



counsel + care 
for older people, their families and carers

guide

Information from Counsel and Care: 6

Telecare and telehealth: what it is and how to get it

As you get older, you may need one-to-one care from a person, or a group of people, to help meet your care and support needs, and keep you safe and well. Although it cannot replace such care, there is technology available called telecare and telehealth that could play an important part in helping to keep you safe in your home. It may also help you to stay in your own home for longer, if that is what you wish to do.

This guide gives you information about what telecare and telehealth is, how to get it and information to help you decide if it is the right solution for you.

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Your donations, legacies and payroll giving enable Counsel and Care to get the best care and support for older people, their families and carers

Counsel and Care is a national charity; however the creation of the Scottish Parliament, and the Welsh and Northern Ireland Assemblies means there are differences in the ways each region cares for and supports older people. The information in this guide applies essentially to England although there may be similarities with Scotland, Wales and Northern Ireland.

We also produce five separate guides for both Scotland and Wales covering the community care assessment of need process; paying care home fees and making a formal complaint which are the key areas where the policy and legislation differ significantly to England. All of the guides we publish can be downloaded from www.counselandcare.org.uk/advice-and-information or posted to you by leaving a message on our guide order line on 020 7241 8522.

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1 What is telecare?

Telecare, or assisted technology, means using technology to support people in need of care and support.

Assisted technology is not a new concept, and has been used for years in our daily lives from relatively simple one-off pieces of equipment, like battery-operated smoke or carbon monoxide alarms, and our central heating or hot water controls which are controlled by a thermostat; to more complicated and sophisticated integrated systems like security alarms or heat sensors that trigger sprinklers.

You may also be familiar with alarms worn as a pendant, or the pull cords that activate an alarm that are often found in sheltered accommodation, healthcare buildings and accessible toilets.

Technology has now developed so that sensors can be used to detect other problems, for example, if you fall or if you have not moved for some time. Sensors can also be used to detect if you have left a tap or gas on.

All sensors can either be used to alert you or alert your carer or a response centre that can provide assistance. The staff who work in the response centre are specially trained to help older people who need care and support, and each response centre should have a confidentiality policy. The word telecare has been widely adopted for this type of system. This is because most systems, like the community care alarm system, use a

Telecare control box connected to your telephone line (although some systems also require an internet connection) to connect you to a response centre. If you trigger an alarm or sensor, a member of staff from the response centre will call you back to see if you are alright. You do not have to answer your phone, as you will be able to hear the member of staff through the loudspeaker on the telecare control box. If you don't respond, the member of staff will contact your carer, or neighbour, or another support staff member, who will come out and see if you are alright. They will seek additional help if necessary, such as from the emergency services. If you don't have a carer, or neighbour, or the response centre can't contact them, or no-one is available to visit you, the response centre will contact the emergency services.

2 Types of Telecare systems

All sensors or detectors need to be connected to a Telecare control box to enable them to alert help. The different types of sensors and detectors are listed below.

2.1 Movement detectors

These may be useful if you are prone to falls or experience confusion. Sensors can be used to detect if you are in or out of your bed or chair. Sensors can also be placed by doors to monitor how much movement there is in a room, or when you are leaving a building. Other sensors use pressure mats that can be placed by beds, for example, to detect if you have fallen down. Fall detectors can also be worn on your clothes during the day.

Sensors can be linked to other electrical equipment in the house, such as bed occupancy sensors that link to the bathroom light switch when you get out of bed. This can help reduce falls and prevent confusion.

2.2 Enuresis (bed-wetting) sensor

These sensors detect moisture and can be placed between the mattress cover and the sheet.

2.3 Alarms

Alarm buttons or cords can be placed around your home or care home, so that they are easily accessible if you need to call for help. Alarms can also be worn about your person as a watch or pendant. They have alarm buttons on them so that you can press it for help if needed. Alarm systems can also be used to provide support against bogus callers or intruders.

2.4 Environmental sensors

These are sensors that detect gas (if a cooker has been left on unlit), water (if a tap has been left on or there is a water leak), heat detectors (to detect fires), extreme temperature detectors (to detect if it's very hot or cold), and carbon monoxide and smoke detectors. Sensors in more sophisticated systems can link to automatic systems that could shut off the gas supply, as well as alerting you, your carer and/or a response centre.

2.5 Reminders

These include medicine dispensers. They use a sound alert to remind you to take your medicine, and the compartments of the medicine holder will open at the right day and time of day. You, your carer or care worker (or in some cases, your pharmacist) would need to fill the medicine holder beforehand.

Other voice message reminders are available, to ask if you have taken your medicine, or had lunch, for example.

All of these reminders can be set so that if you don't respond, an alarm would be raised.

2.6 Sensory impairment alarms

If you have a sensory impairment, these sorts of devices sound, flash or vibrate to tell you if the alarm has been raised. For example, if you are hearing impaired and there is a fire, you could be alerted by seeing a light flashing.

These sorts of alarms can also vibrate and be placed under pillows, which may be helpful at night if you have hearing and/or visual impairments. There are also beacons which can show you visually that the alarm has been raised, as well as inductive loop systems to help you hear the operator clearly during alarm calls.

2.7 Carer's alerts

If you are a carer, these are devices that both sound and vibrate to alert you if the alarm has been raised, if the person you care for leaves their bed for a longer period of time than is normal to use the bathroom, for example. These can help you not to worry quite so much about the person you care for and may help you to get more sleep, as you would receive an alert if the person you care for got up at night, for example.

2.8 Location sensors

These are used outside the house for you to either call for help while out, or to be traced if you get lost.

2.9 Activity monitoring - telecare and non-telecare systems

These systems monitor the movement and activities of your household during the day and may not raise the alarm. Instead, they give useful information on your needs; and show whether your care package is working, or whether problems may be emerging. They can be used by social services professionals to tailor a care package to your needs.

It is important that you consent to these being used to assess or monitor your needs in this way. If an older person is not able to give their consent (for example, a person who has lost their mental capacity through dementia), then it is important that people who knew the older person well before they lost capacity are consulted, and/or the older person's wishes and previously known preferences are considered. It may be helpful to have an independent advocate to help make this decision. Please see our guides:

Assessment and services from your local council in England (guide number 12);

Assessment and Services from your local council in Scotland (guide number 50);

Assessment and services from your local council in Wales (guide number 70);

Money and welfare: managing my affairs if I become ill (guide number 33) and

Independent Advocacy (guide number 25)

for more information.

Other systems allow your carers (friends or relatives) who don't live with you to monitor your activity to make sure that you are, for example, moving around your home and using your kitchen at meal times. These may not be appropriate for you. You would need to consent to your relatives monitoring you in this way. If you are a carer, you would need to think carefully about how to use the data coming from the house of the person you care for. For example, just because someone is in the kitchen does not mean they have prepared or eaten a meal.

Other systems may ask you to press a button at specific times in the day to confirm that you are ok. If you don't press the button at the allotted time, then staff from a response centre will phone you to check if you are ok.

Not all activity monitoring systems are connected to response centres or available 24 hours a day.

3 When to use telecare

If you need face-to-face, one-to-one care, telecare can never be a substitute for that, but it can bring additional benefits. Telecare has a lot of advantages. It can provide both support and independence for you and help you to continue to live in your own home. If you are a carer, it can provide reassurance and support, giving you greater freedom to go about your daily life.

However it is important to remember that telecare is just technology designed to raise an alarm, and that any system relies on the people that it alerts to make sure that it works effectively. It is very important to have an appropriate system of care in place to react if the alarm is triggered.

It is important to consider what you want to achieve from telecare, so that you can get the best possible results from the service. For example, many people who have the traditional pendant alarms do not wear their pendants, making the system useless to them in the event of a fall. It is important that you feel comfortable using, wearing or having the sensors around your home in order for you to feel in control or to prevent the technology from becoming a hindrance. This should be considered and discussed with you in your assessment for telecare.

3.1 What sorts of sensors are appropriate to different people?

It is likely that many of the points below will have been covered by your assessment. However, sometimes assessments are not as thorough as they could be. Or, if you are buying telecare privately, you may not have had an

assessment. As mentioned above, it is also important to consider whether you will use the sensors in order to ensure the full benefit of the system.

It may be helpful to consider the following:

- Will you be able to use the equipment properly? Are the buttons suitable for any disability you may have, like arthritis?
- Can you hear the response centre staff if they should call?
- How will you know if you have triggered a sensor? Can you hear the control box being activated or do you need a visual alert?
- Will you recognise the equipment and what it is meant to do? If you have a diagnosis of a condition like dementia, you may not understand what the noise is, if a heat detector is sounding, or where the voice is coming from, if the response centre staff are calling you.

Even if you fully understand and agree in principle to the devices, if they do not fit into your lifestyle, it is easy to forget, or choose not to use them simply because you do not like them. If this is happening to you, and you would like to try to carry on using telecare, ask the company or your local council for more suggestions that may be more suitable for you.

Case Study

Patrick had fallen in his home a number of times, each time he was not wearing his pendant, which he disliked. He was assessed for telecare and it was suggested that he could wear a fall detector on the waistband of his trousers. Patrick felt that he would forget to put this on when he got up in

the morning, and he was not sure he would be able to fit the fall detector onto his waistband, as he had arthritis in his hands. A telecare specialist asked if Patrick ever wore a watch, Patrick said that he did. The telecare specialist suggested that Patrick consider wearing a watch with an alarm fitted in it. Patrick liked the watch as it did not look like an alarm. In his review, Patrick said that he had found the alarm wrist watch easy to remember to wear and felt comfortable with it.

3.2 Other things to consider

The first thing to consider is whether telecare is the best option for both you and your carer (if you have one). For many people, telecare raises concerns from feeling like they are living with “Big Brother”, to the security of data, particularly with regard to monitoring systems. There are also issues about consent to telecare provision, particularly for people with dementia.

When thinking about starting to use telecare, it is important to make sure that you, your carers (if you have any), the telecare supplier and relevant professionals such as your social worker, occupational therapist or community psychiatric nurse discuss the following:

- Have your wishes and perspective on how you would like to live been fully taken into account?
- Have your views in relation to telecare been fully taken into account? Do you consent to using telecare?
- Do you understand the way the telecare will work? Will the provision of telecare make daily activities or anxieties feel easier,

or will they make things feel more complicated and increase any anxiety and confusion?

- How will the data collected on you be protected? How is any information stored securely, both by the specialist telecare response centres, as well as those collating information from activity monitoring systems?
- Does the provision of telecare increase your independence, or take away or lessen your ability to do tasks yourself?
- Is telecare really the most appropriate solution for you and have other options been considered?
- Have you (the older person) understood the impact of trialling telecare, such as fewer visits from your carers (whether this is a family member or friend)? Or that you might get less visits from a social services care worker?
- As your needs change, how will telecare be reviewed and when?

If an older person has dementia (or a condition that limits their capacity to make their own decisions) and is unable to consent to the use of telecare, their expressed desires (whether current or previously made) and their best interests should be central to any decision. Telecare could be helpful for a person with dementia who shows a desire to remain in their home, but is becoming unsafe, and using telecare may extend their ability to remain in their choice of accommodation. It might be helpful to ask family and friends to discuss the views expressed by an older person with dementia.

Getting the right support package is essential to the success of any scheme introduced.

If you are unhappy with being monitored in this way, you can ask that the system be taken away, or you can make a complaint. Please see our guides: **Complaints about community care and NHS services** (guide number 18) and **Independent Advocacy** (guide number 25) for more detail.

4 Some examples of how telecare may help or be unhelpful

4.1 Supporting independence

At some point, you may find it difficult to manage in your own home for a number of reasons; but you may still wish to live in your own home and retain your independence. You may find that the thought of care workers or family members checking on you would feel intrusive or an imposition on family. Also, both you and your carer may well find the change in relationship hard to adjust to, however much the new arrangement is agreed to or wanted. Small problems like forgetting to take your medicine or turn off the cooker can lead to much greater hazards, but may be easily resolved with telecare.

Case Study

Barbara lives alone in her own flat and has always been independent and self-reliant. She has recently become forgetful, but is very clear that she wants to remain in control of her own life. Things came to a head when she had a fall after forgetting to take her medicine a few times. This came after a time when her bath overflowed into her downstairs' neighbour's flat, as Barbara had left the tap on when she answered her phone. Her daughter, Susan, has become increasingly concerned over her mother's ability to cope and worried about her safety.

Susan wanted to keep her mother safe and started phoning her mother several times a day to check she was ok. Barbara was feeling increasingly irritated by Susan's constant quick calls to check if she was ok and whether or not she had taken her medicine, and felt under pressure to accept help that she didn't want.

Following an assessment from the local council's older people's team Barbara was happy to agree to the installation of a medicine dispenser and a flood detector which would alert Barbara if needed. Barbara was able to take back control of her medicine (as she had always done in the past), without needing to be continually reminded by a care worker, or her daughter; and was alerted if she had left a tap on, which meant that she could turn this off before a major flood. This gave her back her confidence, as well as her dignity. Knowing that the sensors were connected to a call system which could provide help should Barbara need it, also provided both Barbara and Susan with reassurance, and neither felt the sensors were unnecessarily intrusive.

4.2 Supporting mobility

As you get older, your mobility may be affected, which may cause you to either have falls or to worry about falling, for example.

Moving from your home is a big decision. It may not always be the right solution, as it may have dramatic effects on other areas of your life, such as how close you would be living to friends, family and neighbours who

support you, and the familiarity of your surroundings, particularly important for those with sensory impairments.

As it is unlikely that you will be able to have company all the time, telecare can provide an important safety net. With the use of fall detectors, bed and chair occupancy sensors, and alarm buttons, you can be supported in your choice of living in your own home, while ensuring that help can be called for should you need it.

Telecare cannot stop you from falling, and so it is important that you should consider asking the council for a full review of your needs. This might include looking at minor aids and adaptations that can help prevent you from falling or having accidents in your home. You should also consider having a check up from your GP to make sure that there is no preventable or treatable medical reason as to why you are falling.

Please see our guides

Assessment and services from your local council in England (guide number 12);

Assessment and Services from your local council in Scotland (guide number 50);

Assessment and services from your local council in Wales (guide number 70)

and

Housing: Adapting Your Home to Stay Independent (guide number 28) for more information.

Case Study

Eric had been recently widowed; he had shared his current home with his late wife for 40 years. Over the last few months he had had a few falls while getting out of the bath; he had not been seriously injured, but he had been badly bruised. His friend and neighbour for many years, Gary, had persuaded him to contact social services. Eric felt embarrassed about the falls and was not keen to be helped to be bathed by a stranger.

His social worker suggested he have an assessment from an occupational therapist. She recommended and arranged for a number of handrails to be fitted to the bath and bathroom, as well as a non-slip mat and bath seat. As Eric had found it difficult to get up after the falls, and didn't want to have help with bathing, she also recommended that Eric have an alarm button near the floor of the bathroom, so that if he did fall he could raise the alarm. She also recommended that Eric wore a wrist watch fitted with an alarm in case he fell while walking around his home, which Eric was happy with. His friend Gary, who already held a key to Eric's house, said that he was happy to be contacted to help Eric in these circumstances.

Eric felt that his concerns over his dignity and independence had been listened to, and he felt comforted by the support package that had been put in place. Gary was pleased that he no longer needed to worry whether Eric was ok, as Eric had a reliable system to call him if he needed his help.

4.3 Reducing independence

You may find telecare intrusive and feel that you are being undermined by even the suggestion of such equipment. You may have concerns over being monitored or accidentally triggering alarms. Or you may be confused by the alarms and this may worsen your situation.

Case Study

Mary, who was an active 83 year old, had on occasions forgotten to take her medicine. One week she had forgotten a few times and had a fall in her hallway, which was so serious that she had to go into hospital. Her family was very concerned and wanted her to consider having telecare installed to remind her to take her medicine and to wear a fall detector. Mary hated the idea, as it made her feel as if she needed “Big Brother” to watch over her, but to please her family, Mary agreed to have an assessment with the telecare assessor from her local council. Talking to the telecare assessor in her assessment, it became clear that Mary usually forgot to take her medicine with her when she went out, which led to her missing taking it. The assessor suggested Mary used a daily pill dispenser which fitted into Mary’s handbag.

The telecare assessor also asked why Mary had fallen in her home, but never when she went out each day to visit friends or attend local meetings. The assessor arranged for a fall specialist to visit Mary’s home, who suggested that the fall may have been due to rugs that had become loose and poor lighting in the hallway. The local Home Improvement Agency arranged for their handyperson to fit rug grippers to the rugs so that they lay flat and for an electrician to fit additional and brighter lighting in Mary’s hallway.

4.4 Supporting carers

Telecare cannot replace the need for human help, but it can reduce it. Telecare can also provide reassurance to both you and the person you care for. It may not be possible, or even desirable, for you to always be there, for example; or, the telecare may allow you to get some rest, with the knowledge that you will be alerted if you need to be. Pagers and under pillow alert devices that vibrate can be used, should there be a problem while you are out or asleep. For many carers this can be really helpful. For example, you may be scared of leaving your spouse or relative alone, and may find it difficult to join in events, such as meeting friends, attending a support group or even carrying out the weekly shop. Fall sensors, along with a personally worn alarm, connected to a pager, may give both you and the person you care for sufficient reassurance for you to go out.

However, if the person you care for becomes confused or anxious when you go out, or refuses or cannot use the alarm devices, then a sit in service may be more appropriate. It is also important to consider how the person you care for uses the equipment and whether it is realistic that they will do so.

Case Study

Joan cared for her mother, Gloria. Gloria had become increasingly anxious about being alone in her home after having fallen twice. Gloria often called Joan during the day and would be very worried and upset. Having been assessed by social services, it was suggested that Gloria try using a fall

detector on her belt. It was explained to Gloria that if the detector was triggered, a response centre would ring her to check if she was ok. If she was fine, no action would be taken and so she need not worry about triggering it unnecessarily and the police and ambulance turning up. If she was not ok, the response centre would call her daughter, and only if Joan could not help, would an ambulance be called.

Gloria was not sure, but agreed to try it. After four weeks, the use of telecare was reviewed. Gloria said that she felt much happier knowing help would come if she needed it, and despite her fears she had not triggered it accidentally. Joan was much happier about going out. It was decided to continue using telecare.

4.5 Supporting people with dementia

Telecare can be useful to help people with dementia to remain in their own home, as they can feel the benefit of being familiar with their surroundings. However, it is important to consider how a person with dementia will relate to the devices and whether alternative solutions could be used.

People with more advanced dementia may not know how to attach the fall sensor, so a movement sensor set in their bed or the chair that they use, may be a better way of monitoring whether they fall.

Some people with dementia may feel they need to leave their house, and may be in danger of getting lost, or having a road accident. It may be helpful to have property exit sensors fitted to the door. They can either

alert the carer when the person with dementia has left their home, or the sensor can be linked to a response centre who can speak to the person with dementia to try and persuade them to remain in the property. However, before using such devices it may be useful to consider why someone is doing this and whether another approach might be useful.

Case studies

Adam had begun wandering frequently at night. He often walked some distance from home, along busy roads, and did not know where he was. Despite many attempts from his carers to find out why he wanted to go out walking at night, Adam was unable to express any reasons why. It was decided to fit an exit sensor and a communication box by the front door, and the response centre could gently suggest to Adam that he might want to go back to bed. For Adam, this proved very successful.

Jean had dementia and was often found wandering around the shops in her area in the morning. She was assessed by a Community Psychiatric Nurse (CPN) who considered that, rather than using a property exit sensor, Jean could be taken 'shopping' in the morning. Jean had been a very active woman all her life and was struggling to live in the confines of her home. When she was younger she had a routine of shopping each morning before getting on with her day. Although her dementia was quite advanced, she was physically fit. Jean had a care worker to take her out for a walk to the shops each morning and this seemed effective, stopping Jean from wandering from her home.

5 Care homes, telecare and assistive technology

Telecare and assisted technology can be very useful when providing care in a care home, particularly for people who need a high level of care. It can help care workers provide the care to care home residents when it is needed, rather than disturbing residents (particularly at night) to check on them.

For example, using enuresis (bed-wetting) sensors to let staff know when a resident needs their sheets and incontinence pad changed, rather than having to disturb or wake a resident up to see if they need to be changed. Or sensors can also be used to alert staff if a resident has fallen out of bed or chair. This can sometimes be more effective than routine checks, particularly if the resident is unable to reach the alarm call once they have fallen. If a resident is unable to understand how to use the pull cord, a fall detector could be very helpful. It could also be less intrusive than having a care home staff member checking on you repeatedly.

For residents who may be confused and tend to wander, sensors can be put on their bedroom door to alert staff when a resident is leaving their room at night. This can make it easier for both residents and staff to provide the care needed. You may want to enquire about the use of assisted technology if you are looking to move into a care home yourself, or are looking for a placement for a friend or relative.

However, staff should not completely rely on sensors to alert them of the need for attention. Residents should have other means to communicate their need for help and assistance. This needs to be particularly explored

where someone has a condition (like dementia) that restricts or prevents their ability to make their own decisions.

6 Councils and telecare

Telecare has been available for a while, but until recently not many councils were offering telecare (apart from community care pendant alarm systems). Recently the positive role that telecare can play to support both older people and their carers has been more widely recognised. Over the last few years councils have received money from central government to set up telecare systems. This has led to telecare being provided throughout England, Wales and Scotland.

Councils have been free to choose the style of services that they provide. This has led to different levels of services offered by councils and differences in who is eligible to receive such services and the charges made from council to council.

Some councils have decided to provide comprehensive telecare services which offer different levels of packages dependent on the level of an older person's need, such as:

- All equipment, connection to response centre and staff to visit the older person (should they not have a carer that can visit them) if an alarm is triggered. This is particularly useful for those whose family lives far away and feel unable to ask friends or neighbours to take on this role.
- All equipment and connection to a response centre which will contact the designated carer should the need arise. This package will not include a support staff member visiting you.

- All equipment, including a pager or other device to alert the carer, for example, which can be triggered by the sensors. This is not connected to a response centre.

Some councils have limited the equipment offered and services offered by a response centre. For more restricted packages, if you do not have a carer who you can nominate, you may not be able to use the service.

Some councils have chosen not to invest in sensors connected to response centres, but instead use activity monitoring systems to see how best to provide care packages.

While most councils have decided to employ outside agencies to run the schemes, most councils still decide who will be eligible to receive the service.

6.1 Eligibility for telecare

Eligibility for telecare varies depending on where you live.

Some councils want to make sure as many older people as possible can receive telecare, to help increase older people's independence and reduce home care costs to the councils in the future.

Other councils apply eligibility criteria for telecare as they do for other home care packages. Your assessment will see if you meet their criteria and

if you do, you may be eligible to receive telecare. Some councils may restrict telecare to those with 'substantial' and/or 'critical' needs.

You can find out more about the services offered by your local council by contacting the social services department for older people and asking for information on their telecare services. Please see section 7 for more information about assessment.

7 How can I get telecare?

As not all councils offer the same service, it will depend on your local council as to what is available in your area and you will need to contact your local social services to find out more about what is on offer in your area.

You will need to have an assessment from your local council to see if you are eligible. You can be assessed just for telecare services or suitability for telecare can be included as part of a wider assessment of your needs. If your council runs a fully inclusive telecare scheme, then you may be able to receive telecare without a full assessment. For more information on the assessment process please see our guides:

Assessment and services from your local council in England (guide number 12);

Assessment and Services from your local council in Scotland (guide number 50) or

Assessment and services from your local council in Wales (guide number 70).

If you are just looking for telecare services, ring your local council's social services department and ask for an assessment for telecare services. Every local council has set up its own scheme so the person or team who will assess you for your eligibility is dependent on the area where you live. For instance, some councils have a designated team specialising in telecare referrals, whether they are employed by the council or contracted out to a

private firm. Other councils allocate these assessments to other teams such as occupational therapists or social workers. Some councils have amalgamated the Community Care Alarm teams and telecare so that they run the two schemes together; other areas might have two separate teams sometimes run by different companies. It is therefore important to make sure that you are referred to the right team. The council may require you to have a general needs assessment before being referred for telecare. It is also important to make sure that you have the right information about how the council allocate the use of telecare within their organisation. Councils will often include information about telecare on their website which may be a useful starting point.

However, before requesting an assessment for telecare, it is important to consider other help that might be useful. It may be more appropriate to ask for a comprehensive assessment of your needs.

For instance, if you have mobility problems and are finding it difficult to get about your home, then rather than just relying on an alarm system, you may also benefit from an occupational therapist assessment to see if you might benefit from aids and adaptations to your home to prevent yourself from falling. Or if you are having problems getting dressed and washed, then you may also find a comprehensive assessment of your needs helpful, including a needs assessment to see if you might be eligible for home care as well.

Please see our guides:

Help at home: what may be available in your area (guide number 14) and

Housing: Adapting Your Home to Stay Independent (guide number 28) for more information on this.

All local council social services departments should be able to provide you with information on the services they provide, including telecare, and you might find it useful to request this information when you ring for an assessment.

7.1 What if the telecare package offered is too limited?

If the telecare package offered is not suitable to your needs, then you may want to consider adding to the service. Companies offer different equipment, so you may need to check if they would be compatible with any existing system that you have. For instance, Tunstall equipment is not compatible with Chubb equipment and vice-versa. You will also need to check with social services and the provider of the telecare service that they are both happy for you to arrange to have additional sensors fitted, for example. You should also ask whether adding anything will affect the charges for the telecare service.

You can find out more about the different products available and how they work from the Disabled Living Foundation (tel.: 0845 130 9177; www.livingmadeeasy.org.uk). They are a charity that provides information on how to find the right products and services for you and they will not try and sell you products and services.

If you are not happy with the assessment or the services offered, then you may want to consider making a complaint. Please see our guide:

Complaints about community care and NHS services (guide number 18)

for more information. You may also want to challenge the decision by the council, if the service offered will mean you need to accept a more expensive home care package, as telecare can be both a less expensive option and support your independence.

7.2 Will telecare affect my existing home care provision?

Telecare can only alert you (or someone else) to something that needs attention, it cannot replace the need for one-to-one care and support from a person. It may reduce the need for the number of home care visits. For example, you may get a medicine reminder, which can remind you to take your medicine, rather than home care workers coming to remind you, or supervise you while you take it. Or if you have regular home care visits throughout the day to make sure you haven't fallen, these could be replaced with telecare sensors to raise the alarm should you fall.

This may enhance your quality of life, meaning that you can get on with your day without interruptions and regain your independence. In areas with a wider provision of telecare, it may also prove useful if you are not eligible for any home care visits (as your needs do not meet the high eligibility criteria set by councils), as it would provide a 'lifeline' should things go wrong.

However, if you are isolated or vulnerable, it may reduce your daily visits (either by family members or council-employed carers) and, although this may enable you to remain at home for longer, it may leave you feeling isolated and lonely.

If a council is trying to make savings in home care services through the introduction of telecare, they must review your needs assessment before any services may be cut and replaced by telecare services. Within this review, your emotional and social wellbeing should be taken into account.

For more information on the assessment process please see our guides:

Assessment and services from your local council in England (guide number 12);

Assessment and Services from your local council in Scotland (guide number 50) or

Assessment and services from your local council in Wales (guide number 70).

It also may be useful to find out if there is a befriending scheme or social groups in your local area. Some groups for older people provide transport to and from the events. If no transport is provided, then you may be able to use a service such as 'Dial a Ride'. Befriending schemes provide trained volunteers to visit you in your own home, join you on an outing, or telephone you for a chat. To find details of your local befriending scheme, contact Counsel and Care's VitalLinks network of older people's befriending schemes (tel.: 020 7241 8535; email: vitallinks@counselandcare.org.uk).

Your local Age Concern or Age UK (tel.: 0800 169 65 65;

www.ageuk.org.uk) may run a scheme in your area.

For more information about where to find these services, please see our guide:

Help at home: what may be available in your area (guide number 14).

7.3 How much does telecare cost?

Services provided by the local council are not free and you may either have to pay for them completely or contribute towards their cost, depending on the level of your capital/savings. After the council has assessed what help you need, it will make a financial assessment to decide the contribution that you may be able to make. For more information on the assessment process please see our guides:

Assessment and services from your local council in England (guide number 12)

Assessment and Services from your local council in Scotland (guide number 50)

Assessment and services from your local council in Wales (guide number 70)

As it is up to each local council to decide how they fund their telecare scheme, there is no set way councils charge for telecare services. However, most schemes are highly subsidised, with the sensors being provided free of charge and a weekly charge to cover the cost of maintenance, as well as services such as access to the response centre or call-out service.

Councils may have different charges where they are running different levels of telecare service. They might charge different rates depending on

whether your sensors are connected to a call system or you require a call out service to check on you.

Many councils charge a lower rate if you receive benefits like Pension Credit.

Every council should be able to provide clear information as to how they charge for their services.

7.4 Can I get telecare privately?

There are many companies who sell telecare equipment, however there are not many that provide response centres and can come out to you, should a sensor be triggered, so they are not able to speak to you to confirm you are safe and well. It may be a good idea to see if you can use the same response centre as the council in your area.

Different response centres will use different equipment. If you are looking to use a response centre, find out what equipment is compatible with their systems before you buy it.

You can find out more about the different products available and how they work from the Disabled Living Foundation (tel.: 0845 130 9177; www.livingmadeeasy.org.uk). There are also a number of Disability Living Centres around the country where you can look at and try out equipment designed to help people with disabilities, including telecare products. You can also get more information and ask for advice on the most suitable

products for you from these centres. To find out where your nearest centre is, contact Assist UK (tel.: 0161 238 8776; www.assist-uk.org).

7.5 How does the state of repair of my house affect my ability to use telecare?

Many sensors are battery operated and so they will not be affected by either your telephone connection, or the state of repair of your house. If you need a control box to connect to a response centre, this will need to be plugged into an electrical socket and to be connected to your phone socket. You may find that you will need to either move your telephone socket or have an electrical socket fitted near your telephone socket. You will also need to have a telephone connection that is in good working order.

Any electrical socket used will need to be safe. Or if any sensor is being used to turn an electrical appliance on or off, then again, the electricians will have to meet minimum standards. For example:

- A bed occupancy sensor switching on a bathroom light when a person gets out of bed at night.
- A natural gas sensor turning off the gas supply if the gas is left on.

Any appliance that the sensor is connected to will also need to be in good working order. In the case of the above examples, the bathroom light would have to be in good working order, or the gas appliances or gas supply to the house would have to be safe.

If you have problems with the state of repair of either your electrics or appliances that may affect your ability to use telecare services, please see our guide:

Housing: how to pay for the maintenance of your home (guide number 29).

If an activity monitor system is being used, it may be necessary to have an internet connection in order for the data to be downloaded. It is important to understand the issues about internet security when setting up such systems.

8 What is telehealth?

Telehealth is very similar to telecare in its design. It is a way of monitoring your health remotely through equipment you have in your own home. The information is then sent to a health provider, such as your doctor, either through internet, broadband or telephone connection. Telehealth can monitor conditions such as asthma, heart failure, diabetes, chronic obstructive pulmonary disease (COPD), stroke, hypertension, depression, drug and alcohol addiction, obesity, smoking cessation and congestive heart failure.

Equipment such as blood pressure monitors, weighing scales and oxygen saturation level meters can be used to take readings to send to a care professional via a service monitoring your health. If your daily readings are abnormal, the system will alert the health professional overseeing the project. This may be a specifically employed nurse or your own G.P. You may also be able to speak to them via a visual screen if you are concerned about your health that day.

In some areas, the systems of telecare and telehealth have been combined to form one project to provide both social and health support, and this is sometimes known as telehealthcare.

8.1 Benefits of telehealth

Telehealth can benefit you in a number of ways. It can help you return home earlier from hospital, as your condition can be easily monitored from home. It can also dramatically reduce hospital admissions and the need to

attend out-patient clinics and GP appointments. If you have a health condition that fluctuates, you may become very anxious about your health and be unsure when to seek help. Using the monitoring system can help you feel reassured that your health readings are within safe limits. The use of telehealth can also help you monitor the effects of your medicine. This may give you a greater understanding of the importance of your medicine, to help you take it regularly, or it can help you monitor the use of your medicine to alter it accordingly, if it is medically safe to do so, depending on your health readings.

Telehealth care has proved very popular with both patients and health professionals because of the reduction of hospital admissions, increased patient confidence and responsibility of patients, as well as the reduction in anxiety levels for patients with complex and life threatening illnesses.

8.2 How do I apply for telehealth?

Unfortunately telehealth care is less common than telecare. It is usually commissioned through Primary Care Trusts (the part of the NHS that makes sure there are enough services like GPs, dentists and opticians) or through local doctor's surgeries. It will be up to your doctor to decide if they feel that you would benefit from telehealth.

You may consider contacting your local doctor to discuss whether a scheme is run in your area and whether you would be considered eligible.

9 Places to get more information

You may find it helpful to contact the following organisations to find out more information about telecare:

- Assist UK (tel.: 0161 238 8776; www.assist-uk.org)
- Disabled Living Foundation (tel.: 0845 130 9177; www.livingmadeeasy.org.uk)
- Tunstall Healthcare (tel.: 08450 56 54 56; www.tunstall.co.uk)

Our advice workers can advise on a wide range of issues affecting older people, their families and carers. Counsel and Care produce a range of guides which can be downloaded from our website www.counselandcare.org.uk, or requested by calling our guide orderline on 020 7241 8522.

This guide is not a full explanation of the law and is aimed at people over 60.

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