

The following account aims to illuminate further the findings arising from the Phase 1 research of Kessler and Bach (2007). This site was identified as ambitious; they faced unusually challenging problems; and they became highly attuned to the operations of a wider political context.

## **Annexe C**

### **Norfolk Assistive Technology**

#### **Developing Assistive Technology in Norfolk**

Thank you: Jon Langman and for various reports that were submitted to Skills for Care (SfC).

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#### **Introduction**

Over recent years there has been an increasing interest in the potential to develop assistive technology as a means of supporting disabled and older people at home and to enable them to retain independence and control over their lives. Changing demographics, public expectations, budget squeezes and many other factors meant Norfolk Social Services have to constantly re-evaluate ways of delivering services in the most cost efficient and effective way that can meet individual needs. This led Norfolk to explore the use of Assistive Technology.

Assistive technology involves the use of a whole range of sensors and monitors which link through to a community alarm service and are known as "Telecare" equipment. The most common alarm is a pendant that people can wear. Monitors work in a similar way and can trigger an alarm at the call centre, for example if someone falls or there has been no movement over a particular time. The call centre can take appropriate action that has previously been agreed with the individual and/or their carers.

The aim of using assistive technology in this way is to help people to continue to live independently by increasing their safety and security in their own home. Although it is not suitable for everybody, the use of assistive technology can delay or avoid the need for residential care, can reduce the amount of homecare a person needs; can bring peace of mind to family and friends and as importantly, give the person the means to continue being at home.

However technology such as this is relatively new. Norfolk wanted to develop this type of approach as a means of supporting people at home and required workers to develop a specialist role to deliver this new service.

#### **Project Aim**

The aim of the project was to design a new type of worker - the Assistive Technology Support Worker (ATSW), and also to develop the existing workforce to provide assistive technology.

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The underpinning ethos of the service was to support the principle of prevention, ensure the safety of vulnerable people and develop an integrated assistive technology service. Kessler and Bach (2007) in their Phase 1 evaluation regarded the project as the outcome of the keen interest of a local "champion", a programme of earlier collaborative initiatives and national policy:

*The Norfolk pilot emerged from a continuous stream of activity undertaken by a service development officer with a particular interest in assistive technology. This interest overlapped with a range of public policy initiatives and pronouncements stressing the importance of assistive technology in the home for older people and those with learning disabilities including the NHS Plan 2000, Valuing People and various Audit Commission reports. Moreover, it was a project that built-on earlier initiatives: a Smart home in Norwich had already been developed in partnership with Norwich City Council, their Alarm Service and Tunstall Telecom.*

Kessler and Bach described the primary objective of this project as "independence" where the *pilot sought to facilitate independent living in the home and the community, through the provision of assistive technology* but they connected to further objectives of being person centred, improving access to services and building the capacity and skills of the workforce.

They recognised that the project had very clear user benefits - *the Norfolk project where assistive technology allowed users to stay in their home longer with, say, dementia sufferers being much more easily monitored. (An outcome which also has cost benefits in keeping people out of full time, residential care).*

**Workforce Implications:** Norfolk Social Services recognised that *the project involved creating and developing completely new posts, part of the project will be about developing new skills and add on skills to existing posts.* The project aimed not only to develop a new service strategy but also involved workforce redesign and to this end a number of new posts were created:

- Strategic commissioning /co-ordinating post at a fairly senior level
- Project workers (6), one for each local authority district. These were specialist staff with knowledge and skills in assistive technology and the needs of users, who were required to meet a new range of competencies.
- Other staff such as district nurses, some community mental health nurses, OTs and physiotherapists were required to some degree, to extend their skills and competencies in assistive technology in terms of installing equipment, monitoring and analysing any information provided.

The new post holders had to develop particular skills and competencies to understand how assistive technologies work, explaining and encouraging take up by service users and their carers, demonstrating equipment to professionals, developing public communication skills, some technical knowledge, advice and information giving as well as maintaining their existing

health and social care skills. They also had to develop knowledge and skills in energy efficiency, safety and accident prevention, crime prevention along with knowledge about strategies for preventing ill health and promoting well being.

Kessler and Bach described the **Norfolk's Assistive Technology Support Worker** *This was a newly created specialist role designed to facilitate the provision of assistive technology to a range of service users in the county. It was initially concerned with communicating about and raising awareness of the availability of this kind of technology as well as with the assessment of need and, over time, with the actual installation of certain devices.* It is a very apt description of what happened within this particular project.

### **Funding**

The funding from Skills for Care was £265,000. The funding from Skills for Care was £265,000. It enabled a previous pilot project to be rolled out across the County. Subsequently funding was provided through the Preventative Technology Grant and Partnership for Older Peoples Projects (POPPS) to continue to develop this work.

### **Team Structure**

The approach that Norfolk took was to develop a specialist role of Assistive Technology Support Worker. This was designed to provide a focal point for the new service within existing teams around the County. The Team consisted of 6 ATSWs, 1 Assistive Technology Officer, who would develop the service across the County and an administrator. The team had access to a SMART house in Norwich and a Centre for Independent Living in Great Yarmouth.

This ATSW role was crucial to the delivery of the new service and aimed to bring together a range of skills and knowledge not normally found in one role such as

- Awareness of crime prevention
- Awareness of safety and accident prevention
- Assessment Skills
- Public speaking
- Advanced communication skills
- Training skills
- Partnership working
- Familiarity with technology
- Ability to research technology and maintain up to date industry knowledge
- Technical and installation skills.

This eclectic mix of knowledge and skills posed several problems during its conception and implementation, some of which are still relevant

1. There are no formal qualifications in assistive technology to judge the standard of knowledge of new workers.
2. Linked to this there is no nationally recognised training course or programme, although assistive technology (AT) may now form part of a larger course, e.g. the OT course run by East Anglia University now

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has an AT module and Skills for Care (SfC) are considering developing NOS for assistive technology workers and this framework would lead to a qualification.

3. Initially this lack of qualifications did not sit well with other workers within the department who did have qualifications and who were on the same pay scale
4. Because of the uniqueness of the role there was some early confusion around what it was aiming to achieve.

The posts were graded at a pay scale range of £17 - £20K to reflect the responsibilities of the post. At the time (2005) this was hard to justify in Human Resource terms as there were no formal qualifications that were relevant for the posts. Other groups of staff on similar rates of pay had undertaken a two year qualification and this led to some friction over gradings.

However, a real plus as far as the service was concerned was the skilful selection of workers. They pioneered the service and were instrumental in driving it forward. They had to work across departments and agencies and were engaged with housing, health, community alarms, social services, emergency services, voluntary agencies and many more. These workers formed the backbone of the service and built up an expansive knowledge of assistive technology through research and actually doing the job. Initially, they were quite isolated as there was a lack of understanding of their roles in their host teams but through skilful promotion and networking, they assisted in taking the project forward to a county wide integrated service. They were also engaged in promotion of the service and raising awareness in professional arenas and with the public.

From the outset the new workers received a wide ranging induction programme which included time spent with all relevant partner agencies, and awareness training about the AT equipment. Then they received additional "prevention" training which included training from the Fire Service, Police Service, Fuel Efficiency, and Benefits for example so that they had a broad understanding of the wider domains of prevention. Finally they received training in installation and programming of equipment from the manufacturers.

Following the success of the role of the ATSWs, the organisation attempted to roll out these specialist skills, taking the expertise of the new workers to the social workers, occupational therapists and other social care assessment staff. It was envisaged that these workers would be able to assess for specialist assistive technology equipment as part of their generic role as well as provide the necessary advice and support. The ATSW would provide a more supportive role to the teams. This approach was not entirely successful. It was believed that mainstream staff had too many other tasks and casework pressures. Accordingly the Telecare equipment and some of the complex stand alone items were re-allocated back to the ATSWs but social care assessors could still access some of the less complex equipment.

Retention of the ATSWs has been good. They have been self motivating and champions of the service developing their own learning and sharing this with

others within the County, with neighbouring authorities and at regional events. As this group of staff move up the salary scale they inevitably reach the top banding and may want to keep moving up. However, there are few prospects within AT and no career pathways or structures for progression. In order to gain promotion the staff would have to change jobs or move back into a generic setting. They would leave behind a post for which there is no formal training or qualification and for which it would be difficult to appoint an experienced person.

**Evaluation:** This was formally undertaken by East Anglia University. A self evaluation form and report was completed by the Strategic Co-ordinator and some of her comments with regard to workforce are reproduced below:

- *The overall project has been extremely successful in terms of actual service delivery; supporting both service users and carers and enabling a number of people to remain living independently and at home. As a result of the success of both the ATSW role and the project itself, Norfolk Social Services decided to continue with the role and all six new posts for a further year until March 2007, funding the salaries by using the Preventative Technology Grant, which commenced in April 2006... In December 2006, a Senior Management decision was made to extend the role for one further year until March 2008, using the second year's Preventative Technology Grant (PTG)*
- *On the plus side, directly as a result of evidence of the effectiveness of the role and of the assistive technology service, particularly in terms of supporting people with dementia, the role of Assistive Technology Support Worker was taken forward, within the Norfolk Partnership for Older People Projects, which provided funding in 06/07 for a similar type role to be employed by the Alzheimer's Society... and in the second year funding will be available for the Society to fund posts across the whole of the County.*
- *The ATSWs themselves have found the role very interesting and rewarding but also challenging, as the role has been very demanding.*
- *These kind of posts will continue to attract people if we create more posts requiring these kind of skills and competencies and will attract younger people because of their interest in technology.*
- *This role was a completely new role—and not a hybrid role to combine existing skills from other job roles—and included new competency areas not previously or traditionally covered by social care such as public speaking, communication skills to professional groups of staff, service users and carers, delivering services as part of the wider prevention agenda, training to other staff, research and policy knowledge and increasing knowledge base of assistive technology.*
- *The new role and AT service has definitely resulted in service improvements and more scope to support people in their own homes and to promote independence, improvement to staff morale because of more choice in ways to support people, and potential cost savings, avoiding or delaying moves into residential care, facilitating hospital discharge and reduced need for domiciliary care.*

- *An additional part of the project was to specifically look at extending the knowledge and skills of District Nurses, Community Mental Health Nurses, OTs etc and to particularly look at involving health care staff with developing an ATSW service to support patients. This was very slow to develop.*

The delay was due to many factors such as organisational restructuring within the hospital management, the new and developing roles of Community Matrons and just “one expectation” too far for them to be able to take on a whole new project and new skills before their own role had already become an embedded role. However in 2007/08 there was joint working with health colleagues on a “TeleHealth” project for people to monitor their own health care, linked to an appropriate professional to oversee the health monitoring. Champions within Health want to promote better support at home and prevent unnecessary hospital admissions.

The University of East Anglia’s external evaluation of the project examined the service and experience of the service users. In terms of workforce they concluded that:

- *There was general praise for this new type of service and a feeling that for once expectations of a service and the reality matched. There was considerable personal praise for the individual ATSWs as it was felt that the success of the provision was very much down to their own tenacity and abilities.*
- *Many of the new ATSWs reported a very slow start to their roles. In the first focus group some had been in post for up to five months of their pilot year and had only been seriously taking referrals for about six weeks. At this stage this was a frustration for them but by the second focus group the referral rate was healthy and almost causing concern as the level of work was rising exponentially and becoming difficult to manage. The demand for the services of the ATSW reflects one of their greatest achievements – providing a service that meets a need and is seen to be effective*
- *The ATSWs described their roles as evolving rather than having been well defined from the outset. This has allowed them the flexibility to develop and respond to the needs of their client group but has brought the challenge of establishing their defined role definition with a constant accumulation of new tasks to undertake.*
- *All the ATSWs expressed surprise at the apparent lack of groundwork that had been carried out in the districts prior to their appointment. This has caused more challenges for some than others. Generally it was felt that there was, and still remains, a lack of understanding about ATSW roles and assistive technology. Some described the difficulty of working in an established professional team with their own jargon who whilst being supportive could not fully appreciate the difficulties of providing an assistive technology service from scratch. Some ATSWs had encountered practical difficulties around desk space, administrative support and in one case considerable negativity from professional colleagues. It was felt that some of this could have been overcome by more preparation before their appointment.*

- *All ATSWs felt that the issues around administrative support for the new posts had been overlooked in the planning stages of the pilot project. All of them had encountered difficulties with administration ranging from paperwork not existing to who should perform certain administrative tasks. This had caused extra workload for the ATSWs and in some cases resentment within the district teams arising from the lack of planning. The role of ATSW inevitably brings a large administrative load in order to record, review and maintain the equipment and ensure the smooth running of the service. In addition, the collection of statistics and data for the pilot project brought administrative tasks.*
- *The need for support for professional and personal development was also highlighted. The ATSWs had not appreciated the extent to which they would be lone workers within a district and when applying for the posts believed they would be part of an assistive technology support team, although covering different districts. On occasions the division between being a district based worker but part of a centrally controlled pilot project has caused difficulty for a worker and resulted in insufficient managerial support. By the final focus group this difficulty appeared to have been resolved to some extent.*
- *All of the ATSWs were appointed to the new roles with different skills and experience but with very limited knowledge of assistive technology and the devices they would be assessing for. All of the interviewees expressed disappointment in the large manufacturers of assistive technology and their failure to provide adequate training in the installation of equipment.*
- *Over the year, however, the ATSWs feel that they have built up a large body of knowledge about the devices they are dealing with and the benefits and drawbacks of each device for individual service users. They have become expert in this field and this knowledge and expertise for a county is now vested in seven people. They all recognise the need to be able to keep up to date in this developing field and identified the difficulty of allocating time to research new and useful products and developments in this field. They stated the need to look beyond the large manufacturers to smaller companies who are producing new and innovative devices that could be of real benefit to service users, but highlighted the time needed to devote to this research.*
- *The ATSWs expressed the difficulties of working under uncertain conditions. During the first group the uncertainty was focused on the lack of knowledge about their new role both for themselves and on the part of their managers and colleagues. Although they all recognised that this is an inevitable part of taking on a brand new role and all relished the challenge of this, it was a difficult time for these workers being unsure of their position. By the final focus group these uncertainties had been replaced by those surrounding the future of their posts.*

## **Workforce Learning**

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The evaluation reports concluded with some key messages particularly relevant for the workforce.

*Key Messages*

- *The success of the assistive technology project across the whole County of Norfolk could not have been achieved without the excellent partnership working enjoyed with the many agencies involved*
- *The project would not have been so successful without some key entrepreneurial individuals who came from different perspectives, but shared the vision and could look beyond any difficulties, seeing them as challenges requiring creative solutions rather than as insurmountable problems.*
- *The ATSW role has proved to be a very effective role. It would not have been possible to deliver an effective countywide service to the same standard and at the same speed without the employment of a staff group dedicated to this new area of work.*
- *The adaptability and creativity of the individuals occupying the new ATSW roles are also to be applauded; without their preparedness to absorb innovation, learn quickly and yet still persevere with the unknown as their roles evolved, the project could not have achieved the success that it has and supported many people to live independently at home.*
- *Assistive technology has no tradition of belonging to any particular staff group, and therefore it can be used as a vehicle for breaking down professional boundaries and providing the opportunity for new kinds of workers and new types of roles to develop in this rapidly changing era of social care.*
- *Excellent assessment skills still remain essential to social care. Knowledge and competencies in assistive technology are a valuable addition to the existing knowledge base, and not a way of deskilling people. Assistive technology is “another tool in the toolbox”.*
- *Discussions with various people nationally have taken place about the development of NVQs in AT and what should be included in this—and how AT should be included in modules for other training.*

The positives of this project were in creating a new worker which brought together a new set of skills – apart from AT which was new. It required a combination of a range of skills not normally found together. The project and workers crossed departmental boundaries of housing, social care, health and community alarms. However there were difficulties with the introduction of a new worker role, people didn't initially understand the role and better preparation may have anticipated ways of addressing these. There will always be tensions in introducing a new role and most particularly when people in non qualified roles are paid the equivalent of some qualified staff. For the New Types of Workers themselves there was a lack of training opportunities, qualifications and career pathways. Uncertainty about future funding and the lack of permanency of their posts caused some anxieties. For Norfolk Social Services the proof of the value of the new roles is that at the end of 2007 they have created a new effective service that has delivered assistive technology support to around 1500 people.

**References**

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