Assistive Technology training across four European countries/regions

Ireland

Italy (Emilia Romagna)

Belgium (Flanders)

United Kingdom (London)

Gerald Craddock (Central Remedial Clinic)
Trish MacKeogh (Central Remedial Clinic)

In collaboration with Suzanna Guerin (University College Dublin)

Authors: Gerald Craddock and Trish MacKeogh (CRC)

Final report Work package 1
Project deliverable KPT-WP1-2

Education and Culture
Leonardo da Vinci

Summary of Findings

The Keeping Pace with Technology Work package 1 (WP1) research study was carried out to explore the nature of Assistive Technology training across four partner countries, the country of Ireland and in regions of Italy (Emilia Romagna), Belgium (Flanders) and the United Kingdom (inner London). The purpose of the report was to provide an overview of AT training provision as a base for future research and the development of training programmes within the project. Both time and financial constraints limited the extent of the survey.

Research was conducted via the use of a structured self-report questionnaire that was distributed to a range of training and education providers. The questionnaire was designed in consultation with the research partners and a research adviser based in the Department of Psychology at University College Dublin. The circulation and collection of questionnaires was conducted by each partner in their own area (see appendix A), input into a datasheet and submitted to the Irish partners, who were the leaders on WP1, for statistical analysis. One hundred and fifty completed questionnaires were returned and their contents analysed.

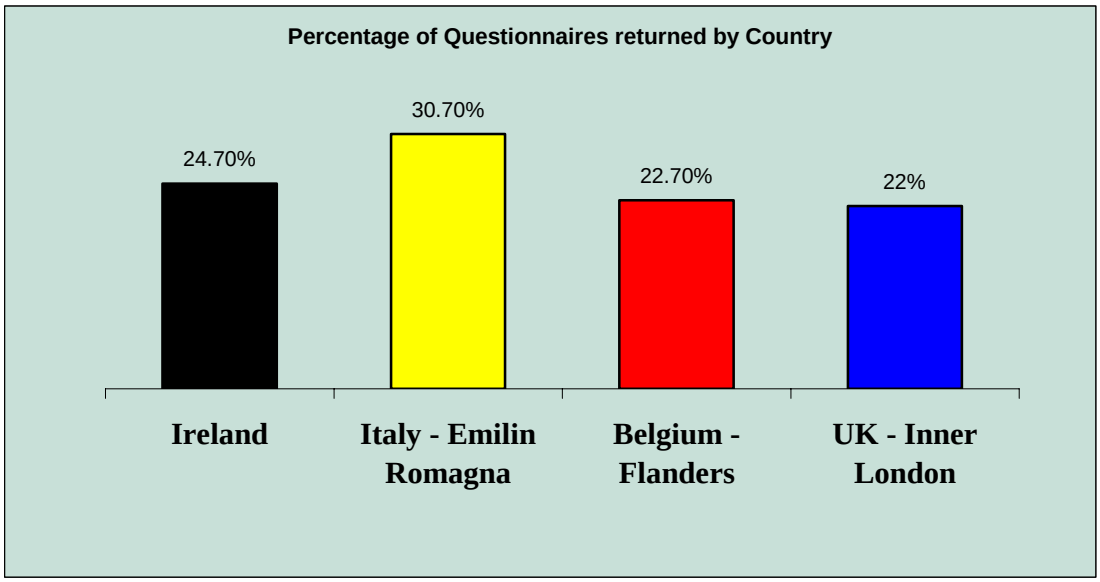
It is important when considering the results to be aware of some cultural and organisational differences between the countries, for instance in the area of Italy, there are no occupational therapists, this work is carried out by physiotherapists. There are also be some differences across the countries which might have influenced the understanding of the questions and the interpretation of the answers. Moreover differences between the countries may also be explained by different service delivery and educational models. Such analysis was outside the scope of the project, however these differences are highlighted within the report. The results do provide interesting information, especially for further research within the project and additional information regarding the different countries can be obtained by the national partners.

In summary the following information can be highlighted

- Of the 150 course providers who responded to the questionnaire, the largest number were employees of further or higher education providers (37%) and members of teams delivering AT (35%). The remaining respondents were made up of employees in private companies (11%), individuals in private practice (5%) and individuals delivering AT (3%).
- The respondents were located in University/higher education 32%, service/user 15% and Private clinic 6%
- The course teams providing professional background were primarily from Education (46%), computer science (34%), Speech therapy (27%) and OT and physiotherapy accounted for 18% each.
- Respondents were asked what type of course/programme the course was part of, again Education primarily came first: Educational Courses 26%, SLT 13%, OT, Physio. Computer science and other all responded below 10%
- Lack of resources or did not consider training as a priority were the prime reasons organisations did not provide training
- A high percentage of respondents (84%) reported that the courses were evaluated
- 47% reported the courses were accredited

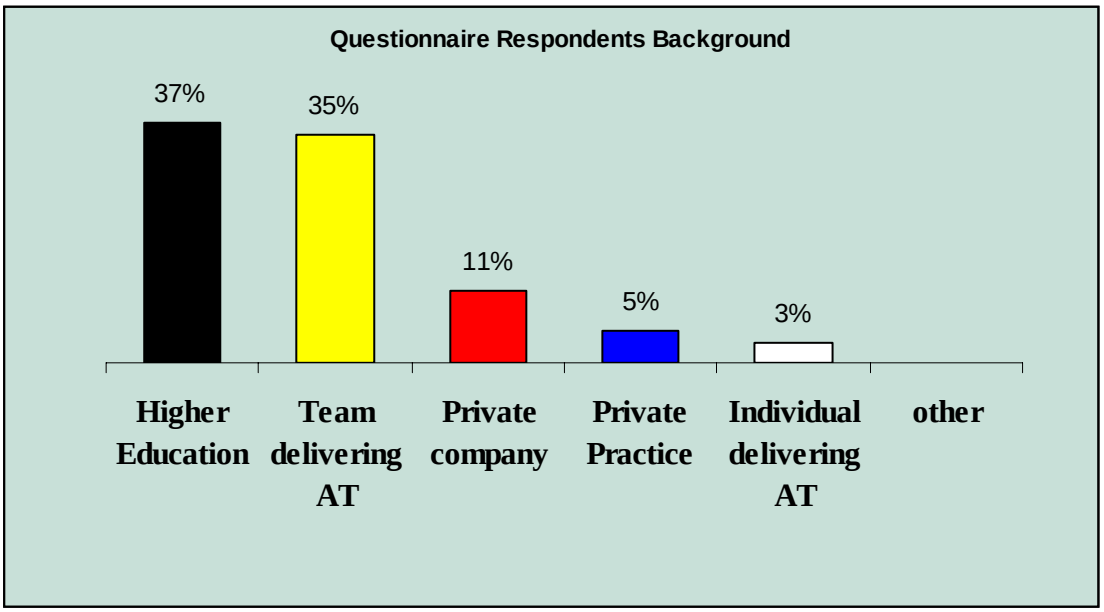
Result of Survey

150 questionnaires were returned overall, the largest number were employees of further or higher education providers (37%) and members of teams delivering assistive technology (35%). The remaining respondents were made up of employees in private companies (11%), individuals in private practice (5%) and individuals delivering assistive technology (3%).



Respondents in Ireland were more likely than others to be working in Higher Education, while respondents in Italy were more likely to be in private companies. Those who responded from Belgium were more likely than others to be in private practice. There was a significant difference in the number of people working for User Organisations across the partner countries, with fewer in Italy and Belgium, and significantly more in Ireland.

A quarter of those who responded (37, 25%) worked with AAC/AT specific organisations and these were more likely to be based in Italy than in any of the other partner countries. Respondents in Belgium were most likely to be working for Disability Specific organisations. Almost half of those surveyed (73, 49%) worked for statutory agencies while 45% (68) worked for non-statutory organisations (e.g. a charity, voluntary body, or private agency).



Location by Country

Ireland	Private Clinic	0	0%	Belgium	Private Clinic	0	0%
	User Organisation	14	37.8%		User Organisation	1	2.9%
	University	18	48.6%		University	18	52.9%
	Professional body	2	5.4%		Professional body	11	32.3%
	Manufacturer	3	8.1%		Manufacturer	3	8.8%
Italy	Private Clinic	9	19.6%	UK	Private Clinic	0	0%
	User Organisation	0	0%		User Organisation	8	24.2%
	University	6	13.0%		University	7	21.2%
	Professional body	0	0%		Professional body	3	9.1%
	Manufacturer	8	17.4%		Manufacturer	5	15.2%

When asked to state the professional background of the team, multiple answers were possible.

The largest number of those surveyed said that their background was in education (46%), this was followed by computer science (34%), and speech and language therapy (27%). The professional background of the remaining respondents was occupational therapy (19%), physiotherapy (19%), Engineering (19%), Social Work (9%), Nursing (9%) and Architecture (6%). A further 63 individuals (62%) came from a variety of other professional backgrounds.

Authors: Gerald Craddock and Trish MacKeogh (CRC)

Teams' Professional Background (Multiple answers were possible)

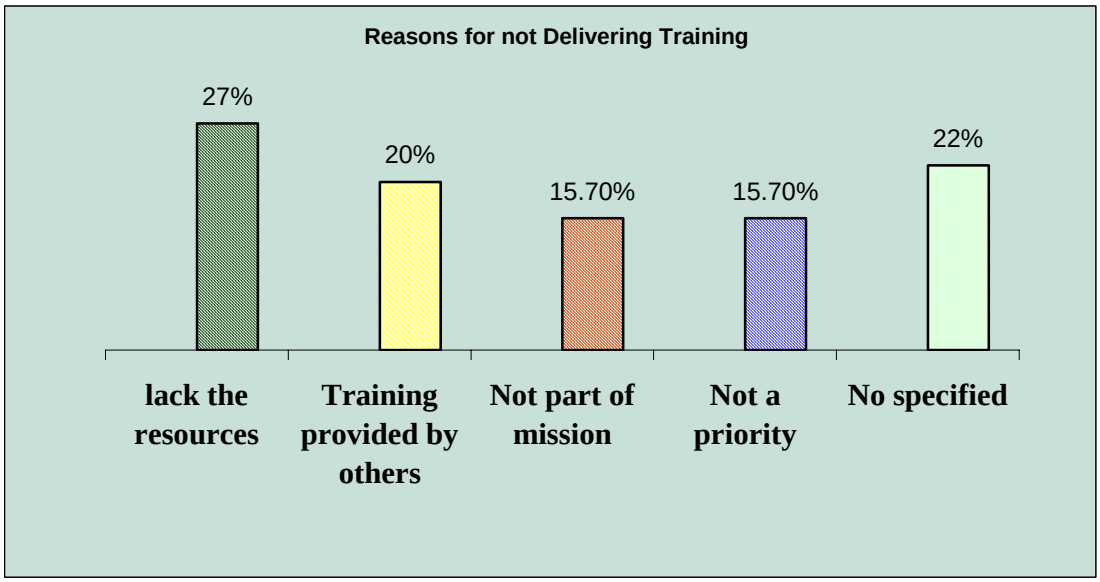
Occupational Therapy	18.7%	Engineering	18.7%
Speech and Language Therapy	27.3%	Computer Science	34.0%
Physiotherapy	18.7%	Architecture*	6.0%
Social Work*	8.7%	Education	46.0%
Nursing*	8.7%	Other/additional	62.0%

Professional Background by Country

Ireland	OT	21.6%	**Belgium**	OT	32.4%
	SLT	29.7%		SLT	35.3%
	PHYSIO	0%		PHYSIO	20.6%
	SW	2.7%		SW	26.5%
	NURSE	2.7%		NURSE	20.6%
	ENG	18.9%		ENG	8.8%
	CS	37.8%		CS	20.6%
	ARCH	0.0%		ARCH	8.8%
	ED	70.3%		ED	5.9%
Italy	OT	2.2%	**UK**	OT	24.2%
	SLT	13.0%		SLT	36.4%
	PHYSIO	39.1%		PHYSIO	9.1%
	SW	4.3%		SW	3.0%
	NURSE	6.5%		NURSE	6.1%
	ENG	26.1%		ENG	18.2%
	CS	54.3%		CS	15.2%
	ARCH	13.0%		ARCH	0%
	ED	43.5%		ED	63.6%

Organisational involvement in Training

Two thirds (66%) of those who responded to the survey said that they were involved in Assistive Technology training while one third (28%) said that they were not. (A small group did not answer the question directly (5.3%). When asked for a reason why they were not involved in AT training, 27% cited lack the resources, 20% responded that training was already being provided for by other organisations, whom they believed were better qualified. 16% answered that training was not part of the mission of the organisation or that it was not consider it to be a priority and (16%), the remaining respondents gave a variety of other reasons.



Where the training is delivered

Training was most likely to be delivered in University settings (41%), in AT centres (28%), and in school settings (27%). Those who were involved in delivering AT training were asked if the programme they were involved in was part of a broader programme covering more than just AT. Over half of those (56%) who responded to the survey said that this was the case and 35% reported that it was not. 77% of Irish respondents said that the course they were involved in was part of a broader programme compared to 59% of respondents in Italy, 39% in Belgium, and 36% in the UK.

The AT training was most likely to form part of the following courses, Education (26%), Speech and Language Therapy (13%), Occupational Therapy (8%), and Computer Science (8%). Other programmes mentioned included Physiotherapy (6%), Nursing (4%), and Architecture (4%). The majority of courses reported on were run in a group setting (72%) involving practical or hands on training (70%) delivered face-to-face (57%).

A large majority of those who were involved in training said that their course was evaluated (84%). "Feedback from participants" was the evaluation methodology most relied on with 61% saying that they asked for informal feedback from participants and a further 55% reporting that their course was formally assessed by participants. A quarter of those whose programmes were evaluated said that this was carried out externally (25%) while 20% said that the course was evaluation by a unit from within their organisation. Irish programmes were more likely than others to be externally evaluated.

Less than half of the programmes in which respondents were involved (41%) were part of a formal qualification however 47% were accredited. The majority of programmes in which respondents were involved in Italy were accredited (65%), as was the case for Ireland (57%). Just over one fifth (22%) of the courses in which respondents were involved in Belgium were accredited and even fewer of those reported in the UK were accredited (20%). Of the courses that were accredited 38% were run at pre-graduate level while 22% were at Masters Degree level or higher, and 20% were post-graduate programmes.

Course Trainers

Respondents were asked to indicate what professions were involved in delivering the course/programme (multiple answers were possible) When respondents were asked to indicate the professions of those involved in delivering the AT training programmes, multiple responses were possible, the largest number were Education professionals (54, 51%) followed by Computer Science professionals (38, 35%), Speech and Language Therapists (35, 33%) and Occupational Therapists (28, 26%). Other professionals involved included Engineers (26, 24%), Physiotherapists (21, 20%), Doctors (11, 10%), Social Workers (10, 9%), Architects (5, 5%), and Nurses (2, 2%).

Professions involved in course delivery.

Occupational Therapy	26.2%	Doctors	10.3%

Speech and Language Therapy	32.7%	Engineering	24.3%
Physiotherapy	19.6%	Computer Science	35.5%
Social Work	9.3%	Architecture	4.7%
Nursing	1.9%	Education	50.7%
Other/additional	32.7%		

There were significantly more speech and language therapists involved in training in the UK than in other countries and significantly less in Italy. Italy had significantly more physiotherapists involved in training programmes than other countries while Ireland had less, and there were significantly fewer computer scientists involved in training in the UK than in any of the other partner countries.

Nearly three quarters of respondents (74.8%) reported that trainers were internal staff in the organisation providing the training and (45.8% (n = 49) reported they were External, again multiple answers were possible on this question. Programmes in the UK had significantly fewer external trainers than those in the other partner countries. Courses in Italy were the most likely to employ external trainers followed and this was a similar trend in Ireland. Almost half of the external trainers employed (47%) came from AT organisations. Respondents were then asked to identify the source of external trainers (as a percentage of those reporting external trainers.

AT organisations provided nearly half of the external trainers (46.9%), with Manufacturer/supplier being less common (14.3%). Nearly three quarters of respondents referred to Other/additional sources (73.5%).

Course Content and Delivery

Information was gathered on the groups in deciding on course/programme content, and the overall findings are presented below (multiple answers were possible).

Groups involved in course content

Service/Technology users	22.4%	Administrators	7.5%
Parents/carers	11.2%	Manufacturers/suppliers	8.4%
Clinicians/Frontline staff	33.6%	Other centres/AT organisations	15.9%
Researchers/Academic	24.3%	Other/additional	42.9%

When asked to report on who provided input into the content of the AT programmes, individuals were clinical or frontline staff (34%), and research or academic staff (24%). Service or technology users were mentioned by 22% respondents. Other centres or AT organisations were reported to provide input in 16% of cases, parents or carers in 11%, manufacturers or suppliers in 8% and administrators in 7% of cases. Researchers or academics were most likely to be involved in Irish programmes and least likely in Italian programmes.

Respondents were asked about the general and the specific nature of the content of the AT programmes they were involved in. A large majority of those surveyed said that the content of the programme they were involved in was user specific (67%). Others said that it was device specific (60%), it was service specific (45%), and covered pre-assessment planning (41%). Fewer programmes were policy or legislation specific (24%) and 22% involved other content such as issues relating to software. Italian programmes involved more device specific content than those run in any other country. When specific content areas were discussed the majority (68%) of those who were involved in training programmes said that computer access was a part of the programme, 57% said that the course involved augmentative/assistive communication, and 39% said that it involved environmental control. Other specific content areas mentioned included software. Augmentative/ assistive communication was less frequently mentioned as a content item in Italian programmes than those run in any of the other countries, Belgian programmes were most likely to cover this area.

Courses were most frequently targeted at clinical or frontline staff (48%), professionals in training (37%), and service or technology users (33%). Parents or carers were targeted by 29% of those running courses, other centres/ AT organisations by 18%, researchers or academics by 17% and administrators by 14%. Professionals to whom training is delivered most frequently included education professionals (35%), Speech and Language Therapists (31%), and Occupational Therapists (30%). Physiotherapists (15%), Social Workers (15%), Engineers

(13%), Computer Scientists (11%), Doctors (10%), Nurses (10%), and Architects (2%) were less frequently mentioned. Occupational Therapists and Speech and Language Therapists were likely to participate in training more frequently in the UK than in the other partner countries.

Appendix A: Breakdown of Questionnaire circulation for Keeping Pace with Technology: Work Package 1

	Questionnaires Sent				**Questionnaires Returned**			
	Italy	**Belguim**	**England**	**Ireland**	**Italy**	**Belguim**	**England**	**Ireland**
Area covered	**Emilia Romagna**	**Flanders**	**Inner London**	**Whole of country**	**Emilia Romagna**	**Flanders**	**Inner London**	**Whole of country**
Population	4 million	6 million	2,7 million	4 million				
Type of Organisation								
University	25	12	4	6	5	1	5	6
College/high School		61		34		20		10
Associations	50	2			2	1		
AT Centres	6	6	2	5	3	4		4
Education Providers				20	13			7
Companies	7	3	12	10	4	3	4	2
Hospital Depts			7					
Public Service Providers	19	18	32	19	5		14	
Private Health Care Providers	9				3			
Vocational training institutes	72	7		27	6	2		2
Foundations	8				1			
Private individual	1							
Social Cooperatives	15	9	3		1	2		
Local authorities	3			8	1			
Educational authorities	1		33	47	1			8
School	1				1			
AT Consultants	1		6				5	
Unknown	3							
	220	**128**	**99**	**180**	**46**	**33**	**34**	**38**
	Total send : 627				**Total returned 150**			

Annex B: Statistical analysis[1]

Participants

Contacts in the four partner countries distributed 400 questionnaires, and in total 150 (26.67% response rate) were returned. Table 1 below reports the breakdown of response across the four partners.

Table 1: Number of Questionnaires returned by Country

	N	%
Ireland	37	24.7
Italy	46	30.7
Belgium	34	22.7
UK	33	22.0
Total	150	

Of the 150 who responded to the questionnaire, the two most common positions reported were an employee of further or higher education provider (n = 56, 37.3%) and a member of a team delivering assistive technology (n = 53, 35.3%). The remaining participants were made up of employees in a private company (n = 16, 10.7%), individuals delivering assistive technology (n = 4, 2.7%), and individuals in private practice (n = 8, 5.3%).

Materials

In order to explore the nature of Assistive Technology training across the four partner countries a structured self-report questionnaire was designed. Reflecting the exploratory nature of this study the questionnaire aimed to gather descriptive information on assistive technology training.

The questionnaire was designed in consultation with the research partners and a research adviser based in the Department of Psychology at University College Dublin. A number of challenges were considered during the design stage of this questionnaire. Firstly, in order to ensure an appropriate response rate it was essential that the questionnaire be as short as possible, so as to encourage completion. Another major issue, which had to be kept in mind, was the need to agree the terminology used in the questionnaire. As the questionnaire would be translated into two additional languages, terms relating to professional training programmes, educational structures etc had to be agreed.

[1] In collaboration with Suzanna Guerin (University College Dublin)

In determining the content of the questionnaire five main section were identified, and a combination of closed (e.g. forced choice questions) and open-format questions were employed to collect the target information.

- The first section of the questionnaire collects information on professional background of the individual or team completing the questionnaire, along with the nature of the organisation in which they are based.
- Following this the team/individual's involvement in assistive technology training is assessed, and this involves questions on the evaluation and accreditation of the course, the level at which it is delivered, the professions involved in designing and delivering the programmes and the target audience.
- The next section asks respondents to describe the aims of the programme, as well as its content.
- Following these questions two open-ended questions invite respondents to report any other information on the delivery of the course and to describe any supports they feel are necessary to develop and deliver training programmes.
- The final section of the questionnaire presents the respondents with 11 principles of assistive technology. These were based on (need references these were developed from) and respondents are asked to indicate the extent to which these principles are part of their current assistive technology training programmes.

Results

Analyses

A frequency analysis was used to highlight overall patterns in the date. Following this, chi-square analyses were used to identify any significant differences in patterns across the four partner countries. Alpha is set at 0.01 for all statistical analyses.

Participants' Background

(a) An employee of further or higher education provider	37.3% (56)
(b) A member of a team delivering assistive technology	35.3% (53)
(c) An employee in a private company?	10.7% (16)
(d) An individual delivering assistive technology	2.7% (4)
(e) An individual in private practice	5.3% (8)
No response	8.7% (13)

Table 2: Respondents' Position by Country2

	Ireland		Italy		Belgium		UK	
Higher Education	23	62.1%	10	21.7%	18	52.9%	5	15.2%
Team delivering AT	11	29.7%	20	43.4%	8	23.5%	14	42.4%
Private company	2	5.4%	10	21.7%	0	0%	4	12.1%
Individual delivering AT	1	2.7%	1	2.2%	0	0%	2	6.1%
Private practice	0	0%	0	0%	5	15.9%	3	9.1%

A chi-square analysis identified a significant difference in respondents' position across country. (χ^2 = 41.472, df = 12, p < 0.01) and examination of the standardised residuals suggested that respondents in Ireland were more likely than others to be based in Higher Education, while respondents in Italy were more likely to be in private companies that respondents in other countries. Finally, respondents in Belgium were more likely than others to be in private practice.

Location of Respondent

Private Clinic	6.0% (9)	Service User Organisation	15.3% (23)
University/ Higher Education	32.7% (49)	Professional Body	10.7% (16)
Manufacturer/Supplier	12.7% (19)	Other/additional	(49)

Due to the distribution of responses in the categories of Private Clinic and Professional Body, chi-square analyses were not possible in these categories. However in the remaining categories a number of significant patterns were identified. A significant difference in the number of people working for User Organisations (χ^2 = 28.804, df = 3, p < 0.01) highlighted significantly fewer in Italy and Belgium, and significantly more in Ireland. A significant difference was also found in the number working in University settings (χ^2 = 20.672, df = 3, p < 0.01), which highlighted significantly fewer in Italy and significantly more in Belgium. Finally no significant difference was identified in the number of respondents working with Manufacturers (χ^2 = 2.261, df = 3, p > 0.01).

Table 3: Location by Country

Ireland	Private Clinic	0	0%	Belgium	Private Clinic	0	0%
	User Organisation	14	37.8%		User Organisation	1	2.9%
	University	18	48.6%		University	18	52.9%
	Professional body	2	5.4%		Professional body	11	32.3%
	Manufacturer	3	8.1%		Manufacturer	3	8.8%
Italy	Private Clinic	9	19.6%	UK	Private Clinic	0	0%
	User Organisation	0	0%		User Organisation	8	24.2%
	University	6	13.0%		University	7	21.2%
	Professional body	0	0%		Professional body	3	9.1%
	Manufacturer	8	17.4%		Manufacturer	5	15.2%

[2] For country breakdowns, figures are reported as a percentage of the total number of questionnaires received from that country.

Nature of Organisation

Just over one third of the respondent reported they were based in a General Organisation (39.3%, n = 59), while 29.3% worked with a Disability specific organisation (n = 44). Finally, just under one quarter worked with an AAC/AT specific organisation (24.7%, n = 37). 6.6% (n = 10) did not respond.

Table 4: Nature of Organisation by Country

	Ireland		Italy		Belgium		UK	
General	25	47.1%	8	17.4%	12	35.3%	14	42.4%
Disability specific	5	13.5%	25	54.3%	18	52.9%	6	13.0%
AAC/AT specific	7	18.9%	19	41.2%	2	5.9%	9	27.3%

A chi-square analysis identified a significant difference in the nature of the organisation across country ($\chi^2 = 36.39$, df = 9, $p < 0.01$). Examination of the standardised residuals suggested that respondents in Ireland were more likely to be based General Organisations, while respondents in Italy were most likely to be in AAC/AT organisations. Finally, respondents in Belgium were more likely than others to be in Disability Specific Organisations.

Type of Organisation

In relation to the type of organisation, 48.7% (n = 73) worked for a Statutory (i.e. a government funded agency) body, while 45.3% (n = 68) worked for a Non-statutory (i.e. a charity, voluntary body or private agency) body. 6.0% (n = 9) did not respond.

Table 5: Type of Organisation by Country

	Ireland		Italy		Belgium		UK	
Statuatory	20	54.1%	15	32.6%	24	70.6%	14	42.4%
Non-statuatory	15	40.5%	26	56.5%	10	29.4%	14	42.4%

A chi-square analysis identified no significant difference in the type of the organisation across country ($\chi^2 = 9.55$, df = 3, $p > 0.01$).

Teams' Professional Background (Multiple answers were possible)

Occupational Therapy	18.7% (28)	Engineering	18.7% (28)
Speech and Language Therapy	27.3% (41)	Computer Science	34.0% (51)
Physiotherapy	18.7% (28)	Architecture*	6.0% (9)
Social Work*	8.7% (13)	Education	46.0% (69)
Nursing*	8.7% (13)	Other/additional	62.0% (63)

Table 6 below reports the breakdown by Country. Due to the distribution of responses in the categories marked with a * above, chi-square analyses were not possible in these categories. However in the remaining categories a number of significant patterns were identified. A significant difference in the number of reported Occupational Therapists ($\chi^2 = 13.325$, df = 3, $p < 0.01$) highlighted significantly fewer in Italy, while there was no significant difference in the number of reported Speech and Language Therapists ($\chi^2 = 7.276$, df = 3, $p > 0.01$). A significant difference in the number of reported Physiotherapists ($\chi^2 = 23.256$, df = 3, $p < 0.01$) highlighted significantly fewer in Ireland and significantly more in Italy, while there was no significant difference in the number of Engineers ($\chi^2 = 3.845$, df = 3, $p > 0.01$). Next, a significant difference was found in the number of team members with a Computer Science background ($\chi^2 = 16.68$, df = 3, $p < 0.01$), which indicated significantly fewer in the UK and significantly more in Italy. Finally a significant difference in the number of team members with a background in Education ($\chi^2 = 35.053$, df = 3, $p < 0.01$) highlighted significantly more in Ireland and significantly fewer in Belgium.

Table 6: Professional Background by Country

Ireland	OT	8	21.6%	Belgium	OT	11	32.4%
	SLT	11	29.7%		SLT	12	35.3%
	PHYSIO	0	0%		PHYSIO	7	20.6%
	SW	1	2.7%		SW	9	26.5%
	NURSE	1	2.7%		NURSE	7	20.6%
	ENG	7	18.9%		ENG	3	8.8%
	CS	14	37.8%		CS	7	20.6%
	ARCH	0	0.0%		ARCH	3	8.8%
	ED	26	70.3%		ED	2	5.9%
Italy	OT	1	2.2%	UK	OT	8	24.2%
	SLT	6	13.0%		SLT	12	36.4%
	PHYSIO	18	39.1%		PHYSIO	3	9.1%
	SW	2	4.3%		SW	1	3.0%
	NURSE	3	6.5%		NURSE	2	6.1%
	ENG	12	26.1%		ENG	6	18.2%
	CS	25	54.3%		CS	5	15.2%
	ARCH	6	13.0%		ARCH	0	0%
	ED	20	43.5%		ED	21	63.6%

Involvement in AT Training

Respondents were asked to indicate if they were involved in Assistive Technology training. Two-thirds responded 'Yes' (66.0%, n = 99), while 28.7% (n = 43) responded 'No'. A small group did not answer the question directly (5.3%, n = 8). Table 7 below reports the breakdown of this question by Country.

Table 7: Involvement in Training by Country

	Yes	
Ireland	30	81.1%
Italy	34	73.9%
Belgium	18	52.9%
UK	25	75.8%

A chi-square analysis identified no significant difference in the provision of training across country ($\chi^2 = 7.809$, df = 1, $p > 0.01$).

Reasons for Not Delivering Training:

It should be noted that for some responses the participants reporting a reason for not delivering courses was greater than the number who had said they were not delivering courses. Therefore the total number for this section was taken to be those who said no and those who did not answer question 6 (n = 51)

Those respondents who reported that they were not involved in training were asked to indicate the reason for this (see Table 8 for frequencies).

Table 8: Reasons Reported

Training is not part of our mission	15.7% (8)	We lack the resources	27.5%(14)
We don't consider it a priority	15.7% (8)	Already being provided for by others	19.6%(10)
We believe there's no demand for it	0.0% (0)	Others can do it better	19.6%(10)
Other reasons given	(14)		

Table 9 below reports the breakdown of response by Country. However, the only category that allowed for statistical comparison was 'lack of resources'. However, the chi-square test identified no significant difference in response to this question across the countries ($\chi^2 = 6.106$, df = 3, $p > 0.01$).

Table 9: Reasons for not delivering training by Country

As a percentage of the total in each country who responded who were not involved in training

	Ireland		Italy		Belgium		UK	
Not part of mission	1	14.3%	4	33.3%	2	12.5%	0	0%
Not considered a priority	0	0%	7	58.3%	1	6.3%	0	0%
No demand for training	0	0%	0	0%	0	0%	0	0%
Others do it better	0	0%	1	8.3%	9	56.3%	0	0%
We lack the resources	3	42.9%	5	41.6%	4	28.5%	0	0%
Already provided by others	1	14.3%	2	16.6%	4	28.5%	2	25.0%

Questions Relating to Course Delivery and Content

Overall figures are reported as a percentage of those who are involved in courses. It should be noted that for some responses to the following questions, the number of participants reporting was greater than the number the number who said they were delivering courses. Therefore the total possible group for this section was taken to be those who said Yes and those who did not answer question 6 (n = 107). However as a result of inconsistent responding in some situations the totals across the four countries is slightly under the overall total for a given response.

Respondents were asked if the course/programme they are involved in was part of a broader programme. Just over half (56.1%, n = 60) reported that it was, while one third reported that it was not part of a broader programme (34.6%, n = 37). Table 10 below reports the breakdown for this finding by country, but no significant difference was found ($\chi^2 = 11.431$, df = 3, $p > 0.01$).

Table 10: Is course part of broader programme by Country3

	Yes	
Ireland	23	76.7%
Italy	20	58.8%
Belgium	7	38.9%
UK	9	36.0%

Respondents were then asked what type of course/programme the course was part of, and multiple answers were possible. Table 11 below outlines the overall response, while Table 12 reports the breakdown by Country.

[3] Country figures are reported as a percentage of those in each country who are included in this section of the analysis, Ireland = 30, Italy = 34, Belgium = 18, UK = 25 (total = 107).

Table 11: Nature of course containing AT training

Occupational Therapy	8.4% (9)	Engineering	0.0% (0)
Speech and Language Therapy	13.1% (14)	Computer Science	7.5% (8)
Physiotherapy	5.6% (6)	Architecture	3.7% (4)
Social Work	0.9% (1)	Education	26.2% (28)
Nursing	3.7% (4)	Other	19.6% (21)

In considering the significance of differences across the four Countries, chi-square analysis was only possible for the 'Education' category. However, no significant difference was identified (χ^2 = 2.134, df = 3, p > 0.01).

Table 12: Nature of course by Country

Ireland	OT	1	3.3%	Belgium	OT	4	22.2%
	SLT	3	10%		SLT	5	27.8%
	PHYSIO	0	0%		PHYSIO	2	11.1%
	SW	0	0%		SW	0	0%
	NURSE	1	3.3%		NURSE	3	16.7%
	ENG	0	0%		ENG	0	0%
	CS	2	6.6%		CS	3	16.7%
	ARCH	0	0%		ARCH	3	16.7%
	ED	10	33.3%		ED	3	16.7%
Italy	OT	3	8.8%	UK	OT	1	4%
	SLT	1	2.9%		SLT	4	16%
	PHYSIO	4	11.8%		PHYSIO	0	0%
	SW	1	2.9%		SW	0	0%
	NURSE	0	0%		NURSE	0	0%
	ENG	0	0%		ENG	0	0%
	CS	3	8.8%		CS	0	0%
	ARCH	1	2.9%		ARCH	0	0%
	ED	9	26.5%		ED	5	20%

Course Evaluation and Accreditation

Almost all the respondents reported that the course/programme was evaluated (84.1% n = 90). This pattern was maintained, with 76.7% (n = 23) of respondents in Ireland, 79.4% (n = 27) of respondents in Italy, 66.7% (n = 12) of respondents in Belgium and 96% (n = 24) of respondents in the UK. Thus no significant difference was identified (χ^2 = 6.295, df = 3, p > 0.01).

Of the 90 who reported that the course was evaluated, the following forms of evaluation were reported (multiple responses were possible). Informal feedback from participants was used in 61.1% (n = 55) of cases, and formal assessment by participants was used in 55.5% (n = 50) of cases. 20.0% (n = 18) reported that the course was evaluated by a unit within the organisation, while 25.5% (n = 23) reported that it was evaluated by a unit outside the organisation. Table 13 below reports these figures by Country.

Table 13: Nature of evaluation by Country

Ireland	Informal	17	56.7%	Belgium	Informal	5	27.8%
	Formal	18	60%		Formal	6	33.3%
	Internal	5	16.7%		Internal	4	22.2%
	External	12	40%		External	0	0%
Italy	Informal	15	44.1%	UK	Informal	15	60%
	Formal	16	47.1%		Formal	9	36%
	Internal	4	11.8%		Internal	4	16%
	External	4	11.8%		External	5	20%

No significant differences were found across country for frequency of informal ($\chi^2 = 5.48$, df = 3, $p > 0.01$), formal ($\chi^2 = 4.553$, df = 3, $p > 0.01$) or internal ($\chi^2 = 0.987$, df = 3, $p > 0.01$) evaluation. However a significant difference was identified in relation to external evaluation ($\chi^2 = 13.624$, df = 3, $p < 0.01$), whereby external evaluation was more common in Ireland.

Less than half of the group (41.1%, n = 44) reported that the course was part of a formal qualification. This pattern was maintained, and reported by 50% (n = 15) of respondents in Ireland, 35.3%% (n = 12) of respondents in Italy, 38.9% (n = 7) of respondents in Belgium and 32% (n = 8) of respondents in the UK. Thus no significant difference was identified ($\chi^2 = 7.252$, df = 3, $p > 0.01$).
A similar number of respondents reported that the course/programme was accredited (46.7%, n = 50). However this pattern was not maintained across Countries. Accreditation was reported by 56.7% (n = 17) of respondents in Ireland, 64.7% (n = 22) of respondents in Italy, 22.2% (n = 4) of respondents in Belgium and 20% (n = 5) of respondents in the UK. A significant difference was identified ($\chi^2 = 21.406$, df = 3, $p < 0.01$), whereby accredited course were less common then expected in the UK.

Of those course which were accredited, (n = 50), just over one third were pre-graduate (38.0%, n = 19), one fifth were post-graduate (20.0%, n = 10), while just over one fifth were at Masters level or higher (22.0%, n = 11). Table 14 below reports responses across Countries (percentages reported as a proportion of total country sample). No significant difference was identified ($\chi^2 = 2.588$, df = 3, $p > 0.01$).

Table 14: Level of accredited course by Country

	Ireland	Italy	Belgium	UK
Pregraduate	8	4	2	3
Postgraduate	4	3	0	3
Masters &higher	5	2	2	2

Course Trainers

Respondents were asked to indicate what professions were involved in delivering the course/programme (multiple answers were possible) and overall figures are reported in table 15 below.

Table 15: Professions involved in course delivery.

Occupational Therapy	26.2% (28)	Doctors*	10.3% (11)
Speech and Language Therapy	32.7% (35)	Engineering	24.3% (26)
Physiotherapy	19.6% (21)	Computer Science	35.5% (38)
Social Work*	9.3% (10)	Architecture*	4.7% (5)
Nursing*	1.9% (2)	Education	50.7% (54)
Other/additional	32.7% (35)		

Table 16: Professionals involved in course by Country

Ireland	OT	8	26.7%	Belgium	OT	7	38.9%
	SLT	9	30%		SLT	8	44.4%
	PHYSIO	1	3.3%		PHYSIO	1	5.5%
	SW	1	3.3%		SW	2	11.1%
	NURSE	1	3.3%		NURSE	0	0%
	DOCTOR	0	0%		DOCTOR	2	11.1%
	ENG	7	23.3%		ENG	2	11.1%
	CS	13	43.3%		CS	6	33.3%
	ARCH	0	0%		ARCH	1	5.5%
	ED	10	3.3%		ED	3	16.6%
Italy	OT	3	8.8%	UK	OT	8	32%
	SLT	3	8.8%		SLT	13	52%
	PHYSIO	13	38.2%		PHYSIO	6	24%
	SW	5	14.7%		SW	1	4%
	NURSE	0	0%		NURSE	1	4%
	DOCTOR	5	14.7%		DOCTOR	4	16%
	ENG	11	32.3%		ENG	5	20%
	CS	17	50%		CS	1	4%
	ARCH	4	11.8%		ARCH	0	0%
	ED	9	26.5%		ED	5	20%

Table 16 above reports the breakdown by Country. Due to the distribution of responses in the categories marked with a * above, chi-square analyses were not possible in these categories. However in the remaining categories a number of significant patterns were identified. No significant difference was found in the number of reported Occupational Therapists ($\chi^2 = 7.407$, df = 3, $p > 0.01$), while there was a significant difference in the number of reported Speech and Language Therapists ($\chi^2 = 14.547$, df = 3, $p < 0.01$), with the UK reporting higher than expected and Italy reporting fewer. A significant difference in the number of reported Physiotherapists ($\chi^2 = 15.075$, df = 3, $p < 0.01$) highlighted significantly fewer in Ireland and significantly more in Italy, while there was no significant difference in the number of Engineers ($\chi^2 = 3.202$, df = 3, $p > 0.01$). Next, a significant difference was found in the number of courses with Computer

Scientists involved ($\chi^2 = 14.936$, df = 3, $p < 0.01$), which indicated significantly fewer in the UK than expected. Finally no significant difference was found for Education ($\chi^2 = 10.022$, df = 3, $p > 0.01$).

Nearly three quarters of respondents (74.8%, n = 80) reported that trainers were Internal to the organisation providing the training, while 45.8% (n = 49) reported they were External (multiple answers were possible). Table 17 below reports the breakdown by Country. While no significant difference emerged for Internal trainers across countries (2 = 11.437, df = 3, $p > 0.01$), a significant difference was found for External trainers (2 = 12.012, df = 3, $p < 0.01$), with respondents in the UK reporting less external trainers than expected.

Table 17: Nature of trainers by Country

Ireland	INTERNAL	22	73.3%
	EXTERNAL	16	53.3%
Italy	INTERNAL	26	76.5%
	EXTERNAL	21	61.8%
Belgium	INTERNAL	9	50%
	EXTERNAL	6	33.3%
UK	INTERNAL	19	76.0%
	EXTERNAL	5	20%

Respondents were then asked to identify the source of external trainers (as a percentage of those reporting external trainers, n = 49). AT organisations provided nearly half of the external trainers (46.9%, n = 23), with Manufacturer/supplier s being less common (14.3%, n = 7). Nearly three quarters of respondents referred to Other/additional sources (73.5%, n = 36). While Table 18 below reports the breakdown across country, no significant difference was identified for AT organisations ($\chi^2 = 9.663$, df = 3, $p > 0.01$) of for Manufacturer/suppliers ($\chi^2 = 10.373$, df = 3, $p > 0.01$).

Table 18: Source of trainers by Country

Ireland	AT Organisation	7
	Manufacturer/Supplier	1
Italy	AT Organisation	10
	Manufacturer/Supplier	6
Belgium	AT Organisation	6
	Manufacturer/Supplier	0
UK	AT Organisation	0
	Manufacturer/Supplier	0

Course Content and Delivery

Information was gathered on the groups in deciding on course/programme content, and the overall findings are presented in Table 19 below (multiple answers were possible). In addition

this issue was explored across the four countries involved and the breakdown is reported in Table 20

Table 19: groups involved in course content

Service/Technology users	22.4% (24)	Administrators*	7.5% (8)
Parents/carers*	11.2% (12)	Manufacturers/suppliers*	8.4% (9)
Clinicians/Frontline staff	33.6% (36)	Other centres/AT orgs	15.9% (17)
Researchers/Academic	24.3% (26)	Other/additional	42.9% (46)

Due to the distribution of responses in the categories marked with a * above, chi-square analyses were not possible in these categories. However in the remaining categories a number of patterns were identified. A significant difference was found for Researchers/academics ($\chi^2 = 12.298$, df = 3, $p < 0.01$) and the pattern was that reports where higher than expected in Ireland and lower in Italy. No significant difference was found for involving service users ($\chi^2 = 11.352$, df = 3, $p > 0.01$), clinical/frontline staff ($\chi^2 = 4.522$, df = 3, $p > 0.01$), or Other centres ($\chi^2 = 1.63$, df = 3, $p > 0.01$).

Table 20: Groups involved in content by Country

Ireland	Users	9	30%	Belgium	Users	5	27.8%
	Parents/carers	4	13.3%		Parents/carers	4	2.2%
	Staff	8	26.7%		Staff	3	16.7%
	Researchers	13	43.3%		Researchers	5	27.8%
	Administrators	3	10%		Administrators	2	11.1%
	Manufacturers	0	0%		Manufacturers	2	11.1%
	Other centres	6	20%		Other centres	3	16.7%
Italy	Users	1	2.9%	UK	Users	9	36%
	Parents/carers	1	2.9%		Parents/carers	3	12%
	Staff	13	38.2%		Staff	11	44%
	Researchers	2	5.9%		Researchers	6	24%
	Administrators	2	5.9%		Administrators	1	4%
	Manufacturers	6	17.6%		Manufacturers	1	4%
	Other centres	6	17.6%		Other centres	2	8%

Respondents also reported the general nature of the content delivered as part of the course/programme. Table 21 reports the overall findings, while Table 22 reports the breakdown by country.

Table 21: Nature of course content

Pre-assessment planning	42.1% (45)	User Specific	67.3% (72)
Device Specific	59.8% (64)	Policy/Legislation Specific	24.3% (26)
Service Specific	44.9% (48)	Other/additional	22.4% (24)

While no significant difference was found for pre-assessment planning ($\chi^2 = 1.369$, df = 3, $p > 0.01$), service-specific training ($\chi^2 = 2.849$, df = 3, $p > 0.01$), user-specific training ($\chi^2 = 2.849$, df

= 3, p > 0.01) or policy-specific training (χ^2 = 1.553, df = 3, p > 0.01). However a significant difference was found for device- specific training (χ^2 = 19.130, df = 3, p < 0.01), whereby Italian respondents reported more device-specific training than expected.

Table 22: Course content by Country

Ireland	PRE-ASSESS	10	33.3%	Belgium	PRE-ASSESS	7	38.9%
	DEVICE	10	33.3%		DEVICE	8	44.4%
	SERVICE	10	33.3%		SERVICE	8	44.4%
	USER	18	60%		USER	7	38.9%
	POLICY	8	26.7%		POLICY	4	22.2%
Italy	PRE-ASSESS	16	47.1%	UK	PRE-ASSESS	11	44%
	DEVICE	29	85.3%		DEVICE	14	56%
	SERVICE	15	4.1%		SERVICE	14	56%
	USER	27	79.4%		USER	16	64%
	POLICY	10	29.4%		POLICY	4	16%

Following this respondents were asked about the specific content areas included in the training. Just over two-thirds reported that Computer Access was included (68.2%, n = 73), while 57.0% (n = 61) reported that Augmentative/Assistive communication was involved. Finally, just over one third reported that the course addressed Environmental control 39.3% (n = 42). Other/additional comments were noted by 40.2% (n = 43)

These findings were analysed by country and Table 23 below reports the findings. While no significant difference was found for Computer access (χ^2 = 7.088, df = 3, p > 0.01), or Environmental Control (χ^2 = 2.634, df = 3, p > 0.01). A significant difference was found for AAC (χ^2 = 13.547, df = 3, p < 0.01). It appeared that Italian respondents reported less AAC training than expected.

Table 23: Specific content by Country

Ireland	COMPUTER	20	66.7%	Belgium	COMPUTER	7	38.9%
	AAC	17	56.7%		AAC	11	61.1%
	ENVIRONMENT	13	43.3%		ENVIRONMENT	4	22.2%
Italy	COMPUTER	25	73.5%	UK	COMPUTER	18	72%
	AAC	10	29.4%		AAC	19	76%
	ENVIRONMENT	13	38.2%		ENVIRONMENT	11	44%

Respondents were asked to indicate where training was delivered and Table 24 below reports the overall findings, while Table 25 reports the breakdown by Country.

Table 24: Location of training

School setting	27.1% (29)	Higher Professional Education	8.4% (9)
University Setting	41.1% (44)	Workshops	16.8% (18)
AT Centre Setting	28.0% (30)	Users' home environment	14.0% (15)
Commercial Setting	6.5% (7)	Conference Setting	21.5% (23)
Vocational Training Institutes	9.3% (10)	Other/additional	16.8% (18)

Table 25: Location of training by country

Ireland	School setting	2	6.7%	Belgium	School setting	5	27.8%
	Uni. Setting	19	63.3%		Uni. Setting	4	22.2%
	AT Centre	4	13.3%		AT Centre	3	16.7%
	Commercial	1	3.3%		Commercial	1	5.5%
	Voc. Training	0	0%		Voc. Training	2	11.1%
	Prof. Education	0	0%		Prof. Education	5	27.8%
	Workshops	2	6.7%		Workshops	5	27.8%
	Home env.	1	3.3%		Home env.	5	27.8%
	Conf. Setting	2	6.7%		Conf. Setting	3	16.7%
Italy	School setting	8	23.5%	UK	School setting	13	52%
	Uni. Setting	11	32.4%		Uni. Setting	10	40%
	AT Centre	11	32.4%		AT Centre	11	44%
	Commercial	1	2.9%		Commercial	4	16%
	Voc. Training	6	17.6%		Voc. Training	2	8%
	Prof. Education	1	2.9%		Prof. Education	3	12%
	Workshops	5	14.7%		Workshops	4	16%
	Home env.	2	5.9%		Home env.	6	24%
	Conf. Setting	6	17.6%		Conf. Setting	12	48%

A significant difference was found for reports of training in school settings ($\chi^2 = 14.686$, df = 3, $p < 0.01$), with fewer reports from Irish respondents and more than expected from the UK. A significant difference was also found for professional education settings ($\chi^2 = 13.257$, df = 3, $p < 0.01$) with more reports than expected from Belgium. Significance was also found in relation to training in conference settings ($\chi^2 = 14.864$, df = 3, $p < 0.01$), whereby more reports than expected from the UK. However, no significant difference was found for University settings ($\chi^2 = 9.861$, df = 3, $p > 0.01$), AT centres ($\chi^2 = 7.958$, df = 3, $p > 0.01$), Commercial centres ($\chi^2 = 4.913$, df = 3, $p > 0.01$), Vocational Training centres ($\chi^2 = 5.978$, df = 3, $p > 0.01$), Workshops ($\chi^2 = 3.971$, df = 3, $p > 0.01$) and Users' homes ($\chi^2 = 10.096$, df = 3, $p > 0.01$).

Finally, respondents were asked to identify the method of course deliver (see Table 26 for findings).

Table 26: How is training delivered? (Please tick all that apply)

E-Learning*	10.3% (11)	One to one	23.4% (25)
Practical / Hands on	70.1% (75)	One to a group*	71.9% (77)
Face to Face	56.7% (60)	Didactic*	16.8% (18)

Again the figures were compared across country (see Table 27). Due to the distribution of responses in the categories marked with a * above, chi-square analyses were not possible in these categories. However, no significant difference was found for Practical ($\chi^2 = 9.402$, df = 3, $p > 0.01$), Face-to-face ($\chi^2 = 10.379$, df = 3, $p > 0.01$), One-to-one ($\chi^2 = 8.305$, df = 3, $p > 0.01$).

Table 27: Delivery by Country

Ireland	E-Learning	5	16.7%	Belgium	E-Learning	2	11.1%
	Practical	17	56.7%		Practical	8	44.4%
	Face to Face	14	46.7%		Face to Face	4	22.2%
	One to one	7	23.3%		One to one	4	22.2%
	One to a group	18	60%		One to a group	9	50%
	Didactic	3	10%		Didactic	4	22.2%
Italy	E-Learning	3	8.8%	UK	E-Learning	1	4%
	Practical	25	73.5%		Practical	21	84%
	Face to Face	22	64.7%		Face to Face	16	64%
	One to one	2	5.9%		One to one	9	36%
	One to a group	25	73.5%		One to a group	22	88%
	Didactic	3	8.8%		Didactic	6	24%

Nature of Trainees

Respondents were asked to identify who they provided training for and again multiple answers were possible. Table 28 below summarises the overall findings for this questions.

Table 28: Responses to 'Who do you provide training for?

Service/Technology users	33.6% (36)	Researchers/Academic	16.8% (18)
Parents/carers	28.9% (31)	Administrators*	14.0% (15)
Clinicians/Frontline staff	47.7% (51)	Manufacturers/suppliers*	8.4% (9)
Professionals in training	37.4% (40)	Other centres/AT organisations	17.8% (19)
Other/additional	30.8% (33)		

Again this question was examined across the four countries and Table 29 below reports the breakdowns across the four partners. Due to the distribution of responses in the categories marked with a * above, chi-square analyses were not possible in these categories.

However in the remaining categories a number of significant patterns were identified. A significant difference was found for reports of training clinical or frontline staff ($\chi^2 = 14.077$, df

= 3, p < 0.01), whereby Irish respondents were reporting training this group less than expected. A significant difference was also found for professionals in training (χ^2 = 11.928, df = 3, p < 0.01) and the pattern was that reports where higher than expected in the UK. No significant difference was found for reports of training service users (χ^2 = 5.618, df = 3, p > 0.01), parents/carers (χ^2 = 9.904, df = 3, p > 0.01), Researchers/academics (χ^2 = 5.164, df = 3, p > 0.01) or Other centres (χ^2 = 3.280, df = 3, p > 0.01).

Table 29: Trainees by Country

Ireland	Users	12	40%	Belgium	Users	4	22.2%
	Parents/carers	6	20%		Parents/carers	5	27.8%
	Staff	7	23.3%		Staff	6	33.3%
	Prof. in training	8	26.7%		Prof. in training	7	38.8%
	Researchers	1	3.3%		Researchers	0	0%
	Administrators	0	0%		Administrators	2	11.1%
	Manufacturers	7	23.3%		Manufacturers	2	11.1%
	Other centres	13	43.3%		Other centres	6	33.3%
Italy	Users	6	17.6%	UK	Users	10	40%
	Parents/carers	5	14.7%		Parents/carers	12	48%
	Staff	22	64.7%		Staff	15	60%
	Prof. in training	8	23.5%		Prof. in training	16	64%
	Researchers	0	0%		Researchers	1	4%
	Administrators	5	14.7%		Administrators	4	16%
	Manufacturers	11	32.4%		Manufacturers	5	20%
	Other centres	17	50%		Other centres	1	4%

Respondents were also asked to identify the professions to whom training is delivered and overall findings are reported in Table 30 below. This was also analysed for differences across the four partners and findings are presented in Table 31.

Table 30: Professions receiving training

Occupational Therapy	29.9% (32)	Doctors*	10.3% (11)
Speech and Language Therapy	30.8% (33)	Engineering*	13.1% (14)
Physiotherapy	14.9% (16)	Computer Science*	11.2% (12)
Social Work*	14.9% (16)	Architecture*	1.9% (2)
Nursing*	10.3% (11)	Education	34.6% (37)
Other/additional	23.4% (25)		

Table 31: Professions receiving training by Country

Ireland	OT	5	16.7%	Belgium	OT	8	44.4%
	SLT	6	20%		SLT	9	50%
	PHYSIO	3	10%		PHYSIO	2	11.1%
	SW	3	10%		SW	4	22.2%
	NURSE	4	13.3%		NURSE	1	5.5%
	DOCTOR	1	3.3%		DOCTOR	2	11.1%
	ENG	5	16.7%		ENG	0	0%
	CS	6	20%		CS	1	5.5%
	ARCH	0	0%		ARCH	0	0%
	ED	14	46.7%		ED	3	16.7%
Italy	OT	5	14.7%	UK	OT	13	52%
	SLT	3	8.8%		SLT	14	56%
	PHYSIO	6	17.6%		PHYSIO	6	24%
	SW	2	5.9%		SW	6	24%
	NURSE	0	0%		NURSE	5	20%
	DOCTOR	5	14.7%		DOCTOR	3	12%
	ENG	3	8.8%		ENG	6	24%
	CS	3	8.8%		CS	2	8%
	ARCH	2	5.9%		ARCH	0	0%
	ED	10	29.4%		ED	10	40%

Due to the distribution of responses in the categories marked with a * above, chi-square analyses were not possible in these categories. However, some significant findings did emerge. A significant difference was found in relation to training Occupational Therapists ($\chi^2 = 14.107$, df = 3, $p < 0.01$), whereby reports from the UK were higher than expected. There was also a significant difference in relation to the training of Speech and Language Therapists ($\chi^2 = 20.201$, df = 3, $p < 0.01$), with the UK reports higher than expected and Italy reporting fewer. No significant difference was identified for training Physiotherapists ($\chi^2 = 1.482$, df = 3, $p > 0.01$) of Education professionals ($\chi^2 = 5.217$, df = 3, $p > 0.01$).

Course Principles

The final section of the questionnaire asked respondents to identify the extent to which Principles of assistive technology and life long learning identified from the literature were part of their course or programme. Table 32 below reports the findings of this section. However, due to the distribution of the data Country comparisons were not performed.

Table 32: Ratings of Principles

Statement	Not at all part of the programme				A core principle of the programme
Trainers should engage in only those services that are within the scope of their competence.	3.7% (4)	5.6% (6)	13.1% (14)	22.4% (24)	43.9% (47)
Trainers shall at a minimum inform trainees and their advocates of any employment affiliations, financial or professional interests that may be perceived to bias training.	9.3% (10)	7.5% (8)	7.5% (8)	13.1% (14)	45.8% (49)
Trainers shall ensure that the trainee fully participates in the process	0.9% (1)	2.8% (3)	22.4% (24)	13.1% (14)	51.4% (55)
Trainers shall ensure that the trainee is fully informed about all reasonable options available regardless of finances in the development of recommendations.	1.9% (2)	2.8% (3)	12.1% (13)	20.6% (22)	47.7% (51)
Trainers shall endeavour to partake in ongoing professional development including continuing education to remain current on all aspects of Assistive technology relevant to this practice.	0.9% (1)	0.0% (0)	2.8% (3)	17.7% (19)	70.1% (75)
Trainers should co-operate with members of other professions where appropriate in delivering services to consumers and to actively participate in the process.	4.7% (5)	0.0% (0)	3.7% (4)	25,2% (27)	54.2% (58)
Trainers should involve trainees in program planning and implementation.	1.9% (2)	1.9% (2)	35.5% (38)	13.0% (14)	33.6% (36)
Trainers should include and build on the trainee's experiences in the learning process.	0.0% (0)	1.9% (2)	3.7% (4)	22.4% (24)	57.0% (61)
Trainers should foster critically reflective thinking as part of the teaching activities.	0.0% (0)	4.7% (5)	2.8% (3)	14.9% (16)	63.5% (68)
Trainers should include learning that involves analysis of problems and development of solutions.	0.9% (1)	0.9% (1)	14.9% (16)	18.7% (20)	51.4% (55)
Trainers should cultivate self-directed learning.	0.0% (0)	2.8% (3)	8.4% (9)	24.3% (26)	45.8% (49)