

## Access to age-assistive technology: A resilience building measure for older people



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### **In a humanitarian crisis, older people and older people with disabilities face:**

- **Difficulty in evacuating**
- **Difficulty obtaining appropriate information about emergency procedures**
- **Difficulty obtaining information about available services and facilities**
- **Physical barriers and accessibility issues**

***An assistive product could reduce the risk.***

The objective of the study, commissioned by HelpAge International, was to explore the intersection between age and disability and the use of assistive technology (AT) by older people in both emergency response and as a tool for disaster risk reduction (DRR). Understanding older people's experiences in relation to AT is essential to inform better programme planning, frameworks and policies, both organisationally within HelpAge International and across the wider humanitarian sector. Based on the findings of both primary and secondary research, this report offers recommendations for both HelpAge International and global humanitarian response. The full report is available at <https://ageingasia.org/access-to-age-assistive-technology-report>

## Introduction

According to the World Health Organization (WHO), 46 per cent of the world's population aged 60 years or older have a moderate to severe disability. Older people are likely to require two or more assistive products as they age. However, WHO states that only 10 per cent of people requiring an assistive product have access to one, a proportion that is likely to be significantly lower in emergency settings where multiple factors are at play to deny them access to the relevant assistive products. Research in this area is essential at a time when global population estimates predict the number of older people and people requiring assistive technology (AT) to increase significantly, with people requiring AT estimated to reach 2000 million by 2050. This report explores the intersection between age, gender and disability and the use of AT by older people, in emergency response and as a tool for disaster risk reduction (DRR). The report shows that AT can have a positive impact on independence, vulnerability reduction and resilience building for older women and men in humanitarian crises. This report urges for sensitisation and capacity building of humanitarian organisations for the inclusion and promotion of assistive product (AP) provision in humanitarian response and offers insight into key areas to enable AT provision to successfully meet the needs of older people.



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## Methodology

The study employed primary research methods to gather both quantitative and qualitative information through a semi-structured survey with HelpAge programme beneficiaries in five countries: Bangladesh, Indonesia, Myanmar, Nepal and Pakistan. The survey incorporated the Washington Group short set of questions (WGQs), designed to identify people with functional difficulties in six core functional domains: mobility, vision, hearing, cognition, self-care and communication.<sup>1</sup> The report also summarises secondary research including a literature review, information from rapid needs assessments carried out by HelpAge, and maps out relevant policy changes which have led to better recognition of the intersectionality and importance of AT for older men and women.

## Key findings

Key findings from both secondary and primary research are summarised below:

- 1.** Lack of appropriate APs compounds both people with disabilities and older people's vulnerability before, during and after the disaster. It also increases dependency, and increases threat of insecurity, abuse and violence.
- 2.** During a humanitarian response, older people and people with disabilities are often out of sight; out of reach; left out of the loop; or deemed to be out of the scope of the humanitarian sector, mainly because of their inability to reach and register their needs.
- 3.** The functional difficulties most cited by older people are mobility, vision and self-care.
- 4.** Older people experience multiple functional difficulties: 71 per cent of respondents experience functional difficulties in two or more areas. The number of functional difficulties experienced by older people increases with age. This suggests the need for AT increases with age and older people frequently have multiple challenges and complex needs, which require access to a package of support, rather than a single assistive device.
- 5.** Few respondents report owning/using more than one AP, despite experiencing multiple functional difficulties: 61 per cent of respondents only had one AP but experienced two or more areas of functional difficulty.

6. There is little mention of people receiving AT relating to self-care: only 6 per cent received toilet commodes and there was no mention of other APs such as continence management products. There is also no reference to cognition.

7. There is a gap in provision of APs in DRR situations: 55 per cent of respondents needed an AP prior to the emergency but did not have one.

8. More older people need assistive products after an emergency. Thirty per cent reported they did not need assistive products before the emergency but required one after an emergency. Similarly, 25 per cent of people, who used assistive product, lost their product during an emergency.

9. A high proportion of respondents to this survey reported positive experiences in receiving and using the product itself. However, as noted in point 4 above, 61 per cent of respondents only had one AP but had two or more areas of functional difficulty where AP would be useful. This raises the question of how aware are older people of the range of AT that could improve the quality of their lives?

10. A low percentage of APs were prescribed by a doctor or physiotherapist: only 30 per cent of APs were reported to have been provided by a doctor or physiotherapist (in HelpAge Emergency Responses).

11. There is little wider support to meet older people's AT needs beyond APs and there is a limited referral network to the relevant services: only 33 per cent of respondents reported a referral mechanism for support and only 19 per cent reported receiving other forms of support (predominantly in the form of physical modifications to their home environment).

12. AT can have a positive impact on reducing older people's dependence on others, with the potential to reduce their vulnerability and build their resilience: 79 per cent of respondents report that the AP had a positive impact on their independence.



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Factors that exacerbate the vulnerability of older people with disabilities post disaster (findings from rapid needs assessments).



**38%** of older people surveyed by HelpAge in the Philippines had lost their assistive product.



**76%** of older people surveyed in Pakistan and **55%** in Indonesia were dependent on family members.



**56%** of older people surveyed in Pakistan were not able to reach aid distribution sites independently.



**42%** of older people with disabilities reported not feeling safe at home or accessing health facilities and community services in Philippines.

**Age assistive product can be helpful.**



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## Conclusions and recommendations

The overriding conclusion from this study is that AT can be a powerful tool for the reduction of dependence and vulnerability, and increase protection and resilience building in humanitarian response and DRR.

The key recommendation arising from this study is to ensure the provision of AT is embedded in both DRR and emergency response programmes and integrated into mainstream development programming. To enable the effective provision of AT the following recommendations are also made:

- The collection of disaggregated data on sex, age and disability and the use of tools such as collecting age data in 10 year cohorts and the Washington Group short set of questions. This will help ensure that older people's AT needs are met, including the need for multiple APs and a multi-disciplinary package of support.
- The inclusion of older people in humanitarian response planning for DRR measures and identification of key APs that would support older people. This can be facilitated by awareness raising of the issues surrounding older people requiring AT amongst users themselves, caregivers and service providers in both DRR and emergency response.
- With little information globally on the need for AT relating to self-care, there is need for exploration of the use of low-cost AT in emergency contexts and increase access to such basic products to help them. Similarly, there is also a need to understand simple necessities such as torches, umbrellas, toilet seats, which can provide assistance to older people.
- HelpAge and other humanitarian actors should promote the WHO 'four steps' of AT service provision (proper assessment, fitting, user training, and follow-up) within wider humanitarian response amongst other stakeholders to ensure that the AT needs of older people are integrated into wider health systems. This includes strengthening referral networks and coordination. It also means multi-disciplinary support, linking with rehabilitation and other professionals for guidance, recognising that people have multiple AP needs and AT is part of a process of working towards independence and inclusion that also looks at the improving accessibility in their environment and wider needs.
- Within the constraints of an emergency setting there may be scope to explore APs that could support older people but without being provided through professional

teams such as physiotherapists and occupational therapists. Formalising this through a process of basic screening at community level and triage could help ensure that those who need simple products can access them quickly and easily, and that those who need more complex products, requiring an assessment and prescription process, are not overlooked.

- In terms of the humanitarian policy landscape, there is increasing recognition of the needs of older people and older people with disability, specifically linking the intersection of age, gender and disability, and the need for AT to maintain their independence and autonomy. Policy and practice has historically addressed these issues in siloes, and there has been failure to approach them together and recognise the shared or specific barriers faced in daily life. It is observed through the policy and practice landscape that positive changes are evident, notably the recently launched Inter-Agency Standing Committee (IASC) Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action<sup>2</sup> which make specific reference to older people and AT. The policy landscape is fertile ground and needs influencing and capacity building to effectively meet the needs of older people requiring AT in emergency settings.

Further qualitative research would also be recommended to build more in-depth evidence on the impact of AT on resilience building. The provision of APs not only has a major impact on older people themselves, but also helps implementing agencies to ensure that every member of an affected population receives the services to which they are entitled, thereby strengthening the accountability of interventions. Access to AT is a pre-condition for inclusion and will support protection, vulnerability reduction and resilience building for older people.

#### Endnotes

1. Washington Group on Disability Statistics, 2016. Available at: <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/> (accessed 28 February 2020)

2. Inter-Agency Standing Committee, 2019, *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action*. Available at: <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines> (accessed 27 February 2020)

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**HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.**

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