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Skills and Knowledge Sets To Support the Embedding of Electronic Assistive Technologies in Social Care Services

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Prepared for Skills for Care and Development by
Dr Malcolm Fisk, Dr Gina Sands, Darren Awang, Dr Gillian Ward, Emma Rose-Hayes, Simon Fielden
Coventry University

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Skills and Knowledge Sets – Your Views

These draft Skills and Knowledge Sets have been developed over a period of some months and incorporate feedback from the sector through a network of 'AT Champions' across the UK.

The draft Skills and Knowledge Sets are now available for a period of wider sector review. A series of workshops will review the content and there will be opportunity to 'road test' elements of the Skills and Knowledge Sets during the same period.

EAT will increasingly affect all social care services and we would like to hear views from a wide range of people, particularly employers, learning providers and those who supply EAT systems and equipment.

A Workforce Learning Strategy is being developed alongside the draft Skills and Knowledge Sets and is also available for comment.

For more information on any aspect of this document or the review process, contact sscinfo@skillsforcareanddevelopment.org.uk

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1. Purpose of this Document

Electronic Assistive Technologies (EATs) affect most of our lives. For social care staff, service users and their carers this effect is clear through people's increased use of the Internet, smart mobile devices and interactive TV. It is also evident in the increasing use of EATs specifically designed to promote people's well-being and independence.

This document provides new skills and knowledge sets for social care staff so that during the course of their work they are better able to

a) understand the role of EAT and the services that use EATs (including social alarms, telecare and telehealth services); and

b) raise awareness of EAT and support service users (and carers) with this addition to traditional service options.

The aim of these skills and knowledge sets is to provide specific, standardised knowledge and clearly identified skills to help workers and employers who support individuals to undertake their role. The skills and knowledge sets will be useful for continuing professional development (CPD), individual learning and qualification development.

This document is applicable to workers who support people's well-being and independence in communities through assistive technologies. The term 'social care staff' will be used throughout this document for ease of reading and examples of typical job types can be found in appendix 1. This primarily addresses the knowledge and skills required by the social care, early years and children and young people's workforce, but is also transferable to contingent parts of the workforce (e.g. health and housing). Therefore it is important to note that this document will also be applicable to those working in related roles outside of social care, and those who are involved in managing or commissioning EAT related services.

The document offers a basis on which social care staff can build on and use their increased generic knowledge of EAT and/or develop related specialisms. Examples of the specialisms that might be developed are in relation to people with visual or hearing impairments, those with dementia, or those who have learning and/or physical disabilities.

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It is important to appreciate that EATs often cross traditional service and professional boundaries. For instance, the monitoring of falls within telecare and social alarm services is of immense importance for people's health and well-being.

In fact, the use of EATs can give people greater choice and control, and also help in providing a more personalised approach to support and care. And following on from the crossing of traditional service boundaries, EATs may also help the movement towards greater integration of social care and health services.

The importance of the skills and knowledge sets for social care staff cannot be easily overstated. The Internet and telephone networks that many EATs link with offer service users (and carers) many new opportunities. These include the ability to access information and entertainment, develop and maintain social networks, or engage in work, training and education. Each of these (regardless of any care or physical support provided by social care staff) can lead to real gains in people's health and well-being. So, while the main focus for social care staff may be on EAT services that include social alarms, telecare and telehealth, the broader opportunities that EATs offer must not be overlooked.

Finally with regard to the usefulness of this document, consideration must be given to the fact that many people currently lack digital skills. This is why the design of EAT is important – so that it can be used, wherever possible, by people who may lack IT skills or who face challenges because of, for instance, sight loss or poor dexterity.

Documents that helped in the development of this skills and knowledge sets document are listed in Appendix 2.

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2. What is Electronic Assistive Technology (EAT)?

EATs fall within the broader range of AT (Assistive Technology). Assistive technologies are 'any item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of people with disabilities.'[1]

Example 1:

EAT in the form of assistive lighting is increasingly recognised as able to help people with visual impairments. An example is automated lighting that helps to guide people who get out of bed at night time.

Other (non-EAT) interventions that can help include using curtain tie-backs, redecoration, cutting back external bushes and trees, cleaning windows or getting new spectacles.

Example 2:

Home environment controllers assist users to maintain control over their lives by giving remote access to doors, windows, TV, telephone, computer and other appliances. Different interfaces and switches can facilitate the use of such controllers.

EATs (including home environment controllers) will increasingly enable people not just to exercise control but also to monitor their homes for e.g. energy and water usage.

More specifically EATs are 'devices that are electronically powered […] that will automatically and continuously support a person to live independently but may not be linked to any external monitoring and response centre'.[2] EAT therefore includes social alarms and telecare and some telehealth technologies – where these relate to people's well-being and lifestyles. Included are technologies and related services

[1] See www.easpd.eu From US Assistive Technology Act.
[2] Skills for Care and Development (2012).

that operate on mobile networks. Some EATs and the services that relate to them contribute to people's clinical health. But this definition of EAT excludes 'telemedicine' where EATs link directly to clinicians.

The range of EATs is indicated in Table 1 by reference to the services that use them. Those EATs that are found within telecare and telehealth services are listed first. However, there is considerable overlap between telecare and telehealth (see Figure 1). Hence EATs noted as supporting telehealth will, in many cases, be used in social alarm and telecare services (e.g. for activity monitoring for people with a dementia; or for falls detection). The role of social

care staff in relation to these must be recognised, therefore, as contributing to people's health as well as their broader well-being.

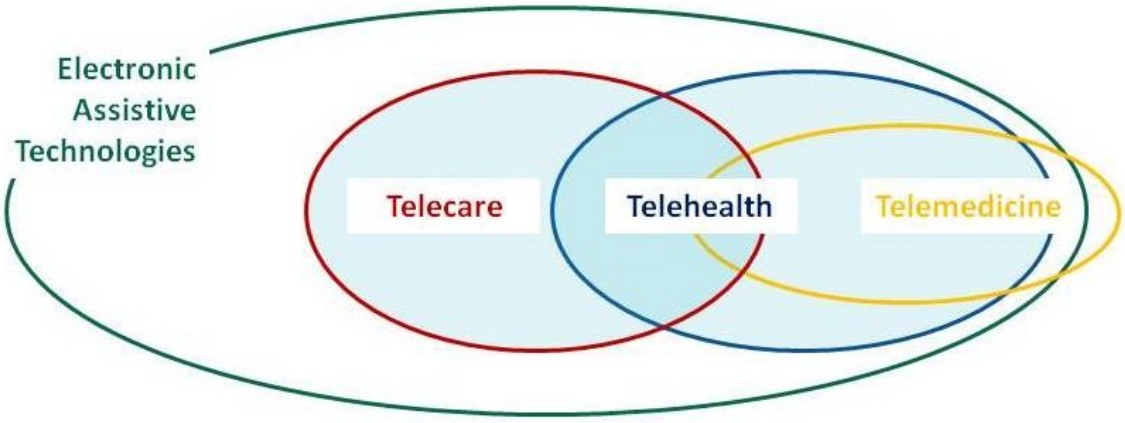

Figure 1: Overlap between EAT, Telecare, Telehealth, and Telemedicine

Specific attention is also given in Table 1 to EATs associated with visual and hearing impairment; and the control of the home environment. Social care staff will more frequently be caring for or supporting people with visual and hearing impairments (sometimes experienced together by people who are deafblind) as a result of people's longer lives. Likewise, social care staff will more frequently be caring for or supporting people with speech, mobility and dexterity impairments where home environmental control devices can often be used.

Example 3:

Activity monitoring systems help family carers and social care staff to remotely monitor the well-being of people with dementia. They normally operate using sensors that record movement or the opening of doors, sending this information to a central server via the mobile telephone network.

Because these systems are easily fitted and removed, they are increasingly used to assess people's needs and frequently have shown that, with the right support (perhaps including other EATs) many people with dementia can remain living at home.

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Table 1: Electronic Assistive Services in the context of Social Care	
1	**EAT services that are embraced by the term telecare**
Including	✓ Those which involve the use of social alarms and the means of their activation (pull-cords, radio triggers, passive alarms and timer arrangements). ✓ Those which involve the use of property or environmental devices to monitor for unlit gas, low temperature, etc. linked to a social alarm (carephone), interactive TV or smart phone, etc. ✓ Those which involve the use of EAT devices such as those which help protect against intruders, bogus callers or domestic violence.
… but **excluding**	× Those which involve the use of smart metering and devices used to monitor energy usage.
2	**EAT services that are embraced by the term telehealth**
Including	✓ Those which involve the use of EAT devices with a specific health and well-being remit such as fall and seizure detectors, medication compliance devices and activity monitoring linked to a social alarm (carephone), interactive TV or smart phone, etc. ✓ Those which involve the use of EAT devices to monitor presence, egress and location, etc. of a person with dementia, learning disabilities or a child. ✓ Those which involve the use of EAT devices to monitor well-being associated with long-term conditions (often termed 'vital-signs monitoring), pregnancy (for mother and unborn child), palliative care, etc. ✓ Those which involve the use of EAT devices to facilitate health gains (e.g. for people with mental health problems) through health or motivational coaching. ✓ Those which involve the use of EAT devices that are also Class 1 (non-invasive, low risk) medical devices.
… but **excluding**	× Those which involve the use of EAT devices that are also Class 2a, 2b or 3 (including active diagnostic and/or invasive medical devices).
3	**EAT services (at a basic level) that are associated with visual and/or hearing impairments**
Including	✓ Those which involve the use of assistive lighting for areas of risk such as bathrooms, stairways and kitchens. ✓ Those which involve the use of automated lighting to help safe navigation e.g. to bathroom.
… but **excluding**	× Those which involve the use of EAT in relation to needs for which specialist assessments are necessary (e.g. aids for vision, hearing, etc.).

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3.	**EAT services (at a basic level) that are associated with the remote operation of doors, windows, curtains, etc.**
Including	✓ Those which involve use of multi-functional home environment controllers.
… but **excluding**	× Those which involve the use of EAT in relation to needs for which specialist assessments are necessary.

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3. Social Care Staff

The social care workforce includes a wide range of people – from those providing services directly; through those involved in assessments; to those concerned with service co-ordination, management, commissioning and strategic planning. Appendix 1 provides a list of typical job titles/areas to illustrate part of the range. However this document is also likely to be applicable to those working within health and housing.

Well recognised social care roles (such as care assistants, social workers and occupational therapists) are being added to by new roles more directly associated with EAT. These include roles involved in EAT installations and assessments, the provision of guidance to users and for operational staff at monitoring and response centres. The emergence of these new roles does not, however, detract from the broader need of social care staff to have appropriate knowledge of EAT. Such new roles may carry titles such as 'AT support worker' or 'telecare officer'. Adding to the mix are personal assistants, the number of which will grow as more service users opt to manage aspects of their own care and support.

Example 4:

The rapid growth in the use of mobile phones for texting by people with hearing impairments was unexpected. Their use is now an essential part of the means by which people with such impairments are engaged and involved in family, social and economic life.

The arrival of mobile phones within the range of EAT devices points to the way in which service users (and carers) can increasingly be empowered.

The skills and knowledge sets for EAT are relevant to all social care staff to greater or lesser degrees. They may have particular relevance to more senior staff – whose breadth of knowledge must be sufficient for them not only to plan and manage but also to specify and commission services. What is more, there is likely to be a need for further new skills and knowledge to be put in place as EATs and their uses develop – perhaps in unexpected ways.

This is the context in which we determine the new skills and knowledge sets for social care staff that arise specifically because of EAT.

4. The Approach to Skills and Knowledge

EATs add a new dimension to social care. They can be harnessed, not just to help with care and support provision, but also because service users (and potential service users) can increasingly access and use EATs to help them self-manage.

FAST (the Foundation for Assistive Technology) were correct in their view that the emerging technologies (largely EATs) would have a 'potentially disruptive impact' on social care services and the staff who provide them.[3] They also noted the AT workforce was 'fragmented' with 'diverse roles and disciplines working within a range of service provider organisations in statutory, third and private sectors'. Echoing and developing the point was the Skills for Care work that pointed to 'new delivery models' emerging 'in an increasingly diverse social care market'.[4]

The skills and knowledge sets, therefore, provide some order by which social care staff (and, potentially, others) can be better guided and by which relevant agencies can be informed regarding the needs for education, training and/or professional development. That order is achieved by giving a focus on tasks. This means that those concerned with the way in which social care services are provided can be helped to put in place the necessary skills and knowledge at levels that relate to each role and to the tasks to be performed within that role. No attempt is made to link the tasks to particular jobs or to the roles associated with those jobs, as this would be too prescriptive given the vast range of roles within social care.

Knowledge should be put in place as EATs and their uses develop – perhaps in unexpected ways.

Example 5:

Norfolk County Council was a pioneer in developing the new role of Assistive Technology Support Workers (ATSWs). An evaluation of their role found that there were 'major benefits' to service users and carers.

ATSWs were able to offer AT (and EAT) choices and enable service users (and carers) to try them out. Devices included falls detectors, automated medication dispensers and temperature sensors[5].

[3] See www.fast.org .
[4] Skills for Care (2011).
[5] http://www.skillsforcare.org.uk/workforce_strategy/new_types_of_worker/prevention/NToW6.aspx

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In 2011 Skills for Care reported on the need for social care staff to be able to offer appropriate guidance to enable service users to gain access to information on ATs; and enable service users to understand AT and use it with confidence – including their use of social media. They saw the need for social care staff themselves to learn and share knowledge through technology including accessing e-learning resources as part, where appropriate, of their continuing professional development.

FAST (2007) suggested the need for 'every AT practitioner' to be able (both for service users and, where appropriate, family carers) to

- assess the potential benefits of AT in specific social and environmental contexts (including their impact on the risk to the service user and the effect on the user/ carer relationship); and
- identify creative and acceptable solutions including or not AT (taking account, where appropriate of the position of the service/technology provider).

Such prior work has provided useful pointers by which the range of skills and knowledge sets provided below have been defined for the social care workforce in respect of EAT. However, what was not sufficiently emphasised in such prior work is the extent to which new or amended skills and knowledge sets associated with EAT need to be accompanied by appropriate beliefs and attitudes among social care staff. This need follows the stronger emphasis that is being placed on social care staff, most notably those on the 'front line' (with direct contact with service users and carers), for whom there needs to be an *understanding* of their roles rather than it being a matter of them just *doing* assigned tasks. It may be, therefore, that service approaches using EAT will sometimes be at odds with those that have been practised in the past.

The required beliefs and attitudes relate to the way that services support the autonomy and choices of service users (and carers) – a matter pointed to in the work of Skills for Care (noted earlier) as integral to modern social care at both its strategic and operational levels. What this means is that the 'provision' of social care must be less concerned with service *delivery* and more concerned with (a) offering services for people to access and use; and (b) providing people with support and guidance to help them do this. These matters impact on the way that some existing knowledge and skills sets (regardless of any link to EAT) will need to be rethought. But they are, in any case, an important influence on the shape and content of the new knowledge and skills sets that arise through EAT.

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The diagram below points to the range of skills and knowledge that is relevant to social care. The focus in this document is on the middle column – i.e. those *new* skills and knowledge sets that directly relate to EAT.

Generic Skills and Knowledge Sets	New Generic Skills and Knowledge Sets	Specialist Skills and Knowledge Sets
These are skills and knowledge sets that are already recognised as applicable to the social care workforce. Some of these may need rethinking in light of the changing ethos of social care services (with their greater focus on e.g. personalisation, choice and autonomy).	These are the generic skills and knowledge sets for social care staff that arise on account of the widening use of AT and EAT.	These are skills and knowledge sets for social care staff that relate to specific (and often specialist) areas of service provision – and which use AT and EAT. Examples would be within specific services for people with dementia, learning disabilities, autism, visual or hearing impairments.

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5. Electronic Assistive Technology Skills and Knowledge

Necessary skills and knowledge sets for social care staff are set out as follows. In relation to each of these there is an indication of which social care staff should, in the future, have such skills and knowledge. Of note is the fact that *all* sets would need to be satisfied by *most* social care staff. The categorisation, as follows, indicates the relevance of individual skills and knowledge sets (this directly relating to examples of tasks) for different types of staff. Three ticks signify a need for all types of social care staff to develop these skills.

G ✓	G = Generic skills which will be applicable to most front-line staff working in social care.
S ✓	S = Skills for specialist service providers and co-ordinators (including those responsible for monitoring or responding in telecare and telehealth services).
M ✓	M = Skills for service managers, planners and commissioners.

These skills and knowledge sets underpin the development of certain competencies. In the words of Skills for Care (2007), and with reference to National Occupational Standards competencies are '... the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level … They focus on what the person needs to be able to do, as well as what they must know and *understand* [our emphasis] to work effectively.'

In some cases it might be considered that the skills and knowledge sets are particularly demanding. For these, a transitional period to enable some social care staff to achieve the knowledge and skills in question may be considered appropriate.

The six skills and knowledge sets (SKs) presented in this section carry 16 specific needs that arise out of EAT. Each contributes to the competency of social care staff to fulfil their roles and undertake their tasks.

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Draft Skills and Knowledge Sets

SK1 - Basic IT and Technical Skills

Context:

Information technology (IT) will increasingly affect the day to day lives of even the most frail or dependent of social care service users. This is demonstrably the case for service users who are increasingly using mobile telephony, interactive TV, and environmental controllers for example. It becomes absolutely necessary, therefore, that social care staff have *basic* IT and technical skills – for themselves; and in order for them to be able to share and exchange their experience of IT with service users and carers (where appropriate).

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Knowledge Area		Skills Needs	Tasks or Task Areas	
SK1.1	**Digital Literacy**	Social care staff shall have an appropriate level of digital literacy including knowledge of • basic ICT tasks; and • using a mobile telephone.	Examples of tasks are • word-processing; • text messaging; • printing; • data entry; • use of email (with attachments); • accessing the Internet; and • ensuring on-line security.	***G*** ✓ **S** ✓ **M** ✓
Knowledge Area		**Skills Needs**	**Tasks or Task Areas**	

SK1.2	**Awareness of the User Benefits of ICT**	Social care staff shall understand • the importance of ICT for users (and carers); • the ways in which EAT may help in accessing information; • how to access services and information that is relevant to jobs, education and training; as well as health and well-being.	Examples of tasks are • helping enable users (and carers) to access information; and • making appropriate referrals based on a basic knowledge of EAT.	***G*** ✓ **S** ✓ **M** ✓

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SK2 –Personal Information and Ethical Conduct:

Context:

EATs, where linked with communications networks, have the capacity to gather and communicate personal information about service users (and carers), their home environment and the services they access. This capacity means there is the potential for EATs to breach people's right to privacy. It is necessary, therefore, for social care staff to play their part in making sure that this right to privacy is not compromised. This is already a requirement in the Codes of Practice for Social Care Workers (see reference list in appendix 1), however staff may encounter new challenges regarding personal information and ethical conduct through the use of EAT. Personal information is *any* information (relating) to an individual whether it relates to his or her private, professional or public life. It includes information about their health and lifestyles.

Knowledge Area		Skills Needs	Tasks or Task Areas	
SK2.1	**Privacy and Confidentiality**	Social care staff shall understand • the potential of technologies to breach people's right to privacy • how personal information should be safeguarded.	Examples of tasks are • safeguarding personal information; • keeping service users (and carers) informed of the types of information gathered, how it is stored and used; • explaining privacy risks to the user; and • advising users on how they can access personal information held.	***G*** ✓ **S** ✓ **M** ✓

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SK2.2	**Informed Consent**	Social care staff shall understand • the importance of ensuring that users (and carers) views are properly taken into account and their consent obtained with regard to e.g. use of personal data.	Examples of tasks are • limiting the amount of personal information held; • enabling the user to make informed choices about services or EATs; and • abiding by the relevant 'Codes of Practice for Social Care Workers[6]'.	***G*** ✓ **S** ✓ **M** ✓
Knowledge Area		**Skills Needs**	**Tasks or Task Areas**	
SK2.3	**Sourcing EATs**	Social care staff shall understand • the importance of ensuring that EAT and the services procured facilitates control by the user (or carer); and that • services procured shall operate in accordance with appropriate codes of practice.	Examples of tasks are • keeping up to date with appropriate codes of practice; and • sourcing only EATs or commissioning services that comply with appropriate codes of practice or quality standards.	***G*** **S** ✓ **M** ✓

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[6] The Codes of Practice can be accessed at the websites of Care Council for Wales, Scottish Social Services Council; Northern Ireland Social Care Council and Skills for Care

SK3 – Knowledge of the Broad Range of EAT Available

Context:

Social care staff must have sufficient knowledge of the broad range of EAT that is available to assist people who have visual, hearing and cognitive impairments; difficulty in their mobility, communication and navigation; in controlling their home environment; or who need support through prompting (for medication compliance, therapy, exercise, orientation, etc.) or health (and motivational) coaching; or via activity monitoring, falls and seizure monitoring.

Knowledge Area		Skills Needs	Tasks or Task Areas	
SK3.1	**Awareness and Understanding of EAT**	Social care staff shall be aware of and understand the range of EAT available in order to provide relevant information to service users (and carers). Their awareness shall be of EAT • services available; and • consumer retail outlets.	Examples of tasks are • keeping up to date with developments in EAT; • being able to find and provide relevant information about EAT and related services; • supporting service users (and carers) in making informed choices regarding EAT; and • engaging in appropriate training, education and CPD activity.	***G*** ✓ **S** ✓ **M** ✓

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Knowledge Area		Skills Needs	Tasks or Task Areas	
SK3.2	**Knowing Your Limits / Scope of practice**	Social care staff shall understand the boundaries of their knowledge of EAT and EAT services and be able to engage with and refer to people with specialist expertise when appropriate. They shall, therefore • recognise when specialist/expert advice is required; and • be aware of appropriate referral pathways.	Examples of tasks are • consulting with others with specialist expertise; and • working, where appropriate, with family carers/others who may have specialist or complementary skills or roles.	***G*** ✓ **S** ✓ **M** ✓
SK3.3	**Procurement**	Social care staff shall have sufficient knowledge of the range of EAT and EAT related services to enable effective procurement – whether on behalf of service users (and carers) or through providing appropriate guidance to them. They shall, therefore • know the range of EAT available; and • be able to assess the potential merits in a way that balances the interests of providers and users.	Examples of tasks are • developing appropriate and, where necessary, detailed specifications for EATs; • assessing the merits of EATs that meet requirements of the specifications; • procuring appropriate EATs for service users (and carers); • assisting service users (and carers) in procuring EATs; and • ensuring value for money.	***G*** **S** ✓ **M** ✓

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SK4 – Assessments and Facilitating Self-Assessment in relation to EAT

Context:

In order to understand the relationship between the person, their environment and the potential for care and support involving EAT, social care staff must have sufficient knowledge of the process by which people's needs are assessed and reviewed. Such assessment, where not undertaken by the person themselves, may be undertaken by social care staff and/or by others (e.g. health specialist staff). It is undertaken in close consultation with the service user (and/or carers) and involves gathering and recording relevant information, assessing the same, determining appropriate interventions, evaluation of their outcomes and subsequent reviews.

Knowledge Area		Skills Needs	Tasks or Task Areas	
SK4.1	**Assessment and Review**	Social care staff should have an understanding of the range of circumstances which can impact on a person's need for care and/or support. Where (potential) users are eligible, therefore, they shall be able to • undertake comprehensive and systematic assessments and, in the context of changing needs or circumstances, service reviews; • reason and problem solve in order to identify any potential role for EAT;	Examples of tasks are • keeping up to date with eligibility criteria and assessment processes; • communicating effectively with service users (and carers) regarding their choices and abilities; • assessing the merits of EATs in relation to the same and helping users (and carers) understand these; • assessing the suitability of home environments for EAT provision and usage;	***G*** **S** ✓ **M** ✓

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		• assess any risks involved in the use of the EAT for the individual; • understand broad interoperability and compatibility issues for EAT; and • understand the broad issues around EAT procurement.	• accurately documenting assessment and review information; • measuring and recording the outcome of EAT usage for the service user (and carers); • being aware of funding options that could assist in sourcing EAT; and • advising people regarding procedures, costs and charges pertaining to EAT, including where directly sourced by service users (or carers).	
Sk4.2	**Self Assessment**	Social care staff should have a reasonable understanding of the way that people are accessing and using EAT for themselves. They shall, therefore • know the process whereby (potential) service users (and carers) can self assess or review their needs / options e.g. online; and • be able to give guidance on sources of information and self-purchase regarding EAT.	Examples of tasks are • keeping up to date with EAT and EAT service developments; • signposting people to the self-assessment service • supporting people, when required, through the self assessment process; • advising people regarding procedures, costs and charges pertaining to EAT, including where directly sourced by service users (or carers).	***G*** ✓ **S** ✓ **M**

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SK5 – Safe installation, maintenance and disposal of EAT

Context:

The provision and / or installation of EAT presents new challenges to social care staff. In many instances installation and related tasks may be contracted out to e.g. the manufacturer or supplier; but social care staff will normally retain involvement in the process (albeit not undertaking specific installation tasks aside from e.g. plugging in and programming). This follows the importance of the dialogue with users and carers regarding such matters as EAT power sources, positioning, links to networks, calibration, maintenance and what happens when there is a device or network failures.

Knowledge Area		Skills Needs	Tasks or Task Areas	
SK5.1	**Installation**	Social care staff should have a reasonable understanding of installation processes (including those undertaken by third parties). They shall be able to • identify and act on any safety risks associated with the installation of new EAT; • evaluate, in collaboration with service users (and carers) the appropriate location for the EAT installation; • complete relevant safety and operational checks (including ensuring interoperability) for EAT and linked services; and	Examples of tasks are • keeping up to date with up to date with safety policy issues relevant to working in people's homes; • instructing users on the safe use of EATs; • Using appropriate installation and safety/risk assessment checklists for EAT; • maintaining accurate records of servicing requirements for EATs; • making permitted adjustments to EAT in response to the choices and needs of service users (and carers);	***G*** **S** ✓ **M**

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		• obtain relevant specialist support, where appropriate, for the related tasks.	• plugging in, calibrating and testing EATs; and • supporting users (and carers) with regard to the above matters when installing, calibrating and testing EATs for themselves.	
SK5.2	**Maintenance**	Social care staff should have the skills to identify and act on any safety risks associated with the maintenance of EAT. They shall be able to • monitor, in collaboration with service users (and carers), the effective working of EAT devices; and • recognise aspects of faulty operation when they occur.	Examples of tasks are • providing service users (and carers) with appropriate information on the maintenance of EAT and all relevant contact details; • following maintenance procedures and document accordingly e.g. re-fitting of batteries/ annual servicing; • responding to and acting on any maintenance issues raised by the EAT and/or the service user (or carers); • promptly reporting any failures of EAT using the relevant procedure; and • supporting users (and carers) with regard to the above matters.	***G*** ✓ **S** ✓ **M**

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Knowledge Area		Skills Needs	Tasks or Task Areas	
SK5.3	**Removal, Storage, Recycling or Disposal**	Social care staff should have the skills to understand the specific requirements and responsibilities around the removal, storage, recycling and disposal of EATs.	Examples of tasks are • providing service users (and carers) with appropriate information on the removal of the EAT after use; • ensure EATs are processed appropriately in terms of cleaning for re-use or disposal; and • adhering to relevant health and safety policies within the workplace; and • supporting users (and carers) with regard to the above matters.	***G*** **S** ✓ **M**

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SK6 – Specific Needs around Telecare and Telehealth

Context:

Telecare and telehealth are core services, key elements of which harness the potential of EATs. Telecare is well developed in the UK and has particular proven benefits for older people in relation e.g. to obtaining help in the event of a fall or other urgent circumstances. Some telecare services are increasingly embracing telehealth. A single definition brings telecare and telehealth together as 'the means by which technologies and related services concerned with people's health and wellness are accessed by or provided at a distance.'[7] The term 'telehealthcare' is used in some areas to 'capture' both telecare and telehealth.

Knowledge Area		Skills Needs	Tasks or Task Areas	
SK6.1	**Purpose and Operation of Telecare and Telehealth Services**	Social care staff shall understand the role and purpose of telecare and telehealth services; and their potential merits for people (of all ages) with varied care and support needs. They shall understand the way that telecare and telehealth services • operate in collaboration with other services (e.g. health, fire, police, etc.); and • cross traditional service boundaries that often separate social care from health or housing and private sector.	Examples of tasks are • keeping up to date with developments in telecare and telehealth services; • reviewing the potential of new services or ways of operation that could be of benefit existing service users (and carers); and • collaborating with other professionals and services to ensure effective telecare and telehealth service provision.	***G*** ✓ **S** ✓ **M** ✓

[7] www.telehealthcode.eu .

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Knowledge Area		Skills Needs	Tasks or Task Areas	
SK6.2	**Interpreting data**	Social care staff shall understand the importance of data and information (sometimes life critical) within telecare / telehealth services and the necessity, of working wherever appropriate with other social care or health staff with specialist knowledge. They shall • understand the very high level of importance that attaches to maintaining confidentiality of what is often highly personal information.	Examples of tasks are • interpreting data, based on agreed parameters, regarding the health and wellbeing of the user; • knowing when and in what way to initiate contact with service users (and carers) in relation to data and information received that may fall outside agreed parameters; and • knowing how to access help and implement guidance from colleagues where appropriate.	***G*** **S** ✓ **M** ✓
SK6.3	**Making and Handling calls**	Social care staff shall be able to appropriately handle outgoing and incoming calls to any monitoring or response point; and initiate reviews (in service provision, protocols, etc) or responses as necessary. Such 'calls' may be by text, voice or video. They shall be able to: • understand the relevance of information received and its implications for the user's well-being; and • take special care when communicating with users who may be distressed and/or have difficulties in communication.	Examples of tasks are • employing excellent interpersonal skills when making or receiving calls; • taking appropriate action following calls; and • ensuring service users are satisfied with the call outcome(s).	***G*** **S** ✓ **M**

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Appendix 1

Examples of Social Care Staff

This is not an exhaustive list. Others working on the periphery of social care (such as within health care and housing) might also be considered as social care staff.

- Child care staff
- Day care staff
- Floating support staff
- Home care staff
- Habilitation, rehabilitation and re-ablement staff
- Integrated health and social care staff
- Integrated social care and housing staff
- Occupational therapists
- Personal assistants
- Residential care staff
- Supported living staff
- Social workers
- Telecare and AT specific staff

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Appendix 2

Documents that Supported Development of the Draft Framework

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