

# **Unit 54: Promote Rights and Values in Assistive Technology in Care Settings**

**Unit reference number: A/616/7387**

**Level: 3**

**Unit type: Optional**

**Credit value: 2**

**Guided learning hours: 17**

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## **Unit summary**

Where possible, the aim of introducing assistive technology is to offer independence. As well as independence, assistive technology plays a key role in participation and in the promotion of rights and choices. Individuals should be involved in the assessment of their needs and the identification of appropriate assistive technology that can be used to meet their needs and preferences.

In this unit, you will understand and promote the rights and values of individuals in the selection and use of assistive technology. You will gain knowledge and skills in your everyday work practices of how to promote and support dignity, autonomy, privacy and confidentiality. You will support individuals and others to understand the benefits of assistive technology.

## Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand rights and values for assistive technology</p>	<p>1.1 Describe where human rights are enshrined in legislation and codes of practice</p> <p>1.2 Explain how assistive technology can promote an individual's rights</p> <p>1.3 Explain how assistive technology may conflict with an individual's rights</p> <p>1.4 Explain the possible conflicts of interest where assistive technology may be adopted as a substitute for direct support</p> <p>1.5 Explain how to support an individual and others to challenge implementation of assistive technology</p>
<p>2 Understand how assistive technology can support dignity, autonomy, privacy, and confidentiality of an individual and others</p>	<p>2.1 Explain ways in which assistive technology can promote:</p> <ul style="list-style-type: none"> <li>• dignity</li> <li>• autonomy</li> <li>• privacy</li> <li>• confidentiality</li> </ul> <p>2.2 Explain the potential of assistive technology to breach an individual's:</p> <ul style="list-style-type: none"> <li>• dignity</li> <li>• autonomy</li> <li>• privacy</li> <li>• confidentiality</li> </ul> <p>2.3 Explain how assistive technology may gather personal data about individuals and others</p> <p>2.4 Explain the safeguards that can be put in place to protect personal data</p>

Learning outcomes	Assessment criteria
<p>3 Be able to support the dignity, autonomy, privacy, and confidentiality of an individual and others in the implementation of assistive technology</p>	<p>3.1 Support an individual and others to understand the benefits of assistive technology to their:</p> <ul style="list-style-type: none"> <li>• dignity</li> <li>• autonomy</li> <li>• privacy</li> <li>• confidentiality</li> </ul> <p>3.2 Work with an individual and others to address conflicts between proposed assistive technology solutions and their individual rights</p> <p>3.3 Support an individual and others to understand the risks of assistive technology to their:</p> <ul style="list-style-type: none"> <li>• dignity</li> <li>• autonomy</li> <li>• privacy</li> <li>• confidentiality</li> </ul> <p>3.4 Ensure an individual and others are informed about the use of their personal data</p>

### What needs to be learned

#### Learning outcome 1: Understand rights and values for assistive technology

##### Legislation and codes of practice

- Human Rights Act 1998.
- Equality Act 2010.
- Care Act 2014.
- Sector codes of practice.

##### Assistive Technology

- Examples of assistive technology:
  - for learning, e.g. timers, reading guides, frequency modulation systems, calculators, writing supports
  - for communication and sensory impairment, e.g. hearing aids, induction loops, communication applications, smartphones computer software and hardware such as voice recognition programmes, screen readers, screen enlargement applications
  - for mobility, e.g. lightweight high-performance wheelchairs, scooters, walkers, hoists
  - for daily living, light-switch extension, remote-controlled appliances, bath and toilet aids, food aids
  - for comfort and dexterity, e.g. alternating pressure cushions, mattresses and overlays, posture support systems, adjustable beds
  - cushioned grips, medication dispensers, extendable reaching devices, adaptive switches
  - environmental control systems, e.g. telephones, intercom systems, remote controlled equipment, telecare alarm systems.
  - Safety and security aids, e.g. automatic calendar clocks, telecare alarm systems, location devices.

##### How assistive technology can promote individual rights

- Safer living environments.
- Reduction in support services.
- Access to education and employment.
- Support in rehabilitation.
- Independence.
- Dignity.
- Privacy.

## What needs to be learned

### Conflicts and challenge

- Reduce human contact with individuals.
- Technology may be installed without the individual's consent.
- Monitoring of the individual's movements.
- More rapid loss of skills than may have otherwise been the case:
  - communication
  - language
  - mobility.
- Independence.
- Person-centred approach.
- Right to confidentiality.
- Misused or negligently passed into the wrong hands.

### Learning outcome 2: Understand how assistive technology can support dignity, autonomy, privacy, and confidentiality of an individual and others

- An individual is someone requiring care or support.

#### Carers and others

- Can include: care worker, family, advocate, colleagues, managers, social worker, occupational therapist, GP, speech and language therapist, physiotherapist, pharmacist, nurse, specialist nurse, psychologist, psychiatrist, independent mental capacity advocate, independent mental health advocate, advocate, dementia care adviser, support groups.

#### Supporting dignity

- Performing tasks independently.
- Assistance in daily living.
- Dressing.
- Bathing.
- Socialising.
- Feeding.

#### Supporting autonomy

- Regain control over some aspects in an individual's life.
- Independence in learning.
- Empowerment.

#### Supporting privacy and confidentiality

- Legislation to protect confidentiality.
- Policy and procedures of own setting to protect privacy and confidentiality.
- Gathering of personal data, e.g. types of personal information held electronically, sharing of information.
- Safeguards and security of data.

## What needs to be learned

**Learning outcome 3: Be able to support the dignity, autonomy, privacy, and confidentiality of an individual and others in the implementation of assistive technology**

**Needs of others for dignity, autonomy, privacy, and confidentiality when proposing the use of assistive technology**

- Relatives.
- Friends.
- Neighbours.
- Partners.

**Conflicts between benefits and risks of using assistive technology to an individual's:**

- dignity
- autonomy
- privacy
- confidentiality.

**Limitations on the use of personal data**

- It should be:
  - used fairly and lawfully
  - used for limited, specifically stated purposes
  - used in a way that is adequate, relevant and not excessive
  - accurate
  - kept for no longer than is absolutely necessary
  - handled according to people's data protection rights
  - kept safe and secure
  - not transferred outside the European Economic Area without adequate protection
  - held only with consent
  - shared only on a 'need to know' basis or with consent
  - accessible to the individual.

## Information for tutors

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### Suggested resources

#### Books

Eaton M L – *Innovation in Medical Technology: Ethical Issues and Challenges*, 1st edition (Johns Hopkins University Press, 2007) ISBN 9780801885266

Edyburn D – *Efficacy of Assistive Technology Interventions (Advances in Special Education Technology)*, 1st edition (Emerald Group Publishing Limited, 2015) ISBN 9781784416423

Ravneberg B and Söderström S – *Disability, Society and Assistive Technology*, 1st edition (Routledge, 2017) ISBN 9781472447180

Weisfeld V et al – *The Future of Home Health Care: Workshop Summary*, 1st edition (National Academies Press, 2015) ISBN 9780309367530

#### Websites

<a href="http://www.livingmadeeasy.org.uk">www.livingmadeeasy.org.uk</a>	Information about ethical issues with assistive technology.
<a href="http://www.scils.co.uk">www.scils.co.uk</a>	Information on the equipment and Assistive Technology. Telecare and Telehealth: An Introduction.
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Provides practical tools and support to help adult social care organisations in England.
<a href="http://www.technologytocare.org.uk">www.technologytocare.org.uk</a>	Resources and information on Embedding Electronic Assistive Technologies (eATs) in Social Care

## **Assessment**

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

### **Unit assessment requirements**

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification.

Assessment decisions for learning outcome 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcome 3.

Assessment of learning outcomes 1 and 2 (knowledge) may take place in or outside of a real work environment.