

“we identify
new and
innovative
types of
working”

**new and emerging roles in assistive technology within
social care: 2010 and beyond**

one of a series of documents highlighting new and emerging roles
in innovative social care



introduction: new and emerging roles in adult social care

supporting transformation

Understanding and exploring new and emerging roles and their potential learning and development needs are important aspects of the transformation of adult social care. This document is one in a series of publications drawn from Skills for Care's workforce action learning (new types of worker) programme that sets out new and emerging roles in a concise way. Each document in this series will help you to assess the types of roles you might need to develop, work with or commission over the next two years.

Further information on all the roles already captured in the work will be available, at www.newtypesofworker.co.uk and www.skillsforcare.org.uk. A range of publications and DVDs are also available.

assistive technology

The range of assistive technologies is wide and developing rapidly, with the result that the workforce involved in supporting assistive technology (AT) is equally diverse. This leaflet looks at the background, the context in which AT is used, and at some of the new and emerging roles with a focus on the delivery of social care. Supplementary information is available on the new types of worker website, including samples of job descriptions and person specifications.

It is important to remember that the use of assistive technology does not remove the need for one to one support. For many people who use services, AT will be one element of their support package, which may also include regular visits by care staff and other workers.



what is assistive technology?

We can define assistive technology in a number of ways. In 2001 a King's Fund consultation with people who use services said:

"Assistive technology (AT) is any product or service designed to enable independence for disabled and older people."

(King's Fund 2001)

Some examples of assistive technology that supports people's independence by aiding their self care:

- memo minders or door enunciators, for example to remind a person that it is night time and not to go outside
- bed occupancy sensors that switch on a lamp when the person gets up, to reduce risk of falls (These sensors can also alert a carer that the person has got out of bed, and can trigger an alarm that they have not returned to bed.)
- clocks which give the period of day as well as the time, to tell the person it is afternoon, for example, and not early morning
- sensors to prevent floods from overflowing baths
- smoke and carbon monoxide detectors
- automatic pill dispensers
- falls detectors, e.g. worn on a belt
- epilepsy sensors on the mattress or chair to detect an episode
- video phones (see Your Telesupport in references)
- computer-based communication aids such as TypeTalk.

why assistive technology, and why now?

The policy context for assistive technology includes *Putting People First* (DH 2007), which emphasises independence and choice, and enabling people to stay safely in their own homes for as long as possible.

In 2008 the Department of Health described some of the cost benefits for the wider health and social care system:

"Assistive technology ... can provide ... efficiencies across the wider health and social care system arising from:

- better targeted timing and sizing of care packages and support
- greater choice of care and support options
- reduction in residential placements
- crisis avoidance, meaning fewer A&E and hospital admissions." *(DH 2008)*



Social care supports people to lead 'ordinary lives', and the 'ordinary' now includes a wide range of advanced technologies—home computers and other online platforms for a variety of domestic entertainment, the mobile 'phone / computing cross-over, and sophisticated domestic appliances. Some of these technologies have led to health-related innovations such as the new generation of digital hearing aids.

Such technologies present opportunities for efficiency and economy in services, so it is plain that the time has already come for social care commissioners and providers to embrace assistive technology. This requires engaging with the people they support and with the workers providing that support to address the issues raised by these new types of service delivery. This includes ensuring that staff are trained to provide these new services.

The Department of Health agrees; its guide to assistive technology for local authorities stresses "housing and new technology to help support people in the community" as a more effective and lower cost approach (DH 2008).

This is further reinforced by the Department of Health in its guidance for local authorities on the *Use of Resources* (DH 2009a). In a chapter about how local authorities use the money they have and encouraging them to look at how they can reduce their use of higher cost services (which may include residential care for some people) and to prevent people from using social care where this may not be necessary in the longer-term, there is a section specifically about assistive technology. This is cited here in full (see box).

What the Department of Health *Use of Resources* guide (DH 2009b) says on assistive technology

"Following the Department of Health's guidance *Building Telecare in England* and the Preventative Technology Grant arrangements (2006–08), local authorities are beginning to make wider use of assistive technologies to support people to remain in their own homes. This varies from simple call systems to alert a central point when a person has had an emergency, to using sensors to track key activities that may then trigger an alarm. Assistive technologies are widely used among older people. However, there are examples of local authorities using them to provide additional support for people living in the community who may receive floating support rather than have staff available 24 hours a day. Examples include people recovering from mental health problems, drugs or alcohol abuse and adults with moderate levels of learning disabilities living in the community. Telecare can also support carers, particularly those caring for people with dementia. North Yorkshire County Council is rolling out assistive technologies across its county (covering a very large area) and working with the local district local authorities, which are running call centres to support this mainstream activity. In the first year of the programme, it calculated that it saved just over £1 million that would otherwise have been spent on domiciliary or residential care for the recipients. The Department of Health is undertaking a two-year research project to find out how technology can help people to manage their own health and maintain their independence. The Whole System Demonstrator programme is believed to be the largest randomised control trial of telecare and telehealth in the world to date. Further details at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100946"



supporting self care — ‘telecare’

The Department of Health’s *Research and development work relating to assistive technology 2008-09* (DH 2009b) makes the link between assistive technology and the *Common Core Principles to Support Self Care* (SfC/SfH 2008). These principles support service reform and promote choice, control, participation and independence of those using health and social care services. Principle 5, “Support and enable individuals to use technology to support self care,” requires workers to ensure appropriate equipment and devices are discussed, sources of supply are identified, and the use of technology is supported.

Much of the emphasis in supporting self-care is on the provision of ‘telecare’. This is the provision of social care intervention ‘on call’ to be summoned by a person when they need it. It includes the use of sensors and monitors that will summon help for the person if they are not in a position to call for themselves. The point about telecare is that it is not constant care (so it maximises independence and minimises resource application), but it is constantly available.

Skills for Care has funded a range of projects about the use of telecare and other assistive technologies. Further information and resources can be found at www.newtypesofworker.co.uk

existing roles using assistive technology

Public, private and voluntary sector organisations have roles which currently support assistive technologies in the delivery of social care. These include:

Health workers: GPs and GP surgery administrators, nurses, occupational therapists, health visitors, community nurses, physiotherapists.

Health services: NHS walk-in centres, disabled living centres and independent living centres, and independent equipment suppliers.

Social care: social workers, social work assistants, key workers, care managers, care brokers, residential care workers, domiciliary (home care) workers, personal assistants, sheltered housing wardens.

Information, advice and guidance: JobCentre Plus advisers, benefits staff, signposting services, NHS Direct.

Local authority and housing services: housing advisers and case workers.

Carers: This is a time of change for carers (i.e. friends and family, as distinct from care workers) too. Assistive technology has taken some of the pressure away, for example where they are living with someone who needs support, and now they are more able to sleep at night without worrying that their loved one is going to fall out of bed and not be able to raise the alarm, or will go outside when it is unsafe to do so.



new and emerging AT roles within social care

With advances in assistive technology (AT), the roles of some traditional care staff are changing, and this will continue. In addition, new roles are being developed, and some workers have needed to learn new skills. For some this has been a challenge; for example, care assistants who are required to work with bed occupancy sensors have needed training to understand how the equipment works and what it can do. Another example is where staff have been trained in the use of videophones. (SfC Your Telesupport)

Skills for Care's workforce redesign model (SfC 2008) can assist employers in developing these new roles, and its Creating Capable Teams approach can be used to help change cultures and roles within an organisation (see Resources section).

The workforce involved with assistive technology not only spans existing health and social care roles but also brings in systems designers and engineers (software and hardware), installation engineers, network administrators, planners, architects, housing services, telecommunications services (both direct providers and infrastructure support), community services, benefits services, and information, advice & guidance (including Job centre Plus).

Consequently the 21st century adult social care workforce will increasingly cut across many sectors and roles and may well see the development of further new ways of working, new types of workers and new roles.

One of the benefits of new roles that embrace technology is the ability to attract a wider range of people into social care employment. People with an interest in gadgets, technology or DIY may be attracted into the sector, and this might also lead to an increase in the number of men looking for jobs within social care—although technical careers are becoming much less gender-specific than has been the case hitherto.

Because this is a new and emerging field, the variety of roles, functions and job titles in use in different places are not consistent with each other. To try to give a coherent overview, the following types of functions have been identified, some of which share common elements:

- functions to develop new assistive technologies, and their supply
- functions to assess particular AT needs
- functions to provide continuing support once AT has been set up for a person.

All of these functions have the stated aim of improving people's independence in various ways, whether by enabling them to return to or remain in their own homes, or by reducing the risk of falls.

It is important to note that this classification of roles and functions is Skills for Care's subsequent reading of the developments in a variety of places, not a pre-existing workforce plan.



functions to develop and manage assistive technologies, and their supply

‘technology development officers’ and ‘telecare specialists’

These roles report to a team manager, or telecare manager or AT manager. The main functions include:

- developing and supporting the use of telecare as part of a holistic approach to service provision
- promoting telecare to people who use services and to their carers, including its use in sheltered housing, extra-care housing and care homes
- supporting the use of telecare in safeguarding vulnerable adults
- undertaking assessment activities in conjunction with colleagues from adult services or housing or health.

An example of a job description (labelled ‘TDO’) is at www.newtypesofworker.co.uk

assistive technology team managers

Managing a team of assistive technology workers, this role also includes:

- liaison with equipment suppliers and with partner agencies such as health, housing, the voluntary sector, ambulance staff, nurses, GP surgeries, and other professionals
- responsibility for the management and development of telecare and other assistive technology services
- managing contractual arrangements between, for example, a local authority and the providers of their monitoring, response and installation services.

An example job description (‘ATTM’) is available at www.newtypesofworker.co.uk

the assistive technology administrative assistant (Norfolk project)

In the telecare project in Norfolk (described further below), the administration assistant’s role has evolved from undertaking regular administrative duties in order to support a team of care practitioners. She is now involved in negotiations with equipment suppliers where there is a need for some new technology or where an adaptation to a regular piece of kit would give it a dual purpose. She liaises with equipment store staff on the issue of bed sensors, alarms and lighting sensors, and is involved in researching the best types of equipment for particular people using the service.

independent suppliers of products and services

Suppliers need to be able to respond quickly to the rising need for AT within social care settings. For some, sales and marketing teams have developed new roles, where they liaise with local or national social care organisations in the development or adaptation of assistive technology, enabling equipment to be used in a range of ways.



What's distinctive about these functions is that they focus on the technology, rather than on the particular person. However, some roles that fulfil these sorts of functions might also have some of the other functions listed below, where the focus is on the individual person to be supported by a particular application of AT.

functions to assess particular AT needs

assistive technology assessors

Their role is :

- to develop and support the use of assistive technology in promoting independence
- to undertake assessments and reviews in conjunction with colleagues from adult services, health and other external agencies to actively consider and promote the use of assistive technology as a primary source of support for particular people.

An example job description ('ATA') can be found at www.newtypesofworker.co.uk

What's distinctive about the assistive technology assessor functions is that they work with the person and make judgements about the applicability or not of particular assistive technologies to the specific needs of the person. So this work is particularly focused on a person when they are planning or newly started with a particular assistive technology.

functions providing continuing support once AT has been set up

- **telecare (or telesupport) workers**
- **telecare specialists**
- **control centre operators**
- **mobile wardens.**

These workers use telephones, mobiles and/or videophones as alternative methods of delivering care to the people they support, e.g. those with learning disabilities. This would typically be alongside more conventional care delivery methods. This greater flexibility in care delivery should help maximise the best use of support staff time.

The call centre operator's principal task is to monitor calls from older people and people with disabilities linked to the centre via an alarm system. The calls must be dealt with in a patient, sympathetic and understanding manner, and brought to a satisfactory conclusion as quickly and effectively as possible.

Responsibilities include:

- answering calls through specialist equipment within specified timescales
- handling emergency and routine calls and taking appropriate action
- calling out the relevant statutory services were necessary



- relaying messages and making concise and accurate records of actions taken
- identifying and rectifying faults in equipment or reporting these to the relevant service
- inputting data, updating and filing records
- dealing with out-of-hours repair calls
- monitoring the safety of staff working away from their base or out of hours and taking appropriate follow up action where necessary.

An example setting for this sort of role is a mobile warden service that provides support to people who wish to remain living independently in their own homes. Trained and experienced wardens respond to emergency calls, which are raised through a control centre, operating 24 hours a day, all year round. Alarms to the call centre are triggered by the range of equipment containing sensors in people's homes. This includes falls, outside doors left open for a length of time, or overflowing baths. The call centre makes a decision on who to call—in an emergency they would call one of the emergency services, and in other instances they would alert the mobile warden, who would visit the person to address the problem.

It might be noted that the 'mobile wardens' themselves are not so much a new role as an example of how AT is changing the long-established role of sheltered housing warden, so that the person's own home becomes 'sheltered', rather than them having to move house.

What's distinctive about these 'continuing support' functions is that although they specialise in using the technology, the focus is entirely on the person being supported, as in traditional care functions.

case study: the norfolk assistive technology support workers

The Assistive Technology Support Worker is a new type of specialist worker in every sense of the word and has a wide range of responsibilities encapsulated within one role. Norfolk County Council employed specialist assistive technology workers to develop, promote and deliver the service. They have a number of the roles and functions described above, but most distinctively they are also visible and demonstrable evidence of the organisation's commitment to assistive technology. They also act as 'AT champions' both inside and outside the organisation. In summary, they:

- assist older people and other vulnerable adults to live at home through the application of assistive technology
- develop and support the use of assistive technology in promoting independence help prevent hospital admission and facilitate earlier discharge, and reduce the need to move in to a care home, by providing assistive technology as part of housing support and care arrangements
- undertake assessment activities, in conjunction with colleagues from social services and health and actively consider and promote the use of assistive technology as a primary source of support.

These workers combine a number of key elements in their role, including assessment, installation, and liaison with key stakeholders, ambassadors and trainers. When the service began these workers received all AT related referrals, carried out assessments, arranged for installation of equipment and carried out reviews.

See www.newtypesofworker.co.uk for a job description (labelled 'ATSW') and guide



workforce implications of assistive technology

Learning from the New Types of Worker programme we can identify the following as examples of the implications for the workforce from introducing assistive technology.

- **Awareness** – a need to know about assistive technology; what it is, who supplies it and who can use it.
- **Assessment** – understanding the range of AT options available and communicating the benefits either to those who assess potential users of the service, or directly to the potential users and their families.
- **Decision making** – measuring risk against benefits to people who use the service and to the service provider (including costs, etc.).
- **Sustaining use of AT** – feedback and evaluation of equipment and people's satisfaction with it.
- **Ethics and governance** – particularly about the sharing of information received from monitoring equipment with carers and other family members. Use of AT must be balanced with a person's right to privacy.
- **Risk management** – there is a need to correctly balance the combination of technological care and hands on care support for each person, and for the person and their carers to have confidence in this.
- **Training and qualifications** – staff need the relevant skills and knowledge.
- **Cultural shift** – 'buy in' from senior managers is essential, as is 'myth busting', e.g. "use of AT will mean less one-to-one care, jobs will be lost, it's the cheap option", etc. In fact, AT must be understood to be a mainstream part of care.
- **Working in partnership** – as well as significance for the already-developing partnerships between housing, health and social care, increased AT now introduces new partners such as equipment developers and suppliers.

conclusion

Although assistive technology has been in the care arena for several years, social care employers are still in the process of evaluating how the changing expectations of people who use services and of their carers will require them to redesign their workforce and to offer a different and wider range of services. Discussions with service commissioners are at different stages, with some independent sector employers now able to offer a full range of AT services, and others just beginning that dialogue. Roles will continue to evolve.

However, local authorities are embracing AT; for example the Telecare programme within Essex County Council has gone from strength to strength, and across England many reports from pilot programmes are able to demonstrate benefits in the use of AT for people using services as well as for health and social care partners.



Assistive technology supports people with dementia and the current focus on dementia care and the amount of ongoing research into and development of AT to support these people will continue to raise the profile of the role of technology and the likely emergence of new roles to support dementia care.

The ageing population, social care's recruitment difficulties and the current economic climate, as well as the increasing confidence of people who use services in using technology, will mean assistive technology will continue to grow as a significant way of delivering social care.

To benefit, employers – of any number of workers – must develop their workforces accordingly.

resources

Creating Capable Teams Information from anisha.waka@skillsforcare.org.uk , tel 0116 2739259

Building Telecare England – Department of Health, July 2005 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4115303

Telecare Implementation Guide DH Care Networks www.dhcarenetworks.org.uk/IndependentLivingChoices/Telecare/AdviceonTelecare/TelecareImplementationGuide/

Telecare DVD and telecare resources www.newtypesofworker.co.uk/pages/projects/assistive-technology

references

- DH 2007 *Putting People First*, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118
- DH 2008 *Assistive Technology (AT) Efficiency delivery – supporting sustainable transformation* www.dhcarenetworks.org.uk/_library/Resources/CSED/CSEDProduct/AT.pdf
- DH 2009a *Use of Resources in Adult Social Care: A guide for local authorities*, DH 2009, p.38-39, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107596
- DH 2009b *Research and development work relating to assistive technology 2008-09* www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102240.pdf
- King's Fund 2001 www.fastuk.org/about/definitionofat.php
- SfC 2008 *Principles of Workforce Redesign*, www.skillsforcare.org.uk/workforce_strategy/new_types_of_worker/Principlesredesign.aspx
- SfC Your Telesupport www.newtypesofworker.co.uk/pages/projects-and-findings
- SfC/SfH 2008 *Common Core Principles to Support Self Care*, Skills for Care and Skills for Health 2008, www.skillsforcare.org.uk/developing_skills/selfcare/self_care.aspx

New and emerging roles in assistive technology within social care: 2010 and beyond

Published by Skills for Care, West Gate, 6 Grace Street, Leeds LS1 2RP www.skillsforcare.org.uk

© **Skills for Care 2010**

Copies from this work may be made for non-commercial distribution to aid social care workforce development. Any other copying requires the permission of Skills for Care. Skills for Care is the employer-led strategic body for workforce development in social care for adults in England. It is part of the sector skills council, Skills for Care and Development.

Bibliographic reference data for Harvard-style author/date referencing system:

Short reference: Skills for Care [or SfC] 2010

Long reference: Skills for Care, **New and emerging roles in assistive technology within social care: 2010 and beyond** (Leeds, 2010)

www.skillsforcare.org.uk