About Thomas Pocklington Trust

Thomas Pocklington Trust is a leading provider of housing, care and support services for people with sight loss in the UK. Each year we fund a programme of social and public health research and development projects.

Pocklington’s operations offer a range of sheltered and supported housing, residential care, respite care, day services, resource centres and volunteer-based community support services.

We strive to improve continuously the quality standards in our operational centres to meet the changing needs and expectations of our current and future service users. We are proud to be a Bronze Investor in People and a Positive about Disability organisation.

Our research programme aims to identify practical ways to improve the lives of people with sight loss by improving social inclusion, independence and quality of life, and improving and developing service outcomes as well as focusing on public health issues.

Good Practice Guides

The Pocklington Good Practice Guide series offers advice and insight based on research projects funded by Pocklington. The guides strike a balance between giving the reader information about the background and research on the topic, and presenting findings and giving advice. They are not prescriptive, but by drawing together experiences of what works, they aim to provide support to professionals working with people with sight loss.

In this publication, the terms ‘visually impaired people’, ‘blind and partially sighted people’ and ‘people with sight loss’ all refer to people who are blind or who have partial sight.

The photographs in this publication are not intended to show ‘best practice’ but to demonstrate the housing situations in which people with sight loss may live and where improvements may be made.
Foreword

Assistive technology is an art form. When used well it has a dramatic effect on life, painting a picture of ability and completeness.

Words cannot capture the emotion felt when someone is given the ability to undertake tasks for which they have previously relied on others. Far too often a pair of hands is offered rather than some practical thinking and solutions through technology.

AT can open up doors in life, creating pathways and independence. Often the missing link is information. This guide successfully frames how AT can be an excellent tool in enabling people with sight loss to undertake everyday tasks. The ability to participate and be involved increases self-esteem and the feeling of usefulness to others.

Assist UK welcomes the publication of this guide at a time when there is a renewed focus on the role of housing professionals in supporting people to live independently in their own home. Assist UK is currently working with Foundations (the national body for home improvement agencies) to ensure training is available to facilitate this and this guide will be an excellent resource for a wide range of staff as well as service users and carers.

Alan Norton, Chief Executive Officer, Assist UK

Independence means living independently and not being reliant on other people’s help to do everyday things. When eyesight deteriorates with age, assistive technology helps older people stay independent for longer – it helps them do everyday things themselves.

Age UK believes more High Street shops should sell AT so that everyone can be more aware of equipment that can help them. At the same time, better design of many devices would encourage use as too many people avoid using AT because it is stigmatising.

Taking a bigger step, Age UK believes there would be less need for AT if all products and services reflected the principles of inclusive design. We know that poor product and service design poses major barriers for older people as consumers. We are campaigning for inclusive design to be mandatory in public procurement tenders at UK and European level.

Gretel Jones, Consumer Markets Policy Adviser, Age UK

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**What is assistive technology?**

The term ‘assistive technology’ (AT) can sound rather daunting, but it is just an umbrella term for ‘any device or system that allows an individual to perform a task they would otherwise be unable to do, or which increases the ease and safety with which the task can be performed’, and ‘any product or service designed to enable independence for disabled or older people’.

Because of the word ‘technology’, people sometimes wrongly assume that AT only applies to very high-tech electronic devices and systems. In fact, AT covers a whole range of possibilities, including telecare, telehealth and aids to daily living that may be ‘high tech’ or ‘low tech’ depending on what is needed.

**Scope and purpose**

This Good Practice Guide looks at what we know from recent research funded by Thomas Pocklington Trust about how assistive technology may be used to support people with sight loss to manage their home and work surroundings more effectively and live more independently. The Guide provides practical support for

- staff and volunteers who are working with people who have a visual impairment
- people with sight loss
- their families and friends.

The material in this guide draws on:

- A review of research funded by Thomas Pocklington Trust
- Care Services Efficiency Delivery Homecare Reablement Prospective Longitudinal Study Final Report. Department of Health. 2010
- Further sources are listed on page 15.

This guide focuses on low-tech AT and how it can make a big difference at relatively low cost and effort. We have included definitions of ‘telehealth’ and ‘telecare’ on page 13.

**Assistive technology may be used in a variety of ways. It can be:**

- **Supportive** – helping people to be more independent
- **Preventive** – helping people to avoid hazards and injury
- **Responsive** – helping to detect where people are, or to monitor aspects of their health, and trigger help if needed
- **Generic or specific** – either designed for a range of situations or more focused on particular needs.
Some examples of simple devices to help with daily living activities

- One-touch jar and can openers
- Rapid boil kettle
- Chop & Drop Board – with built-in tray for peelings
- Dycem mats – non-slip in a range of colours to aid colour contrast
- Baby box-grater – collects food in an integrated container
- Boil alert – makes a noise when water is boiling
- Oven shelf guard – covers front edge of shelf to reduce risk of burning fingers
- Talking tins – recorded voice message in magnetic caps to help organise and identify tins and their contents
- All in one microwave potato bake & serve dish
- Long handled toe washer – for obvious uses!

Case study

Doreen lives in Plymouth. She uses her computer and scanner to access printed material. She is familiar with this kind of equipment from her work as a PA. She also uses a ‘clothes colour detector’, talking scales and clock, a ‘PenFriend’ voice labelling system, Braille labels and watch, and a money denomination vibrator.

Doreen compares AT prices in various outlets and purchases accordingly. She would like to try out a GPS device to help her get around more independently and an iPhone with accessible applications but both of these items are prohibitively expensive at the moment.

“Staff can keep in contact with local resource centres, so they’re up to date on the latest AT and can support tenants in its use.

AT resource boxes in housing schemes could offer a chance to try things out. They should be managed by staff and tenants who are confident to demonstrate items and answer questions.”
The importance of assistive technology for people with sight loss

Some facts

- AT can increase independence and give people a greater level of choice and flexibility in how they manage everyday tasks.
- Pressure on health and care budgets makes it important to find new and effective ways to support people to retain their independence.
- Most people prefer to remain in their own home rather than move to residential care. AT can help them stay put.
- The range of AT is growing, so it is likely that there will be something to help everyone. The rising use of technology by the general population means people may increasingly be open to using AT.

AT and person-centred care

Housing staff and people with sight loss worry that AT will get in the way of caring and supportive relationships. Pocklington experience shows that AT does not replace personal support; it is integrated with other important components of a person’s care and support package and makes the most of staff skills.

Getting going

People with sight loss and staff who support them need to be aware of what is available and how it can help.

Raising awareness – AT users

We know from research conducted by Thomas Pocklington Trust that many people with sight loss do not fully appreciate how AT could help them; or they may lack confidence in how they might use it. But people with sight loss are interested and willing to use a range of new things if they think that it will help them in their everyday life. For example, they are keen to find ways to manage difficult everyday problems such as distinguishing toothpaste from other tubes. In many situations, people may not realise that a relatively simple device is available to help them; they are unlikely to ask for something if they don’t know it exists.

Raising awareness – support staff and relatives

Support staff and relatives sometimes don’t know what is available and are not confident to advise on AT. Occupational therapists and vision rehabilitation workers may be able to help. Training, information and guidance increases knowledge and confidence of AT.

How support staff and relatives can support AT use

Awareness and confidence of AT makes relatives and staff powerful ambassadors for the introduction of AT. Service users may be anxious about learning how to use equipment, possible disruption to their established routines, and cost implications. Success stories from other users can allay such fears and information from someone known and trusted will be welcome.

Confidence and motivation to try something new is a first step and service users can be put in touch with success stories. It is important to introduce AT in a way that engages people and does not make them feel pressured.
Kevin lives in Plymouth and has cerebral palsy, hearing impairment, and ‘broken’ retinas. He really likes the vibrating device that alerts him to the sound of his doorbell, his telephone and fire alarm. He also likes the ‘grab-stick’ which he uses to reach and pick things up, a tea-pourer indicator, a touch radio and a liquid level indicator. He is still getting used to a new weight-sensitive talking microwave.

Kevin has found some good ways to manage AT. He places his doorbell vibrating device on his wooden living room table, where, if activated, it makes a distinctive clattering sound. He uses a magnet to attach the liquid level indicator to his fridge door, keeping it easily accessible.

“Good staff are really geared up and well informed to advise tenants effectively about useful gadgets and the most economical ways to source them.”
Making it happen

Once interest in and awareness of AT has been raised, the focus can be turned to making appropriate devices and systems available.

Local support for assistive technology

Pocklington has found that most people are interested in relatively simple and inexpensive AT devices. An effective way of experimenting is for local sight loss charities and services to offer expertise and a stock of commonly used equipment to demonstrate, sell or loan.

‘Local ownership’ and accessible support is important for potential AT users, and organisations need to develop their knowledge of equipment, provide advice and guidance, and maintain stock. A ‘grass roots’ approach which involves front line staff is likely to have the most impact.

Service users can play a major role by trying out new equipment and sharing experiences. They may be able to become ‘buddies’ or mentors to others who are starting to use new devices to promote their independence.

One of the ways of enabling change is to recruit staff and service users with a special aptitude for AT into the role of Assistive Technology Champions.

Staff involvement

Staff are sometimes understandably concerned that they may not have enough time to learn about and encourage use of AT. These concerns must be taken seriously, but it is important to keep them in proportion.

In 2009-2010, Pocklington worked to find out more about staff and service users’ knowledge of, and attitudes towards, AT in three of its housing centres and one of its resource centres. A series of demonstration sessions enabled staff and service users to learn about and try out a range of devices that are useful for daily living activities.

Evaluation showed that it is possible to discuss AT resources informally within community activity sessions, and formally as an agenda item in staff and service user forums. Neither of these approaches needs to be time-consuming. Time spent on making AT better understood can free up time for the personal care and support that service users wish to receive.
Involving people in decision-making

Modern approaches to care and support recognise the importance of involving service users in decision-making about things that affect them, and clearly AT is no exception. However, there are a number of barriers to involvement, including:

- Limited awareness of available technology
- Variation in need
- Concerns about costs
- Possible disruption to established routines
- Care and support arrangements.

Such barriers can be overcome by various measures including effective and timely communication, encouraging increased participation by potential service users, a person-centred approach to technology and positive support from staff.

Staff and service users need to work together to find the best ways to develop the use of AT, and it is very clear that people are more likely to be positive about trying new approaches and to persevere with new devices if they have been fully involved from the start.

A necessary first step for the successful introduction of AT is for staff to take sufficient time out with service users to understand what it is they want to achieve through AT.

It will then be possible to source the most suitable piece of equipment and give the service user an opportunity to experiment with it to see if it fully meets their needs.

“When I lost my sight, one of the most upsetting things was not being able to find the CD I wanted to play. Using an audio labelling device has successfully solved that problem – it’s great.”
**Making it happen**

**Assessing need**

Matching AT with each person and their needs is important if they are not to lose confidence in its potential.

People can easily decide whether low-technology equipment is useful or not. For more sophisticated equipment, an assessment which includes considerations about acceptability, complexity, costs and benefits will be necessary.

When discussing or recommending particular technologies, staff should work with each person to identify their personal circumstances and AT requirements – daily living devices may suit one person but not another.

**Access to advice on what might be useful**

It is important to work closely with occupational therapists, vision rehabilitation workers and local community equipment and disability resource centres, who may be able to give more detailed advice on what is available and suitable to meet individual needs. They can also help people to use and make the most of their devices.

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**Case study**

**Angela** lives in Plymouth and is totally blind. As she explains: ‘My talking video remote control enables me to record TV programmes. I also like my other talking devices, including my talking watch, clock, microwave, thermometer, bathroom scales, and digi-box. I would like a “Sat Nav” type device, to help me get around outside.’

Angela says it would be really useful to have a device that enables her to ‘read’ personal correspondence but such items are costly.

She would like to explore the possibility of finding funding for such a device in conjunction with other interested tenants, and housing it in a communal room. Angela likes the fact that Pocklington consults closely with tenants before buying AT devices for its shop or resource box.

She believes staff should be better informed about specialised AT for tenants who are totally blind, people who she believes may be overlooked where AT is concerned, and is keen that regular AT demonstrations are held in housing centres for people with sight loss.
Thinking about cost
The cost of some simple AT devices is quite modest and some aids might be available at little or no cost in department stores or local disability resource centres.
When an individual is buying their equipment, they will want to know the device is affordable and has low maintenance costs. Where an organisation, such as a supported housing provider, is buying AT, they will want to set a budget to provide, install and maintain equipment and to enable people to use it properly.
The cost of complex equipment and the necessary infrastructure is likely to exceed the capacity of local facilities unless they are introduced as part of forward planning, with an appropriate budget. Complex systems such as telecare and telehealth will only work well when substantial investment is made in infrastructure and continued support is available.

Training and developing a skilled workforce
A suitably skilled and confident workforce is essential at every stage of the process of introducing AT. Not all support workers need to have a detailed knowledge of all that AT can offer as specialists can provide necessary expertise. However, research has shown that support staff require adequate knowledge and training if they are to confidently advise service users on the comparative merits of AT and support them in its everyday use.
It is important that staff have opportunities for training on AT at regular intervals. This should begin with induction training and extend through continuing professional development.

Training for service users
There is no point in providing AT unless service users can use it. Indeed, if people are provided with equipment that appears to be too difficult to use, and they lack appropriate support, it can deter them from persevering with it or trying other potentially useful technologies.
Support staff can help service users to learn how to use simple devices, but where more complex equipment is installed (such as telecare or telehealth monitoring devices), manufacturers or local experts may well have to provide at least initial training.
Some people take longer than others to feel comfortable with new devices. In the early stages of learning, some people may require repeated demonstrations and opportunities to practise.
Monitoring, management and improvement

Once AT equipment is in place, ensuring that it continues to work well and is made widely available is essential.

Troubleshooting and dealing with small problems

Service users and staff need to know where to go for help and advice if there are problems in using a particular device, or if a device needs maintenance or repair. Many simple issues may be sorted out by advice from knowledgeable staff or service users. However, it is important to know where to turn for further advice or servicing.

It can be very demoralising, and even permanently off-putting, if someone has taken the decision to give AT a try, but is then unable to use a device. Staff can do a great deal to ensure that the necessary help is obtained so that people get the best out of their chosen devices.

Local sources of help include:
- occupational therapists
- vision rehabilitation workers
- local sight loss societies
- disability resource centres

At a national level, both RNIB and the Disabled Living Foundation can provide useful information.

Case study

Alfie lives in Plymouth. He has some vision and is familiar with technology as he used to be an outreach assistant for RNIB. His key device is his talking microwave, which he has had for 10 years, and he wouldn’t be without it. He likes the CCTV, which plugs into his computer and helps him read and write. Alfie always wears his talking watch, and talking clocks are also important. He uses a white cane when he goes out.

Some tenants have discussed the possibility of having an AT user ‘champion’ and/or a ‘techy club’, so that AT has a higher profile at Pocklington Rise, and Alfie would welcome that.

Alfie thinks tenant trips to local resource centres would be a good idea so they can try out different equipment they haven’t used before.

“It’s useful to have key members of staff as AT champions who keep abreast of what’s on the market and organise product demonstrations.”
Management and leadership

Evaluation of AT introduction in various settings emphasised the importance of effective leadership in order to create the right conditions for the adoption of AT.

This is particularly important when other changes, such as service reconfiguration, are taking place at the same time. It can be difficult to give a high priority to the introduction and support of AT at such times but without effective leadership it is unlikely to flourish.

Investing time in supporting AT pays off as it enables increased independence and frees up staff time for delivery of personalised services.

Ongoing evaluation

People’s needs and the range of AT are constantly changing. The introduction of AT is only the start of an ongoing programme that needs continuous appraisal.

This need not involve a great deal of effort or expense. It could include regular discussions of AT in service user forums and staff training sessions, evaluation of service users’ views on AT and a plan for action. An AT ‘champion’ can ensure that AT continues to fulfil people’s needs.

Equality issues

In line with good practice and the Equality Act 2010, assistive technologies must be made available to people without discrimination. The Act applies to all organisations that provide a service to the public, or a section of the public (service providers).

From 1 October 2010, the Equality Act addresses people who have a ‘protected characteristic’. These characteristics include disability.

While all of the protected characteristics are equally important, staff working with people with sight loss will need to be particularly mindful of the provisions of the Act relating to disability. Other protected characteristics may also need to be carefully considered, e.g. to ensure that staff do not make gender-based assumptions about the aptitude or enthusiasm of either men or women regarding AT uptake.

What is Telecare?

Telecare uses a combination of alarms, sensors and other equipment to help people live independently. In its simplest form, telecare might consist of a fixed or mobile telephone with a connection to a monitoring centre through which the service user can raise an alarm. More frequently, when people refer to telecare, they mean more advanced systems, such as remote sensors which can detect movement and raise an alarm if no movement is detected, in case the person is immobile through illness or has had a fall. Telecare systems can also raise the alarm in case of emergencies, such as fire or flood.

What is telehealth?

Telehealth uses equipment to monitor people’s health in their own home. For example, equipment can be used to monitor blood pressure, blood oxygen levels or weight. These measures are then automatically electronically transmitted to a clinician who can make decisions and give advice without the patient leaving home. Telehealth can be particularly useful for people with long-term conditions, who may need regular monitoring and updates to their treatment, but do not need face-to-face consultations on every occasion.
### Checklist: Making it happen – staff

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes/no/partly</th>
<th>Urgent action required?</th>
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<tbody>
<tr>
<td>Are staff at all levels made aware of the potential contribution of AT in supporting independence for people with sight loss?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
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<tr>
<td>Are there opportunities for staff to learn more about person-centred approaches to assessment, including the importance of balancing risk and giving people control and personal choice?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
</tr>
<tr>
<td>Are staff at all levels aware of the importance of working in partnership with service users when considering the use of AT?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
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<tr>
<td>Is AT included in staff induction sessions?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
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<tr>
<td>Are all support staff competent to discuss AT knowledgeably with service users?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
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<tr>
<td>Are regular demonstration sessions held for support staff so that they understand the benefits of AT in practice and keep up to date with new developments?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
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<tr>
<td>Are staff trained to recognise the limits of their knowledge and skills in relation to AT?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
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<tr>
<td>Are staff aware of how to call on expert advice on AT when needed (e.g. low vision specialist workers, occupational therapists, etc)?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
</tr>
<tr>
<td>Is AT included in care and support plans?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
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**Checklist: Making it happen – service users**

<table>
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<tr>
<th>Questions</th>
<th>Yes/no/partly</th>
<th>Urgent action required?</th>
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<tbody>
<tr>
<td>Are there opportunities to share experiences of AT?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
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<tr>
<td>Is information and advice about AT readily available?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
</tr>
<tr>
<td>Do staff know what AT each person uses and why?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
</tr>
<tr>
<td>Is there a regular discussion about AT at service user forums and events?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
</tr>
<tr>
<td>Do service users have access to local suppliers and demonstrations?</td>
<td>Yes/no/partly</td>
<td>Urgent action required?</td>
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**Further information and resources**
