

## HOW ASSISTIVE TECHNOLOGY HELPS TO PROMOTE DIGNITY, EQUALITY AND RESPECT - PROVIDING THERE'S A SPOONFUL OF CREATIVITY THROWN IN

“Imagination is more important than knowledge” said Albert Einstein and that for me is the ethos of successfully using assistive technology. As an early pioneer in this field and having developed a very effective telecare service in Norfolk, I am quite convinced that a detailed knowledge of the technology, whilst essential, is not the most important thing. What is important is seeing and using the technology as a vehicle for change, a catalyst to encourage staff to be creative and innovative in their approach and to open their minds, to “think outside the box”, as is demanded by the Government, in order to meet the social care requirements of the 21st century.

THIS is the real challenge—to bring about a change in attitude and approach, a change in the way we provide services and a change in the kind of services we provide. In so doing, telecare has a vital role to play in encouraging person centred care, based around the principles of dignity, equality and respect

Telecare, for the uninitiated, is a way of bringing health and social care into people’s own homes by using information and communication technology. The Government is very keen to promote and encourage this new way of providing support and has offered Local Authorities the ‘carrot’ of an extra £80 million over 2 years, in the

form of the Preventative Technology Grant. The expectation is that LAs will work in partnership with other agencies, particularly PCTs—and at the end of the two year period, all will be sufficiently persuaded that telecare is cost effective, as well as achieving a better quality of life for people, and will invest in a sustainable service.

In Norfolk, in addition to the accepted telecare model, we included a small range of stand-alone items, particularly aiming to supporting people with dementia and memory difficulties: items such as the memo minder, medication carousel, electronic calendar and pressure mat with doorbell alert or pager device. The evaluation report of the first full year of our service showed that over 50% of the people supported had dementia and often it is these simple items which can have the most impact, particularly for people with this condition. The report also found that over two thirds of the people supported had a family carer and likewise it was often the simple items, creatively used, which did most to help the sense of well-being of the carer and provided reassurance.

It is so very exciting to see how even simple technology really can change people’s lives and make a significant difference.

## BOX 1

John had been admitted to hospital in June 2006 and his wife Eileen went to stay with their daughter and son-in-law and young family.

John has dementia and his wife was not in a position to look after him any longer. John and the family wanted him to be able to join his wife living at the daughter's house, but the daughter and son-in-law were concerned about how they would manage particularly as they had young children. A number of items of technology were provided to enable John to be independent but also to support the whole family.

His daughter wanted to be able to conduct normal daily activities without constantly feeling the need to check on her father, and so a pressure mat linked to a pager was provided for the front door. This would then alert her if her father was intending to go out.

John has medication that needs to be taken regularly and as the daughter is not always at home, a medication carousel which acts as a prompt, was provided to help with this task. Between them, John and his wife would be able to manage this as even if he cannot relate the prompt to his medication, his wife is able to. However she would not be in a position to remember John's medication without this prompt.

As hygiene was a very important issue to the family a memo minder was provided so that a message could be recorded reminding John to wash his hands after using the lavatory, helping him maintain his dignity.

An additional memo minder was supplied to have in the lounge for the family to use in the lounge and to alter the message as circumstances required.

All of these things eased the responsibility and strain that the daughter and son-in-law would have experienced at having both parents living with them and enabled the daughter not to feel housebound.

## BOX 2

Anne moved into a housing with care scheme in October 2001. In 2005 she was diagnosed with dementia. She started to go out inappropriately, particularly during the night, sometimes going on to the road outside and .because of this, staff needed to check on Anne every half hour throughout the day and night.

The staff felt that due to Anne's condition, the current care package was no longer adequate as her safety could not be assured and they were concerned they could no longer support her continuing at the scheme.

Following an assessment by the assistive technology support worker, door contacts were installed on Anne's flat door and linked to the current alarm system already in place .

Now, when Anne leaves her flat, an alert is sent to the staff's handset so that they are aware that she is going out. This was particularly beneficial during the night as staff no longer had to disturb Anne by entering her flat to check that she was still in bed, thus protecting her privacy and enabling them to care for her with respect

## BOX 3

Stephen is an 85-year old gentleman living alone in a local authority flat. As a result of a stroke, he has some memory loss and he has little speech himself but appears to be able to understand all that is said to him. He had left his bathroom taps on in the past and had flooded his flat and caused damage to the flat beneath him. Stephen has excellent support from his daughter.

A flood detector was installed in February 2006 in his bathroom and he has been flood-free since (his daughter thinks that because the detector is sitting under the sink, it is a reminder to him to turn taps off).

As the flood detector requires a link to the Community Alarm Centre, it was arranged for Stephen to have a text phone as he is unable to answer the call centre if they ring. He can now text his reply to them and this allows him to be treated in the same way as any other service user.

It has been agreed that should the Alarm centre need a response Stephen will clap his hands to say he is alright and needs no help.

The new assistive technology combined with pre-existing text phone technology has enabled Stephen to remain independent at home with no additional care and has provided support to the daughter.

In my opinion assistive technology is just another “tool in the toolkit” for health and social care (and other staff.) Excellent assessment skills still remain essential in order to deliver a first class, person centred service but

knowledge and competencies in assistive technology are a valuable addition to the existing knowledge base, an avenue for a changed way of working and NOT a way of deskilling staff.

Assistive technology, as it has no tradition of belonging to any particular staff group, 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, essential in the current climate. In Norfolk, this was exemplified by the development of the new role of Assistive Technology Support Worker in 2005, as part of the New Types of Worker project, funded by Skills for Care. This role proved to be very effective in service delivery terms and encouraged a style of creative thinking and partnership working.

In Norfolk, the value of this role in delivering the prevention agenda and achieving the aspirations of the White Paper was recognised by the continuation of funding for the roles in Adult Social Care and by rolling them out in the statutory sector within the Mental Health Care Trust and into the voluntary sector with the Alzheimer Society—hopefully Home Improvement agencies will be next.

To date Government policies have focused on supporting people in the community with telecare, but it is my belief that the current “Dignity in Care” initiative could be used to stimulate creative thinking around the potential of telecare and simple technology to support people in residential care homes. An enuresis sensor, for instance, could in fact offer a more

respectful and dignified way of supporting a person with incontinence, than the more traditionally accepted good practice of regular staff checks during the night. An electronic calendar clock could help a person with dementia be independent with their orientation.

In addition, the establishment of Smart Homes (demonstration sites), in both residential and hospital settings, as a way of raising the profile and spreading the word about technology and its benefits, has much to commend it.

## CONCLUSION

Most important of all is to be clear that the technology is not an end in itself— but a means to an end, the end being the “outcome” desired by the individual. This will inevitably include being treated as an equal with respect and dignity. Technology makes us have to think about new skills and new competencies and new job roles where the most important criteria will be a good imagination, the ability to think creatively and the potential to innovate.

**THINK TECHNOLOGY < THINK SIMPLY < THINK CREATIVELY = DIGNITY + EQUALITY + RESPECT**

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