

# Assistive Technology Workforce Development



## Appendix 4: Self Management in Assistive Technology



# Self Management in Assistive Technology

## Choice, Risk and Independent Living

Supporting patients and public to self care and self manage is now considered to be a core function of a patient-centred NHS, embodying values which are shared with social care services, based on individuality, rights, choice, privacy, independence, dignity, respect and partnership. The current debate on Independent Living proposes a cultural shift towards sharing risk with disabled people who are users of public services, in order to support them to exercise choice. Implementation of programmes to support self care in assistive technology (AT) would provide opportunities for disabled people to assume greater control over their lives. Self care models have, to this point, not been applied to the management of AT by disabled and older people. This represents an exciting opportunity to explore the potential for health, social care and education services, across statutory, private and voluntary sectors, to empower disabled and older people to actively manage AT to maximise their independence.

This paper sets out the current position on self care in AT and is aimed at Government departments and professional bodies, service commissioners and practitioners in health, social care and education services, in statutory and private sectors as well as service users directly and through their voluntary sector representative organisations.

Its purpose is to:

- Propose key issues in the provision of AT which may have implications for the scope of self care strategies
- Propose potential self care models

This paper is presented to stimulate debate on establishing self care strategies in AT with the aim that:

- Service provider and voluntary sector organisations will establish programmes to support self care in AT and disseminate learning from these programmes
- Workforce development strategies are put in place by the Sector Skills Councils and professional bodies to enable practitioners at all levels to support self care
- Complementary self care programmes to support people to manage long term conditions can develop to include a focus on AT

### ***What is self care in AT?***

Self care is the care taken by individuals towards their own health and well-being, and covers a spectrum of activity including staying fit and maintaining good physical and mental health, preventing illness or accidents and managing long term conditions<sup>1</sup>. In this paper we look at self care in relation to the active management of AT as part of the care package. AT has been defined as any product or service designed to enable independence for disabled and older people<sup>2</sup>. It includes equipment for daily living, such as walking aids, stair lifts and communication aids, and

systems such as telecare and accessible transport.

### ***The case for developing self care strategies in AT***

There is growing evidence of the positive impact of self care in promoting health and well-being. Self care models have been shown to be relevant to older people, people managing long term conditions and a broad group of patients who wish to improve fitness, tackle obesity and reduce risk activities such as smoking. A range of outcomes have been measured which indicate broad benefits in relation to reducing impact on services,

increasing well being and enabling people to develop a greater sense of control over health symptoms and wider life events.<sup>3</sup>

AT has been shown to support independent living for disabled and older people, reduce the need for personal care, help to prevent hospital admission and facilitate return to home following hospital admission.<sup>4</sup> The Audit Commission note that AT can be a cost-effective option for managing care and achieving independence compared to personal assistance, addressing environmental barriers or using medication.

Expert consensus relating to the effective use of AT as part of the care package highlights the need for careful initial assessment to ensure prescribed AT meets the individual's needs and preferences and then on-going support and review to ensure AT continues to be useful.<sup>5</sup> Adoption and successful use of AT depends in part on the individual's understanding of the role AT can play and how it can maximise independence. Supporting the individual to actively engage in assessment and to manage equipment over a sustained period of time would significantly increase the effectiveness of AT provision.

One reason to build the capacity of disabled and older people to self-care in AT is the increasing levels of direct purchase. This arises from:

- unwillingness to engage with statutory services, e.g. occupational therapy, for cultural reasons or due to reluctance to acknowledge increasing disability,
- being ineligible for statutory services or unwilling to wait for assessment,
- ad hoc provision of AT by friends and family to address perceived need,
- desire for a better quality and more diverse range of equipment than that provided by statutory services.

This is encouraged by:

- provision of AT in high street stores (wheelchairs and stairlifts at Argos, telecare sensors at B&Q)
- easy access to sales information through the internet,
- initiatives which support direct purchase using statutory funding, such as Direct Payments and Individual Budgets.

In order to manage the impact of an increasingly aging population on social care provision, Wanless proposes<sup>6</sup> that the potential of technology and the capacity for self-care must be exploited. One way to achieve both outcomes would be to develop programmes to support the capacity and willingness of the general public to choose and manage AT as an element of care.

### **AT users and risk**

The current debate on how users of public services can be supported to share risk to enable them to exercise real choice has not yet impacted on AT services. AT users are disempowered in relation to risk, whether funding comes from statutory or voluntary organisations or the user themselves.

The approach to risk which shapes most AT statutory service provision is based on protection, primarily of the service provider organisation but consequently of the user. Few services have processes in place to support users to exercise any real choice in AT and risk is carried primarily by the provider organisation. Voluntary sector organisations are in a similar position with regard to risk as statutory services, though perhaps with fewer processes in place to manage risk and greater financial vulnerability to litigation. Equipment provided by voluntary sector organisations is usually in response to a short fall in state provision, for example for communication aids, and may come from recycled stock or be provided without the service support which enables customisation and adjustment to meet individual needs and preferences. Users have little option but to feel grateful for the restricted choice and accept whatever is available.

If disabled and older people choose to purchase AT directly the assumption might be that issues of risk are made clear. In fact many AT users carry risks which the retailer does not bring to their attention and to which they are consequently left vulnerable. The British Healthcare Trades Association is currently attempting to encourage retailers to take a more responsible attitude and to establish standards for the information which should be available to individuals who buy AT over the internet. Support for users to understand and address risk in the use of AT is particularly urgently required in the case of

individuals who employ personal assistants and domiciliary workers who use, clean and maintain that individual's privately purchased equipment.

Programmes to support self care will need to address risk in AT, including:

- inappropriate choice leading to: a waste of money; exacerbation of symptoms such as pressure sores and infection; physical damage to individuals and carers when using AT, for example to move and transfer; and the potential for accidents, e.g. from lack of control of mobility equipment.
- lack of hygiene procedures leading to transmission of disease.
- poor maintenance leading to risk of fire, electrocution, and physical harm to individuals and carers.

### **Current provision of AT – key issues for self care**

#### **Awareness/ Information**

There is relatively low awareness of how AT can support independent living on the part of the general public and health and social care practitioners<sup>7</sup>. When made aware of the potential of AT then the information required relates to products (the range of products on the market, their effectiveness in relation to functional impairment and tasks, sources of supply, up front and life cycle costs, maintenance requirements, inter-operability, adjustability, safety and risk) and also to services (range of services provided, eligibility criteria for services and service standards). To be useful the information should be comparable and accessible.

Information is the first step towards empowerment and information provision is a good indicator of the level of support offered to individuals to self care. There are few resources available to support information seeking by users and carers in relation to AT<sup>8</sup>. Information provided by the statutory sector is negligible. Voluntary sector organisations providing information about available AT (primarily the Disabled Living Foundation and Ricability for general information and Disabled Living Centres who offer individual consultations) would require significantly greater levels of funding to raise public awareness and to provide tailored information for individuals in each local area across the

country. Condition- and impairment- focused voluntary sector organisations often omit to provide information on AT and will usually refer to other sources. The default position for most information services is to signpost to local occupational therapy services<sup>9</sup> which may be inaccessible or inappropriate for the reasons outlined above.

Consequences of a failure to develop a credible information strategy in AT are that:

- individuals experience barriers to choosing to self care; Tinker et al<sup>8</sup> described considerable difficulties encountered by older people in accessing information about AT.
- professionals become gatekeepers to information, creating a bottleneck in access to services; Mandelstam writes<sup>10</sup> that most disabled people rely heavily on health care professionals as 'intermediaries in the information chain'.
- programmes which could support self care can not fulfil their potential and may not be sustainable; a research project by Community Service Volunteers, the Red Cross and Help the Aged<sup>11</sup> states that volunteers require *training on using specific equipment that some clients have to use or wish to use*.

General awareness-raising and better information provision about the potential of AT and sources of supply may result in:

- a greater take up of AT solutions,
- earlier take up of AT solutions,
- a better fit of AT within the care package,
- more appropriate use of the resources of professional and specialist services.

#### **Assessment**

Assessment in AT is the process by which a range of information is brought together to clarify the needs and preferences of the individual in relation to a range of tasks and activities and the social and environmental context. Assessment can take many forms, including self-assessment, assessment by statutory or voluntary services, and negotiation by an individual with a private provider about products for sale.

There is patchy evidence and poorly shared knowledge base in relation to what constitutes a good assessment process across the range of AT services<sup>12</sup>. Most practitioners are not

supported by their education to be confident or competent to assess for many types of AT, though some practitioners achieve this through work experience. Half of all practitioners across the workforce will have no relevant AT education.<sup>7</sup> There is no method of accreditation by which users and carers can distinguish the competent from the incompetent.

Most assessments in AT fail to address the holistic needs and preference of the individual because the assessment process is commonly used to manage expectations and demands for provision.<sup>8</sup> Restrictions on provision are widespread whatever the funding route and may be due to financial restraints on a service, historical development of prescribing habits and rights across the range of professional groups, or due to the limited range of products supplied by a manufacturer or retailer.

Online self-assessment tools, such as the Disabled Living Foundation's SARA tool and Kent Social Services' self-assessment process, are able to address a range of equipment which are agreed to be 'low risk', as the guidance provided to support decision making is necessarily generic. Users of SARA recognise its value in supporting self purchase and providing a 'checklist' to ensure Social Services assessments cover the relevant areas. Given the lack of agreement on sharing risk in relation to AT and of programmes to support individuals to understand risk, the position for services administering self-assessment tools in relation to more complex AT has to be to signpost to professional assessment.

There is, however, an emerging awareness that assessment strategies share core elements, whether in relation to complex communication equipment or simple bathing aids. This understanding can lead to programmes to empower the existing workforce, the wider support and outreach workforce and disabled and older people themselves to share an understanding of the assessment process and to become confident to manage and sustain the use of AT.

Strategies to empower self-care in relation to assessment would:

- Usefully focus on supporting people to recognise when professional

assessment is required, for example with changing or multiple needs.

- Aim to maximise the benefits of professional assessment where this is required, through a shared-assessment process which supports a holistic, person-centred approach.
- Support self-purchase of AT, empowering individuals to negotiate with private suppliers to ensure they can identify the product which most effectively meets their needs and preferences.

### Decision making

The process of decision making in relation to the whole package of care, including the use of AT, is little understood, particularly in relation to:

- how AT is presented against a range of other solutions;
- how various AT options are presented against each other.

There are few evaluative studies that indicate the benefits/ costs for a range of AT in relation to functional need and individual preference or benchmarked against alternatives such as personal care or supported housing. Much of the information required for informed decision making is not available. Investment in building the knowledge base has not been made. Procurement by statutory services is informed by historical patterns and by a limited amount of evaluation, but is increasingly driven by the drive to rationalise stocks and reduce up front costs and less by practitioners' understanding of their clients' needs. Little attention has been paid to documenting life-cycle costs for products, benefits to a range of users, service requirements, adjustability, interoperability and recycling costs and opportunities. As there is little consistency or logic to procurement decision making in the statutory services that provide AT, there are considerable barriers to establishing monitoring or regulatory processes to ensure local AT services provide value for money, are able to adopt effective emerging technologies and provide AT that best meets the needs and preferences of individual users.

In order to support self care in AT, this gap in the knowledge base will need to be addressed, but will also benefit commissioners and practitioners in statutory services. Industry has to address the need for

credible and useful information to support decision making. Despite the rising levels of private purchase, there are no standards for the provision of information to enable comparison or to understand the cost, risk and service requirements of similar products.

The lack of documented knowledge to inform decision making by disabled and older people and their carers relates to services as much as to products. Until recently there has been little understanding of what constitutes an adequate AT service. There is poor coverage of service standards across AT areas and an ad hoc approach to drafting service standards.<sup>13</sup> Choice is not possible for AT users due to:

- lack of accreditation of service providers' competence in providing AT;
- lack of AT service standards relevant across statutory, third and private providers;
- failure to understand the required elements of an AT service which could then be provided by a range of organisations.

The inadequacies in the knowledge base and service infrastructure are being addressed by the AT Forum who are working to establish national occupational standards and accreditation in AT and also supporting services to draft comprehensive person-centred service standards.

Self care strategies to support decision making in AT will be possible if there is:

- separation of assessment from responsibility to fund prescription;
- greater clarity on the elements which constitute an adequate AT service;
- standards for products and services which enable comparison and informed decision making
- a level playing field for take up of products and services.

### **Financing**

There is little information on the level of financing for AT by statutory and voluntary services or from disabled and older people who self-finance. An indication of increasing levels of self financing is the recent appearance of AT in high street stores.

If the link between eligibility for statutory provision of AT and assessment services is

recognised as problematic and is broken, this presents opportunities for service remodelling to support self care. Advice and support to empower self-care is required irrespective of financial eligibility. To maximise the benefit of private funding of AT, assessment services must become universally accessible, whether funded by statutory or voluntary services or privately. This would reduce the overall need for statutory funding for other elements of the care package.

The challenge is that separating assessment from funding/ eligibility, the direction of travel signalled by Direct Payments and Individual Budgets, will require the workforce to change in relation to increasingly empowered individuals and their carers and care brokers. There will be a need for greater numbers of the workforce able to provide advice, an increase in the range of guidance required from the workforce to include advice on the optimal funding route to access AT and clarity on risk sharing between assessment services, those organisations providing and supplying AT and the individual.

Providing flexibility on funding routes is unlikely, on its own, to increase the take up of appropriate AT. There is growing awareness that Direct Payments have not been effective in facilitating individuals to choose to purchase AT as part of the care package. There is a need for a systematic review of the barriers to using Direct Payments and Individual Budgets for the purchase of AT.

### **Sustaining the use of AT**

The evidence in relation to levels of sustained use of AT is not extensive. At the high-tech end of the spectrum "it is estimated that as much as 75% of assistive technology (computer related) is abandoned by users due to the lack of available training and support."<sup>14</sup> It is also well recognised that other forms of AT often remain unused.<sup>15</sup> This needs to be benchmarked against non-compliance in taking oral medication, where the consensus appears to be that around two-thirds of medication may not be taken properly.<sup>16</sup>

Research into the reasons for successful use and for abandonment of AT is relatively consistent in its conclusions. The uptake of AT has long been acknowledged as being affected by the extent to which the user is involved in device selection.<sup>17</sup> The willingness

of professionals to listen to a client and value their opinion<sup>18</sup> is also a key component in the successful use of AT. Other factors that may contribute to successful use of AT include; ensuring users have information about the advantages and disadvantages of specific technologies; putting users in touch with peers who use similar technology; scheduling follow-up visits to help consumers refine and tune a device to their specific needs and ensuring the device is compatible with other devices.<sup>19</sup>

The ongoing reliable operation of AT is essential to successful use<sup>20</sup> but users rarely have access to support from practitioners. This is increasingly an issue as technology becomes more high-tech. In a recent study,<sup>21</sup> continuous updating of AAC systems was identified as a factor underlying long-term use. Additionally, it is recognized that adaptation by the individual to a device can take a significant period of time.<sup>18</sup>

These findings indicate that ongoing support is required to make the most effective use of a wide range of AT. If support is not going to be available from professionals or practitioners, then strategies are needed to build the capacity of the individual, and that of their informal network of family, friends, or volunteers, to maintain the use of AT.

Self care strategies could support the individual, informal carers or of volunteers to play a role complementary to that of professionals. The aim would be to ensure their ability to actively manage AT following provision, in a range of social settings and through transition periods. This would make best use of professionals' expertise and address the lack of post-provision support.

### **Potential models to support self care in AT**

Participating in a range of programmes aimed at supporting self-care in AT should offer disabled and older people the confidence and skills to actively engage in all the steps along the AT care pathway process. Individuals can use these skills to identify and manage the range of products and services they decide will best contribute to their own care package.

The assumption has to be that users and carers may choose not to engage in self care, but that if they choose to there is a

programme appropriate to the individual's desired level of engagement.

### **Model 1 – awareness raising and empowerment**

The aim of this approach would be to:

- raise awareness of the potential of both simple and complex AT within a care package and of the range of issues that need to be considered to make the most effective use of AT;
- increase confidence and skills to seek information relating to AT;
- increase confidence to communicate needs and wishes in relation to AT.

The existing self care model with most potential to deliver these outcomes is that of the Expert Patients Programme (EPP).

The implicit assumptions of EPP must be examined to assess the overall 'fit' of this model for AT. Apart from the inherent problem that the framework is shaped by the medical model, there is an underlying assumption in most EPP programmes that service provision is primarily funded by the statutory sector. The current coverage of AT in self care literature relates primarily to the use of telemedicine applications to support self care in monitoring chronic health conditions. The current and increasing role of the individual who is funding and determining their entire social care package including AT must be encompassed. Even for those users eligible for and choosing statutory provision of AT there is a requirement for active engagement throughout the AT care pathway, which is not currently recognised by EPP programmes.

Related strategies to support greater public and patient awareness of the potential of AT might include:

- A cross-government review of information provision in AT for disabled and older people;
- Credible, independent AT information sources to be made publicly accessible;
- Information strategies, using NHS Direct, information in GP surgeries, in high-street stores, etc to alert people to simple steps to getting effective AT and to triggers for seeking more specialist advice.
- Information strategies to build the capacity of professionals, support

workers and volunteers to act as care planners and advisers.

### Model 2 – active engagement in the assessment and decision making process

The outcomes of this approach would be that users:

- become confident to negotiate with professionals and sales reps to secure the AT products and services that would best meet their needs;
- become equipped with a 'toolkit' by which they can assess competence in the assessment process of the professionals and sales reps that they encounter;
- gain confidence to make decisions about statutory provision or private purchase of AT, taking into account the lifetime management issues that need to be considered, including up-front and on-going costs, safety, maintenance and support requirement;

There are currently no strategies to support people to engage actively in self care in relation to the assessment process. The Trusted Assessor training programme, currently being developed by Assist UK, could provide a useful self care model.<sup>22</sup>

Using the Trusted Assessor competence framework it appears to be possible to develop self-assessment and shared assessment processes which draw on good practice and may provide a framework that is relevant across AT. Based on the World Health Organisation's International Classification of Disability and Functioning, the model synthesises medical and social models of disability and as such allows for a holistic assessment. Both bodies of knowledge are required to effectively understand the interaction of impairment leading to a loss of function and also the barriers within environmental and social structures which may disable the individual. Once both the loss of function and the disabling barriers have been identified, a range of options to address them can be identified.

To deliver the outcomes proposed above it may be necessary to develop related programmes relevant to the complex, high tech equipment currently being self

purchased, and to build the capacity of users and carers to identify optimal funding routes.

Related strategies to increase users' and carers' engagement in the assessment and decision making process might include:

- strategies to ensure product information supplied by manufacturers and retailers includes a common set of data relating to life-time costs, service requirements, inter-operability, etc;
- agreement on common standards for services covering key elements of an AT service, including competence of staff;
- service remodelling to enable access to advice and assessment services independent of those services funding AT provision.

### Model 3 – supporting sustained use of AT

This model is one which departs furthest from the current self care programmes which focus on generic skills development. The approach to building specific and quite advanced skills and knowledge is required due to the high levels of self sufficiency and self determination of the care package required in AT. The outcomes aimed for would be for users to:

- gain confidence to maintain and sustain the use of AT independently, from simple to complex AT;
- gain confidence in how to manage the use of AT by employees such as personal assistants, in addition to other legal requirements following direct purchase;
- build capacity to assess the competence in providing support of the professionals and sales reps that they encounter.

There are some models emerging in the UK which have the potential to deliver some of these outcomes.

Peer support networks for people who use similar AT have been demonstrated to improve outcomes in the US<sup>19</sup> and online peer networks are beginning to emerge in an informal way in the UK. This approach has been made possible by low cost online networks providing 'Skype Training'. An engineer working for an Environmental Control provider reported young people in particular 'Skyping' each other and, in some cases, they contacted the engineer himself. His participation is informal, as an act of good

will, but he says “it only takes a minute to answer their queries”. Whilst this is an exciting new way forward, there is no mechanism that would enable users to locate and interact with a network of experienced AT peers or willing practitioner advisers/mediators.<sup>23</sup> At present contact is made via provider networks of schools and colleges.

Harnessing the expertise available in peer groups to provide equipment reviews is an approach used by online forums hosted by Youreable and, recently, by Ricability. It would be a natural extension for these forums to develop to support sustained use of AT.

Other models which have potential to deliver these outcomes have been developed outside the UK. In 2000 Enable Ireland identified a significant need amongst its stakeholders for the provision of training in the uses of high tech AT. Now in its fifth year, The High Tech Assistive Training Course is certified by the Dublin Institute of Technology under its Continuing Professional Development Initiative.

The course is delivered over two weeks and is designed to train practitioners and users together in the use of technology including communication aids, computer access, alternative forms of power mobility and environmental control systems.

In the US, as part of the ‘Matching the Person to Technology’ project, disabled AT mentors are trained and paid a stipend for providing support to new AT users. The research demonstrates mentoring to be a cost-effective way to bring “more self-aware consumers into partnership with professionals, maximizing both professional time and expertise, while yielding an effective, technology based higher quality of life for the consumer.”<sup>24</sup>

These initiatives indicate ways in which AT users can be supported to self care in relation to complex AT. There is also a requirement to build the confidence and competence of users to undertake simple maintenance and adjustment tasks, such as changing batteries, repairing punctured wheels, adjusting mechanical components on aids to daily living such as bath hoists, or amending the phrases stored in a communication aid.

At one level supporting users to have a greater familiarity with the technical potential and limitations of a range of AT is likely to keep AT working reliably and safely. It is also likely to address the potential for users to over-estimate the capability of AT to contribute to the care package or, alternatively, to fail to exploit the potential of AT due to lack of confidence.

The models reviewed for building the capacity of peer-mentors suggest potential strategies which could be explored:

- using online forums to access peer support (possibly with mediation/support from professionals);
- training programmes to build the capacity of users and carers to maintain and sustain the use of a range of AT, potentially as joint training with practitioners.

Related strategies might include:

- development of better knowledge base and information sources to support the sustained use of AT.

## **Summary**

The key issues in the provision of AT which have implications for the scope of self care strategies are:

- AT can make a significant and cost-effective contribution to a care package aimed at maintaining the independence of disabled and older people
- It is likely that the potential contribution of AT to care services is under-exploited
- Competent initial assessment of the needs and wishes of the individual, the required tasks and activities and the social and environmental context is necessary for effective AT provision.
- Many people are unable to access competent assessment, or engage actively in the assessment process due to:
  - poor understanding on the part of practitioners and service users of what constitutes an adequate assessment in AT;
  - service specialisation which precludes comprehensive assessment;
  - lack of voluntary sector and private assessment services as an

- alternative to AT statutory services, to which access is restricted.
- Decision making and choice in AT is poorly supported, particularly in relation to assessing and negotiating the optimal funding route acceptable to the user and the provider organisation.
- Sustaining the use of AT over a period of time, in a variety of environments and over transition periods is vital to deliver outcomes of increased independence, value for money and reduced need for related services, which it has the potential to deliver. This element of service is rarely available due to restricted availability of AT practitioners. There are relatively high levels of abandonment of AT, which appear to relate directly to the lack of support in maintenance and adjustment of AT following supply and installation.
- AT provision requires risk management. Service provider organisations currently take most responsibility for risk in AT, are consequently risk averse and therefore unable to provide choice. Disabled and older AT users who self-purchase or exercise choice in AT take on risk, particularly if they employ staff who use that AT, but they are not supported to understand those risks or to manage them.

Potential self care models and related strategies to support self care fall into three categories which are likely to reflect the level of engagement desired by users or carers.

1. The first model would aim to build greater awareness of the potential of AT and to empower disabled and older people to make a considered decision to include AT as part of their care package. The existing self care model with potential to deliver these outcomes is that of the Expert Patients Programme (EPP). Existing EPP programmes and the EPP approach would need to be examined for 'fit' particularly to encompass a social model of disability. Related strategies to support greater public awareness and to provide relevant information are particularly important in relation to these outcomes and would underpin self care at all levels.
2. Building the capacity of users and carers to actively engage in the assessment and

decision making process is likely to increase the effectiveness of AT provided. The Trusted Assessor training framework could substantially deliver this outcome. Additional approaches to develop users' capacity to assess and negotiate the optimal funding route would be required in recognition of the high level of self purchase and shortfall in statutory provision of some AT. Related strategies would include standardising the information provided by manufacturers and retailers in relation to products, and also developing standards for workforce competence and service delivery which would be relevant across statutory, voluntary and private sectors, empowering users to choose the best products and services to meet their needs.

3. The third model aims to build the capacity of users and carers through skills training, which may be provided jointly with professionals. This recognises the current lack of support from practitioners post assessment to sustain the use of AT. There are existing models which indicate that supporting self care through skills training is not only possible but cost effective. Building the capacity of users and carers to carry out simple technical adjustments and maintenance tasks in relation to straightforward as well as complex AT is likely to substantially sustain the use of AT. The High Tech Assistive Technology training delivered by Enable Ireland and the peer mentoring programmes in the US indicate the capacity and desire of a significant client group to receive training and provide peer support in complex AT.

### ***The development of self care in AT***

FAST is funded by the Department of Health to work with service users and carers, service providers and commissioners, professional bodies, voluntary sector organisations and the research community to collectively improve AT services. Work is currently underway with a cross sector partnership to draft workforce development strategies in AT. These strategies aim to support self care and to be relevant across statutory, voluntary and private sectors.

The proposals on developing self care in AT are put forward in order for:

- Government departments to consider funding programmes in self care in AT and to review their potential to strengthen initiatives such as Direct Payments and Individual Budgets;
  - the AT community to debate and to send in views to FAST for dissemination;
  - for service provider organisations, in partnership with voluntary sector organisations, to establish programmes to support self care in AT;
  - for disabled and older people to consider whether these proposals would support choice, freedom, dignity and control over their lives, to comment on these proposals and suggest additional or alternative models.
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