arata

participation through technology

WHO ARE ARATA?

Practitioners and consumers, with a passion for enhancing the lives of people with disabilities (and people of all ages) through the best use of assistive technology, worked together to create a national association. In 1993, the Australian Rehabilitation & Assistive Technology Association (ARATA) was formed as a not for profit membership association.

WHAT DOES ARATA DO?

ARATA is a forum for knowledge sharing between the range of people who are involved with the use, prescription, customisation, supply and ongoing support or training in the use of AT. It represents skilled practitioners, consumers, and suppliers Australia wide and is linked to sister organisations worldwide through the Tokushima Agreement.

www.arata.org.au

WHAT IS ASSISTIVE TECHNOLOGY?

Assistive Technology (AT) is an umbrella term for any device or system that allows individuals to perform tasks they would otherwise be unable to do, or increases the ease and safety with which tasks can be performed (World Health Organisation, 2004). **AT can be anything from a simple device in the kitchen to a wheelchair or a computer application.**

AT is vital in enabling participation in society despite the presence of disability. AT not only minimises the impact of impairments, but it enables people to:

- enhance their independence
- work and volunteer
- care for themselves and others
- engage in cultural, social, educational, recreational and spiritual lives alongside the rest of the community

AT PRACTITIONERS

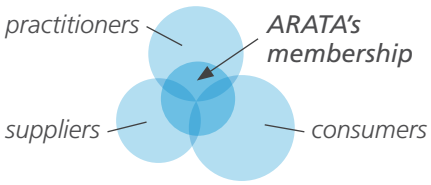
ARATA membership includes a group of professionals collectively termed AT practitioners. Professions include occupational therapists, rehabilitation engineers, physiotherapists, speech pathologists and suppliers. AT practitioners have specialist skills in 'soft technology'.

WHAT IS SOFT TECHNOLOGY?

Soft technology refers to human factors essential to successful delivery and use of the 'hard technology' (the device). Soft technology includes assessment, collaborative planning, trial, training, AT set-up and customisation, repairs, maintenance and review.

AT needs to be well matched to the consumer, the tasks they undertake, and their environments. This is the role of AT practitioners. The specialist skills of AT practitioners are critical in maximising investment of public and private funds.

ARATA MEMBERSHIP



- 65% allied health and specialist engineering
- 19% manufacturers/suppliers
- 17% administrators
- 5% consumers
- 5% educators & researchers

KEY ARATA ACTIVITIES

- public policy and advocacy on AT
- internationally recognised biennial conference with strong end user participation
- online forum for collaborative AT discussion and problem solving
- international links for Australian AT practitioners
- recognition of excellence in soft and hard technologies through biennial prizes

The source of expertise in optimal AT solutions

ARATA contact information:

c/- Technical Solutions Australia
109 Ferndale Rd, Silvan Vic 3795

email: president@arata.org.au
website: www.arata.org.au

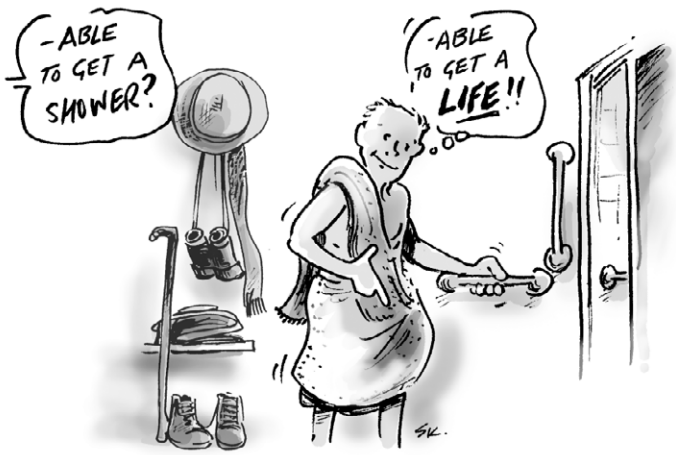
CONSUMER OUTCOMES – WHAT DIFFERENCE CAN AN AT PRACTITIONER MAKE?

"The prescription of AT without knowing what life with disabilities means is as ludicrous as having a stranger select the options on the car you just purchased. Yet, the wrong wheelchair or environmental interface can have consequences as devastating as the wrong antibiotic. In these contexts, AT might be viewed as both a commodity and a therapy! Although the clinician needs a special knowledge base to prescribe and attend to those details with health implications (appropriate seating, optimal biomechanics etc) the patient (or consumer) must be involved in all aspects of AT selection. An AT aid can be as intimate and omnipresent as clothing..."[1]

WHAT DOES OPTIMAL AT ACHIEVE?

Steve has a spinal cord injury. Rehabilitation gets him mobile again, but it is the tailored provision of assistive technologies within his environment, such as well-fitted lightweight wheelchair, handcontrols for the car, ramps and accessible facilities, that get him back to home and to work. Personal support and adjustments to his AT setup, mean Steve establishes full independence over time. Steve is again in full time work, plays sport, drives and travels internationally.

1. Stineman, M., & Lee Kirby, R. (2002). Letters to the Editor: Where does AT fit in ICIDH-2; AT outcomes: commodity or therapy? American Journal of Physical Medicine and Rehabilitation, 81(8), 636-637.



WHAT CONSUMERS SAY...

"I had an Occupational Therapist come and give me an assessment and I applied for funding to provide the equipment that was recommended. That assessment was a real eye opener for me. I wasn't really aware of how good things could be.

Just with a little advice from the OT I could get funding for this equipment and make both of my jobs, my voluntary work and my parenting much easier.

I don't know what kind of work I could do if I didn't have computer based technology with software like zoomtext. I'm actually quite equal now to anyone who doesn't have a vision impairment because I can see all that they can see."

Annette Ferguson

"[The AT practitioner] came and assessed my computer needs, saw that I would need voice activation, acquired the solutions (the computer, most important the table to mount it all on that I could get under with my wheelchair, the printer, microphone and speakers so that I could use the voice activated software). They set all of this up in the house, installed all the software, then gave me the all important training as well, because without that I would have been at a real loss. Computer usage… greatly improves your independence, it greatly improves your self worth, your self image. All those things are invaluable."

John Blades