the users as well as health and social care professionals (15). The present study will provide insights into the perspectives of stakeholders on how AT can enhance integration of care, hence social inclusion of people with ID, from an Irish perspective.

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