Funding for Digital Assistive Technology in Europe

A summary of the Research and Report prepared for Digital Assistive Technology Europe (DATEurope)

Digital Assistive Technologies (DAT) have been defined as products that optimize a person's functioning and reduce disability. It can include devices, equipment, or software which are specially produced or generally available to everyone. The UN Convention on the Rights of Persons with Disabilities implicitly recognises the value of these by people with disabilities as necessary for realizing their human rights. Within Europe, funding for assistive technology (AT) is governed at the national level and varies significantly in how AT is understood and defined and the extent of funding available.

Digital AT DAT) can be distinguished from traditional AT by the scope of the features and functions that DAT offers, such as AI, AR and new form factors. DAT can be embedded within traditional AT to create smart products, such as smart home technology and includes technologies for access to both the digital world, such as keyboard and mouse alternatives and the physical world, such as smart speakers or wayfinding,

The interim findings suggest that DAT is largely invisible in many national policies with limited coverage for DAT in many countries. Where DAT was mentioned, it was usually implied within the general description of AT rather than referenced independently. This reflected poor understanding of DAT in terminology and definition and inconsistency in policy and provision.

Most countries provide healthcare services to citizens through public health services. But often these schemes have low coverage for AT and no explicit coverage for DAT. Additional funding may be offered by social welfare, but funding for DAT is limited.

Where DAT is funded, eligibility criteria are often limiting and fragmented. There may be coverage for DAT as a 'work aid', only for those able to work, or DAT is available only to those in education. As a result, DAT continues to be funded as an out-of-pocket expense or through charitable funding. Although specific products may be covered through more traditional health, disability, or social welfare funding, these are not well described in documentation. Overall, there is limited dedicated funding for DAT in Europe. Moreover, where funding for DAT does exist, funding criteria can be an additional barrier to access if limited to specific populations, products and/or income levels.

Five potential funding mechanisms for DAT were identified :

- Universal
- Limited Universal
- Program Specific
- Personal Allowances,
- Charitable Provision.

The study could not identify any existing model in Europe that provides universal funding that includes digital assistive products. Limited Universal Funding is usually delivered through public health insurance that reimburses full or partial costs. There are some Limited Universal models which also provide AT and DAT directly to the user which reduces the burden on the user to pay prior to reimbursement. Notably, although DAT has a significant role in independent living, no policies were found in the area of housing to provide DAT.

DAT includes new and emerging technologies and commercially available technologies which would not fall into a more limited definition of AT as 'technology for disability', and so programs which prioritize assessment of need based upon functional outcomes are ideal. One approach, Personal Allowances, provides the most flexibility in identifying the specific needs of the individual and contributing to the cost of self-determined AT and DAT needs.

Limited guaranteed funding for DAT is a challenge for the industry, as DAT grows in market share of products used by people with functional limitations. A focus on basic and essential needs, whilst ignoring the need to participate fully in society, results in DAT being ignored. As DAT is often found at the nexus between more 'disability technology' and consumer technologies, funders are reluctant to include DAT within their coverage.

To address this, recommendations can be made for change. These include

- a rights-based approach,
- an EU single market perspective,
- and a costing analysis of funding approaches.

A need for Advocacy for financial access to DAT is needed at a policy level and the framework developed for describing funding models can be used to inform 'best practice' and shape effective funding mechanisms for DAT in the future.

Conclusion

No country offers universal assistive product funding, including DAT and DAT is largely invisible in most national policies within Europe, with limited coverage for DAT. Where DAT was mentioned, it was encompassed within broader descriptions of assistive technology, rather than with an independent identity of its own. Low consistency in how AT is understood, defined, and described in policy and funding creates further challenges. We believe that the findings from this project can inform debate and support advocacy efforts to national governments for change and used to inform alternatives to existing approaches.