ADVANCE

Gadgets, Gizmos and Gaining Independence

Executive Summary

Gadgets, Gizmos and Gaining Independence

Assistive Technology and People with Learning Disabilities

Executive Summary

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Foreword

by Ivan Lewis MP, Minister for Care Services

Advances in our understanding and the developing application of assistive technologies now enable people with a range of care and support needs to take greater control of their lives, access the support they want and the services they need. There is no doubt that new and emerging technologies offer older people and other vulnerable adults an opportunity to enhance their lives and to develop solutions that promote independence.

I am delighted to provide a foreword for this report. It demonstrates the extent to which new technology can contribute to making a radical shift in the way people with learning disabilities can benefit from assistive technologies at home, in care and support settings. It also shows how far thinking has progressed, incorporating assistive technology in the development of client-centred housing and provision of care, supporting choices for people with learning disabilities.

This report reflects the policy and practice ambitions of commissioners, providers and, above all, users of services. It also complements and supports the objectives of the White Paper, *Our health, our care, our say: a new direction for community services* and the recent guidance on the development of assistive technologies and the Preventative Technology Grant, *Building Telecare in England*. The report is therefore timely as it makes crucial links to the aspirations and demands of people with learning disabilities and how technologies can support social care in the 21st century.

Summary

This report says:

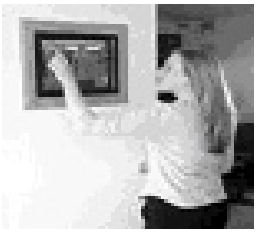
- What Assistive Technology is.
- Where to get Assistive Technology.
- How it can help people with a learning disability.
- How much it costs and where to get money to pay for it.

Assistive Technology is a range of gadgets that can help people be more independent and do things for themselves.

This report has been written to help more people with a learning disability use Assistive Technology.

This report is about electronic Assistive Technology that is run by electricity or battery. This is sometimes called telecare and telemedicine.

This report also talks about computers and telephones that can help people live more independently.



Types of Electronic Assistive Technology

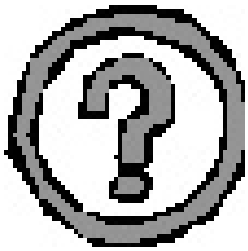
Telecare – gadgets that can sense what is happening in your home and call for support from outside of your home if there is a problem. Also gadgets that you can use to call someone from outside of your home for help.

Telemedicine – gadgets that a person wears that can check a person's health and tell someone outside of the home if there is a problem.

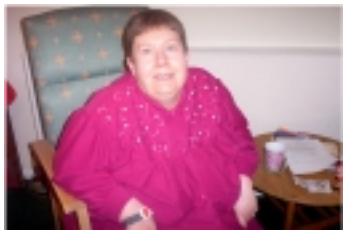
Smart Homes – homes that have computers that can do things like make doors and curtains open and close and remind people to lock doors and windows when they go out.

Communication Aids – a large range of computers, programmes and telephones that help people to communicate more easily.

Most Assistive Technology is used by older people and people with a physical disability. There are not many people with a learning disability who use it.



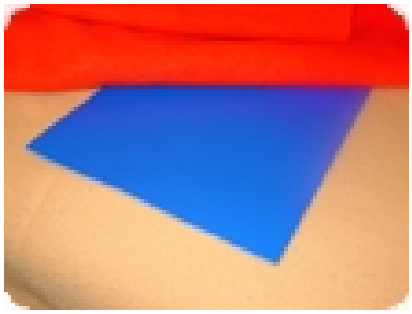
The reason that not many people with a learning disability use Assistive Technology is that most staff who work with them, like care providers, care managers and Occupational Therapists do not know much about it.



There are some support providers and councils who help people with a learning disability to use Assistive Technology. We found out by talking to them that it could help people with a learning disability to live more independently.

Some ways to make sure that more people with a learning disability can use Assistive Technology

- Assistive Technology is used by older people who live in sheltered housing and extra care housing and is usually built into the housing from the start. This should be the same for supported housing schemes that are developed for people with a learning disability.
- All people with a Learning Disability who have a Community Care Assessment should also be assessed to see how Assistive Technology could be part of their support package.
- Assistive Technology can be used as a way of providing extra support to people with a learning disability who live in their family home and help carers.
- Support and care providers could introduce and test Assistive Technology to improve the way they provide support to people with a learning disability.
- Make sure that people, their families and professionals know about Assistive Technology and how to pay for it.

Gadgets	How you can use them
	This pendant is worn around the neck or on the wrist. In an emergency situation the button can be pressed to call for help from someone that knows about the type of help you need.
	This movement detector can tell if you are moving around your house or not. If your movement is different to normal, like if you have not moved around for a long time, someone will call to check to see if you are OK or not and get help if you need it.
	This bogus caller sensor is a button by the door that you can use if you are worried about a person at your front door. It will call out someone to help you.
	This bed occupancy sensor can tell when you go to bed and get up. If you are in or out of bed at an unusual time it can contact someone to find out if you are OK or not and get help if you need it. This might be good if you fall out of bed.
	This Carbon Monoxide (CO) sensor can tell if you have dangerous levels of CO from a boiler or fire. It can call someone to help.
	This mat can tell if you are having an epileptic seizure in bed and call for help.

Gadgets	How you can use them
	This fall alarm is usually worn on a belt or waistband and can tell when you fall and call for help.
	This flood detector can tell if taps have been left on and there might be a flood. It sets off an alarm or tells someone who can help.
	This gas detector can tell if there is a gas leak or the gas has been left on the cooker. It connects to a valve that can turn off your gas.
	This medication dispenser reminds you to take your pills when you need to. f you do not take them it calls someone who checks to see if you are OK.
	This mobile phone is for people who find it difficult to use ordinary mobile phones. It has three buttons to call three different numbers and if the red button is pressed twice, it calls emergency services. The phone can also remind you about things like the time to leave work, get up, or catch a bus.
	There are a lot of gadgets and programmes that can make using a computer easier, especially for people who do not read and write.

Appendix 1

Preventative Technology Grant

Money has been given to all Social Services Authorities to expand use of telecare. The extracts below from Department of Health publications explain what is available and how the grant can be used. The grant can help provide support to people with learning disabilities, not only older people. More details are available from: www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance

Allocations to Local Authorities in 2006/07 range from £2,000 to £600,000 so in the context of social care as a whole funding is modest; but is intended as a catalyst and to promote telecare.

What is it?

In July 2004, the Government announced its plans to invest £80 million, over two years from April 2006, through the Preventative Technology Grant. The purpose of the grant is to initiate a change in the design and delivery of health, social care and housing services and prevention strategies to enhance and maintain the well-being and independence of individuals.

How should it be used?

Through the grant, the Department expects councils to invest in telecare to help support individuals in the community. This aims to help an additional 160,000 older people to live at home with safety and security and reduce the number of avoidable admissions to residential/nursing care and hospital.

How will it be allocated?

The grant will be allocated to all local authorities in England with social services responsibilities using the Formula Spending Share for Older People Formula. £30 million will be made available in 2006/7 and £50 million in 2007/8. The grant will not be ringfenced. A joint local authority and NHS Circular attaching the formal grant determination will be issued in early 2006.

Whilst the funding will go to local authorities, they are expected to work with partners in housing, health, voluntary and independent sectors and service users and carers. Local authorities and their partners may wish to consider using pooled fund arrangements and joint commissioning under Section 31 of the Health Act 1999.

Using the grant effectively

The grant should be used to increase the numbers of people who are supported to remain independent with telecare. It is expected that most of the beneficiaries will be older people. The current evidence base for the effectiveness of telecare is in its use in supporting older people; however, telecare could be used to support people of all ages, including children.

It is for each local authority and its partners to decide how best to use the grant to modernise local services and incorporate telecare into mainstream health, housing and social care services. The Telecare Implementation Guide provides several examples of existing telecare services. The examples below are intended to illustrate the potential for change.

Implementation issues

Before advantage can be taken of telecare, local authorities will need to ensure that infrastructures are in place to deliver:

- Staff training and development.
- The supply and management of equipment.
- The supply of relevant 24-hour/seven day contact services.
- The supply of 24-hour/seven day care response services.

The grant is intended to pump prime these processes and changes in the delivery of mainstream services. The Telecare Implementation Guide provides detailed guidance on developing and implementing a telecare service. The paragraphs below are intended to highlight key issues that local authorities and their partners will need to address at a local level.

Planning

One of the emerging themes from the forthcoming listening exercise on out of hospital services may be the use of telecare and telehealth systems more generally.

When planning a telecare service local partners will need to consider how the service will fit with longer-term developments for telecare and telehealth systems.

Local partners should develop a local telecare strategy, showing how telecare services contribute to other strategies, frameworks and priorities and how services integrate into existing health, housing and social care pathways. Consideration should be given to the existing infrastructure, such as community alarm services, that can act as a platform for telecare services.

Smaller authorities may wish to consider economies of scale by planning and commissioning services with neighbouring authorities.

Information and advice

People using services, carers and professionals will need access to information and advice on telecare and the services available locally. The Housing Learning and Improvement Network are compiling an online directory of demonstration sites and SMART houses at www.changeagentteam.org.uk.

Procurement

As a general principle, local authorities should follow procurement best practice. They should seek economies of scale in procurement and lower unit costs for equipment and where possible use existing framework agreements and preferred supplier lists e.g. where telecare equipment forms part of the Integrated Community Equipment Service.

There are several options for the supply and ownership of telecare equipment. These include:

- Direct purchase and ownership.
- Leasing.
- Rent/Managed Service.
- Self Purchase.

Ethics

The construction, delivery and removal of a telecare package is subject to the same ethical processes as any other care package.

Some telecare equipment gathers information about the lifestyle and activities of the individual in their own home. Other packages may include passive devices (where the individual does not have to interact for a call to go to a call centre). These packages will require specific ethical considerations around informed consent.

The individual, or their advocate or carer where informed consent is not possible, should understand the implications of the information that may be generated from a telecare package. They will have access to that information and what conclusions may be drawn from the data generated.

Charging

Where, as a result of a community care assessment, telecare equipment is provided by a local authority as an aid for the purposes of assisting with nursing at home or aiding daily living, it should be provided free of charge.
A charge may be made for the service elements (revenue) of telecare. Charging should be in line with local Fairer Charging and Fairer Access to Care Services (FACS) policies.

Where it is part of the local strategy to provide telecare packages to people who are not assessed as requiring them as an aid for the purposes of assisting with nursing at home or aiding daily living, for instance as a preventative service, a charge can be made for the equipment and the service (revenue) elements. In these instances the FACS means test can be used, in the same way as for Supporting People charging assessments.

Where telecare is part of a joint package of health and social care providers will need to agree their respective responsibilities and charge accordingly.

Performance assessment

We will be developing, in partnership with the Commission for Social Care Inspection, a method of identifying the numbers of people benefiting from telecare over the two years of the grant from 2006/7 to 2007/8.

Local authorities and their partners may wish to develop locally agreed targets or outcome measures. Examples could include:

- The numbers of people who benefit from telecare.
- The numbers of carers receiving a telecare service as a result of a carer's assessment.
- The number of people using Direct Payments to buy telecare.
- Telecare being incorporated into local training packages for health and social care workers.
- Satisfaction surveys of users of telecare and their carers.

Appendix 2

Useful Websites

ASTRID Guide www.ASTRIDguide.org

Care Services Improvement Partnership www.csip.org.uk

Centre for Usable Home Technology (CUHTEC), University of York www.cuhtec.org.uk

Disabled Living Centres Council (DLCC) www.dlcc.org.uk

Foundation for Assistive Technology (FAST) www.fastuk.org

Integrating Community Equipment Services (ICES) www.icesdoh.org

National Initiative for Telehealth (NIFTE) Framework of Guidelines
www.cst-sct.org

Ricability www.ricability.org.uk

Social Alarm and Telecare Association (SATA) www.sata-uk.org.uk

Smart Homes databases www.rethinkhousebuilding.org

Supporting People website www.spkweb.org.uk

TATE Project (Through Assistive Technology to Employment) www.tateproject.org.uk

Telemedicine Information Service www.tis.bl.uk – including supplier database, project listings and organisations

Telecare Alliance – a consultancy specialising in telecare. Produces a newsletter.
www.telecarealliance.co.uk

Telecare Services Association: a membership organisation for telecare and alarms service providers www.asap-uk.org

Appendix 3

Assessment pro-forma model

Person's details:

Name .....

Address .....

.....

Date of birth .....

Tel number .....

Support worker .....

Tel number .....

Family or advocate details .....

Name .....

Address .....

.....

Tel number .....

Reason for assessment request? What do you hope to gain from telecare?

.....

.....

.....

Current situation

Type of accomodation

House ☐ Bungalow ☐ Other ☐

Flat ☐ Care Home ☐

Is the property shared? Yes ☐ No☐

If yes who with .....

Does the installation have to include other people living in the same property?

Yes ☐ No☐

If 'Yes', how? .....

Access Problems			Position/comments
Doors	Yes ☐	No☐	
Shops	Yes ☐	No☐	
Interior	Yes ☐	No☐	
Keys/locks	Yes ☐	No☐	

Other .....

Existing Support

What services does person receive?

Support at home .....

When? .....

Day care .....

When? .....

Education.....

When? .....

Other .....

What are the problems/weaknesses in present support?

Communication

Are there problems with communication that AT might help with or which might prevent some devices being useful or which suggest a particular type of device/prompt?

	Ind.	Problems noted	Unable	Assessors comments e.g. special needs/position
Hearing				
Sight				
Speech				
Telephone				
Pendant alarms				
Pull chords				
Concentration and memory				

If the person has an autism spectrum disorder or complex behaviour are there any particular features to avoid/include e.g. loud noise, reflection, whining?

Behaviour / cognition

Are there any patterns of behaviour relevant to considering AT?

Wanders Yes ☐ No ☐

Sleep patterns Yes ☐ No ☐

Anxiety/agitation Yes ☐ No ☐

Confusion Yes ☐ No ☐

Other .....

.....

.....

Lifestyle

In this section we are trying to build up a picture of your lifestyle and daily routine by idetnifying the times and places that you carry out these routines.

Do you generally get up at the same time every day? Yes ☐ No ☐

Do you generally get dressed straight away? Yes ☐ No ☐

Which chair do you sit in most of the time? Do you generally go to bed at the same time each night? Yes ☐ No ☐

Do you generally get out of bed at night? Yes ☐ No ☐

If yes, how often? .....What time? .....

Do you have any concerns about your ability to manage at home?

.....

.....

.....

Risk Assessment

This section should be used when there are risks identified and the referrer wishes to use the system to assist in the management of these risks. The outcome of this assessment information will be monitored as part of an audit to consider effectiveness of the system.

Risks	High risk not evident	Low risk	Comment
Unable to follow directions			
Difficulty in decision making			
Unable to express self			
Environmental			
Leaving doors to house open			
Leaving windows open			
Unable to lock door			
Leaves keys behind			
Does not check callers properly			
Function			
Restricted mobility			
Falls when on level			
Falls on stairs			
Epilepsy			
Hearing impairment			
Visual impairment			
Speech impairment			

Risks	High risk not evident	Low risk	Comment
Personal Care			
Bathing risks, scalds, falls			
Handling hot food			
Leaving gas on unlit			
Fire safety risk of CO poisoning			
Unaware when heat is on			
Health affected by not eating			
Medication			
Interpersonal			
Risk of abuse or criminal activity			
Problems of compliance with support services/medication			
Anxious about getting help in an emergency			
Social isolation			
Lack of mental stimulation			
Mental state			
Confusion			
Short term memory loss			
Night time behaviour			
Sleep pattern disturbance			

Please state which devices are required in addition to dispersed alarm		
Please indicate which devices and in which part of the home they need to be installed		
	✓	Where does it need to be installed?
Smoke detector		
Carbon monoxide detector		
Flood detector		
Natural gas detector		
Temperature extremes detector		
Fall detector		
Medication dispenser		
Bed occupancy sensor		
Chair occupancy sensor		
Bogus caller alert		
PIR movement detector		
Pressure mat		
Wandering client alarm		
Enusesis alert		
Door entry system		
Keysafe		
Strobe sounder		
Visual call indicator		
Epilepsy alarm		
Other		
Other		
Other		
Other		

Please state the reasons technology is being requested	
Falls prevention / alert	
Epilepsy alarm	
Prevent residential care admittance	
Accidental prevention	
Supporting carers needs / carer respite?	
Maintaining / promoting independence	
Minimising risk	
Privacy / dignity	
Greater reliability	
Reduce / eliminate sleep-in care	
Reduce / eliminate waking night cover	
Combat social exclusion	
Support...	
Programmable devices information	
Bed occupancy sensor	
What time does the person go to bed?	
How often does the person get up in the night?	
How long does the person spend out of bed?	
What time does the person get up in the morning?	
What should be done in response to an alarm?	
Chair occupancy sensor	
Which chair should the sensor be connected to?	
What time is it occupied?	
How long should it be before an alarm call?	
....when the chair is occupied?	
....when the chair is unoccupied?	
What should be done in reponse to an alarm?	
Motion detector - bathroom	
What hours of the day is the room used?	
How frequently is the room used?	
How long before an alarm when not in use?	
What should be done in reponse to an alarm?	

Please state the reasons the technology is being requested	
Motion detector - kitchen	
What hours of the day is the room used?	
How frequently is the room used?	
How long before an alarm when not in use?	
What should be done in response to an alarm?	
Motion detector - other room (please specify)	
What hours of the day is the room used?	
How frequently is the room used?	
How long before an alarm when not in use?	
What should be done in response to an alarm?	
Wandering person detector	
Which doors need to be monitored?	
Which hours of the day?	
How long after opening should an alarm switch on?	
What should be done in response to an alarm?	

Appendix 4

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