



Choosing equipment to maintain safety and independence at home (introducing telecare)

DLF Factsheet

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telecare - supporting independent living



Jane is 29 and has Multiple Sclerosis, a painful illness which limits Jane's mobility. She is prone to falling and requires additional support around the home to live independently.

Jane has a falls package and a range of additional intelligent telecare sensors installed in her home to monitor risks, hazards and environmental conditions. These include fall, flood and smoke detectors which automatically trigger a call to her carer or the 24 hour response centre should she require assistance.

For more information please
call Tunstall on 01977 660479
or visit www.tunstall.co.uk

Tunstall

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Disabled Living Foundation
380-384 Harrow Road London W9 2HU

Tel: 020 7289 6111
Fax: 020 7266 2922
Helpline: 0845 130 9177
Textphone: 020 7432 8009
Email: advice@dlf.org
Website: www.dlf.org.uk
Reg. Charity No: 290069
VAT Reg. No: 226 9253 54

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(introducing telecare)

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INTRODUCTION

The aim of this factsheet is to provide advice and an overview of equipment which can give the greatest possible safety and independence to people living at home who are, in some way, vulnerable. The emphasis is on solutions for people who are forgetful, but some of the suggestions are equally useful to people who are frail, prone to falls or simply at higher risk due to their age or because they live alone. It includes low tech solutions as well as more sophisticated devices.

For up-to-date product and supplier information contact our equipment helpline, open Monday to Friday from 10am to 4pm, tel: (0845) 130 9177 (calls charged at local rate); or, if you use a textphone, (020) 7432 8009 (calls charged at standard rate).

Alternatively, you can write to us or contact us via email at advice@dlf.org.uk. To help us give you a concise and informative reply, please provide us with as much detail as possible including information on the difficulties you are having and any solutions you have considered, including equipment ideas.

WHERE TO GET HELP AND ADVICE

An increasing number of older people and people with long-term disabilities would like, ideally, to stay in their own homes but, because of their age, frailty or disability, need help to enable them to live independently.

Everyone has the right to ask social services for a community care assessment and will qualify for help if they meet local eligibility criteria. The council assessor will consider personal needs – whether they are simple or complex; whether they are many or few; and whether they are essential to independence

and quality of life. Help may be provided by way of a service, e.g. home help, or equipment that will make managing tasks at home easier.

People do not have to accept the service or equipment offered by social services. Instead, they are entitled to ask for a direct payment, i.e. a cash alternative, equivalent in value to the service/equipment they would have received. This money must then be used to organise relevant services or to buy appropriate equipment independently. However, there are administrative responsibilities attached to this option, so think carefully before choosing it. Social services, using government guidelines, will make a decision on an individual's capabilities to organise his or her own services when deciding on whether a direct payment will be appropriate.

If an individual is assessed by social services as having few needs, or if remedies are simple, social services may not be able to provide direct or continuing help themselves, but should be able to suggest alternative solutions, e.g. an alternative method of working, or where to buy equipment locally or by mail order. It may help to visit a Disabled Living Centre where you can get independent advice and try out equipment. Assist UK (previously the Disabled Living Centres Council) can provide addresses of local centres (see 'Useful Organisations').

Be cautious of sales people who try to persuade you to buy equipment that may not meet your needs fully or is over-priced. Buying from a company that belongs to a trade association, such as the British Healthcare Trades Association (see 'Useful Organisations'), may give you some re-assurance.

Support for family and informal carers

Whether family are living at home or away, the responsibility of caring is a huge one that can often go unrecognised. What starts out as only providing a 'helping hand' to an older relative can become an overwhelming commitment that can put a strain on family relationships.

Sometimes people feel reluctant to ask for help, or are unaware that help is available.

The first port-of-call should be the social services department. Social services may be able to provide someone to come into the home for a short period once or twice a day to help with the morning or evening routine, respite at a day care centre or link to a community alarm scheme and telecare (discussed in more detail further on in this factsheet). A carer who gives regular or substantial care can request an assessment of his or her own needs under the Carers (Recognition and Services) Act 1995, and has a right to support services under the Carers & Disabled Children Act 2000.

In addition to help from social services, several organisations can provide help and advice (see 'Useful Organisations').

ASSISTIVE TECHNOLOGY (AT)

What is AT?

“Assistive technology is any item, piece of equipment or system that is used to increase, maintain and improve the functional capabilities and independence of people with cognitive, physical or communication difficulties” (Audit Commission report Assistive Technology Feb 2004).

It is used to support a wide range of people with different needs in differing circumstances, e.g. to support:

- early discharge from hospital;
- people with long term disabilities;
- people with illnesses that require monitoring, e.g. epilepsy, diabetes;
- older people;
- people with memory loss or confusion, e.g. early dementia, head injury.

How can AT help?

AT has been around for a long time. Traditional devices, such as long handled reachers, jar openers and bath seats, can make a task easier to perform. They are low tech, relatively cheap and low maintenance.

Electronic AT includes more sophisticated devices that are mains or battery powered. As a general rule, they provide a higher level of assistance, e.g. a stairlift for getting up and down stairs or a communication device to replace speech. Home automation falls within this category. Devices can be programmed to switch lights on and off and to control other electrical devices such as the TV or use of the phone.

The new generation of AT has the potential to support independence in an alternative and modern way. It uses the telephone network to provide a remote means of supervising and monitoring a person at home. Termed TELECARE (Tele= communicating over a distance), this technology can give a person the confidence to live independently and with dignity, with the re-assurance that should things go wrong a system is in place that will initiate help, support and action.

It is calculated that by providing telecare, situations that can put people at risk, such as falls or forgetting to take medicines, can be avoided, thus reducing the number of hospital and care home admissions.

Telecare is discussed in more detail later in this factsheet.

PLANNING FOR A SAFER HOME

Identifying hazards to reduce risk

A hazard is an item or circumstance that has the potential to cause harm. In our everyday lives we are continually being presented with hazards. These we judge subconsciously to decide whether the level of risk associated with the hazard is acceptable. Judgement of hazards and perception of risk are often personal decisions and will be influenced by:

- personal fitness – changing an overhead light bulb is easier for a younger, fitter person than for an older person;
- familiarity with the task;
- personality – some people are naturally more cautious than others;
- confidence.

There can be a danger that people will continue to do a task in a certain way simply because it is the way they have always done it. It may well have been within their capabilities at one time but, because competence levels have gradually reduced, they are not aware of the increase in risk to personal safety. For example, carrying a pan of boiling water over to the sink to strain off the vegetables is a common task that becomes more risky if you become unsteady on your feet, need to use a walking aid, or have poor vision. In these circumstances, it may need another person to identify the risk and to help find a less hazardous way to carry out the task.

Some hazards cannot be anticipated, e.g. the light bulb blowing when you are walking upstairs. Others are more apparent and it is

therefore possible to reduce risk or get rid of the hazard completely.

So, for example:

- remove loose rugs as these are a tripping hazard;
- make sure stairs are kept clear of clutter and that the stair carpet is securely fixed and isn't worn;
- make sure lighting is adequate. Fit long-life light bulbs;
- look at the layout of furniture – you may be able to create a safer space by re-arranging or reducing the furniture in a room;
- make sure there is close and accessible storage – avoid placing items on the floor, e.g. newspaper or knitting because there is nowhere else to put them;
- use equipment that is designed to provide support, such as grab rails and walking aids, rather than leaning on fixtures, such as door handles and towel rails;
- place electrical items near to power points to avoid trailing flex;
- wear good fitting and sensible footwear.

Finding solutions

Intervention should be carried out as early as possible, although this is not always feasible if the person does not acknowledge or even realise that he or she has a problem. This is particularly relevant where dementia is the issue. Early intervention will help keep the client as fully involved as possible in discussions and decision-making. Where the client is unable to agree with the decision then a third party may be involved to make a 'best interest' decision on the person's behalf.

Assessment of need must take into consideration:

- the person's cognitive levels (he or she, for example must understand what the service does, how equipment works);
- the likely progression of the illness and the consequential changes in need;
- the family's needs.

Introducing change, whether it is in the way things are done or through using equipment, can in itself pose problems for people who are set in their ways or find it hard to learn new tasks. Change has to be at the right time and at the right pace.

Familiarity with an environment contributes towards a person feeling secure and confident. However, over a period of time people often accumulate a lot of clutter that can increase risk. By simplifying and organising your belongings, the home can become a much easier place to live independently. For example:

- simplify décor so that the senses do not become overloaded;
- get rid of items that have become surplus to requirements;
- keep regularly used items close to hand;
- keep essential things where they can be seen to act as a visual prompt – for example medication, house keys.

Basic tips

Having an organised approach to everyday tasks can help to solve some difficulties of forgetfulness and can reduce energy expenditure so that tasks become more manageable.

Have a daily routine. Doing things in a regular order everyday and having set days of the week for less frequent tasks can help memory.

Have a central point of reference, for example a notice board or white board on

which a weekly plan can be displayed and where you can post reminders.

A checklist can be ticked off as a reminder of what has been done, and also gives feedback and re-assurance to family and carers.

Sometimes it helps to do things as you go along, for example keep a 'running' shopping list so that as you use up things they are added to the list.

Avoid getting overtired – you will not function well both in body and mind. There may be times in the day when you can manage better, for example after medication or first thing in the morning.

Day/date (time orientation)

Some people have difficulty remembering the day of the week and the time of day, i.e. seven in the morning or seven in the evening, especially in the summer months when there are more daylight hours. Also, confusion can arise in the winter months when the evenings draw in early – it can be dark at 5pm, but it is not bedtime. The evenings can seem incredibly long when you are confused and on your own. Possible solutions include:

- a daily timetable written out by a carer or relative can help by giving structure to the day. It could include, for example, visiting times for carers, meal times, and the time and channel for favourite TV programmes;



- a wall clock with clear, bold numerals, minute and hour hands can help with time orientation. Some have a small box on the face showing the day of the week (usually as an abbreviation) and the date displayed as a number. Digital clocks can also have a day/date display but it may be more difficult for a confused person to understand digital time;
- important dates, such as birthdays and doctors appointments, written down at a central point of reference such as a white board;
- a calendar with bold script and a clear space for writing. Days can be ticked off before bedtime.

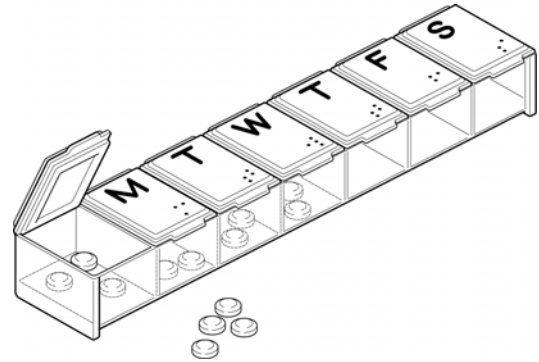
Taking medicines

It is essential to get medication doses and times right because getting them wrong can affect health and wellbeing.

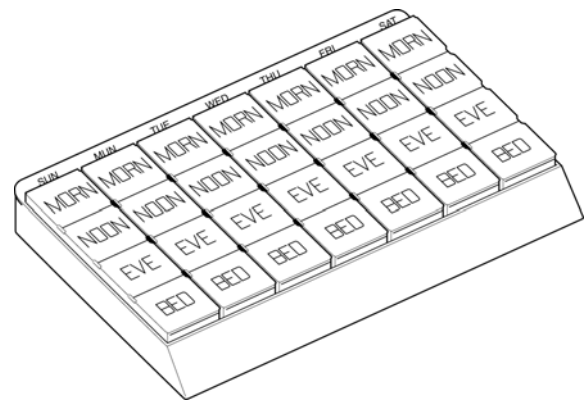
Problems include:

- managing childproof containers;
- reading the labelling;
- remembering what medication to take;
- remembering when it should be taken;
- remembering whether it has been taken.

Keeping medication where it can be seen easily can in itself act as a prompt to taking it.



Tablets can be transferred into a pillbox, a compartmentalised box marked with dosage times. Boxes have a flip lid or a sliding lid that should be easier to open than a pill bottle. The empty compartment provides a reminder that the dose has been taken. Some boxes just provide for a single day's medication, others take a full week's supply of tablets with days of the week clearly labelled.



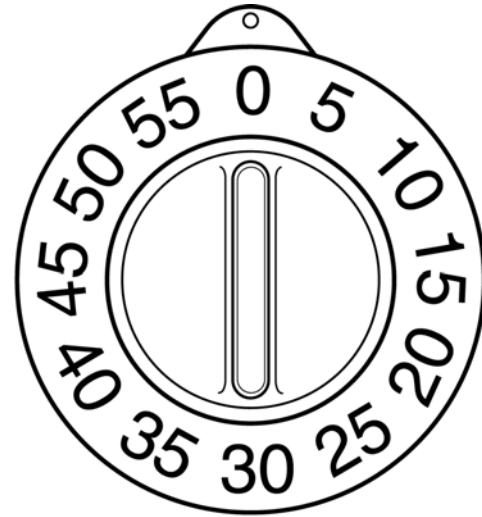
If a person finds it difficult to load the pillbox, some pharmacists can dispense prescribed medicines into labelled trays (or dosage cups for liquid medication).



Pill reminders include an alarm that will sound at pre-programmed times. Some people may find setting up the device complex and fiddly so help from a family member or carer may be needed.

Paging systems can also be used as reminders. A central controls station has details of personal medication times and sends out a message at the relevant times. The pager beeps or vibrates to alert the user.

Medication reminders can also be included in a telecare package (see p 13)



Cooking and gas alarms

Problems include:

- turning on the gas and forgetting to ignite it;
- leaving pans on that boil over, extinguishing the flame;
- forgetting that foods have been put on to cook;
- old appliances that may be a safety risk.

A solution to the danger of un-ignited gas is to fit a gas alarm that will sound when the sensor detects gas. Some only sound an alarm, so that the person must recognise what the alarm is for and act on it. Others actually turn off the gas supply.

In situations where you want to prevent a person using the gas cooker when he or she is alone in the house, a gas isolator switch, fitted by the gas supply company, will turn off the gas supply to the kitchen. The position of the isolator switch will depend on the location of other gas appliances, such as the central heating boiler and gas fires.

A timer can be used to remind a person of the required cooking time. A mechanical timer stops when the spring has wound down; an electronic timer might be more difficult to set but may sound for longer, or stop and then sound again after a short interval. Keep the timer next to the cooker to act as a prompt to set it. There is also a device that goes into the bottom of a pan and rattles when the liquid boils to provide an alert.

Microwave ovens have some useful safety features - only small amounts of water are needed for cooking; they cook for a pre-selected period of time; and containers designed for use in the microwave should not get too hot. The drawback is that learning to use a microwave might be difficult for some people.

Gas appliances that are old or have not been regularly serviced can present an increased fire risk, and a risk of carbon monoxide poisoning. CO leakage is particularly hazardous because levels in the air build up slowly so its presence can go un-noticed, inducing headaches and lethargy and can be fatal. A servicing contract would ensure that appliances are checked annually and are in good working order. Servicing companies generally take on the responsibility of contacting their clients when a service is due, making it one less thing to remember.



Carbon monoxide alarms can be fitted to monitor the level of gas in the air, but should be located close to the appliance it is monitoring.

Smoke detectors should be fitted in all households and many local fire brigades can fit them free of charge for older people. Ideally, smoke alarms should be mains powered so that their effectiveness does not depend on battery life. Smoke detectors can be fitted into a bayonet light socket or can be wired into the lighting circuit which will cause less disruption during installation.

Smoke, gas and fire alerts can be incorporated into a telecare system, see p 13.

In the bathroom

Someone who is forgetful may need reminding to take a bath or shower.

The bathroom can be hazardous so it is wise to bath when there is someone else in the house if this is at all possible. Water spills increase the risk of slipping, and a hot, steamy environment can cause giddiness. Should a fall occur behind the door, it will obstruct the door and prevent a helper from gaining access. Consider reversing the swing of the door so that it opens outwards. Do not lock the door or alternatively fit a lock that can be opened from the outside in an

emergency. Take with you a means of calling for help, for example a phone handset or a pendant alarm.

There is a risk of flooding if a tap is turned on and forgotten about. A bath alarm is a battery-powered device that hangs down into the bath and sounds an alert when sensors on the alarm make contact with the water. As with any type of alerting device, successful use depends on the user understanding what the alarm is indicating.



An alternative is to use a special plug that has a pressure-activated plate that opens when the bath water level reaches a certain depth; or to install an electronic tap that will release a timed flow of water – enough to fill a bath but no more.

For advice on equipment that can help with getting in and out of the bath, refer to DLF factsheet *Choosing a bath and bath accessories*.

Wandering

Problems include:

- walking from an area of relatively low risk to an area of high risk, for example bedroom to landing;
- getting lost;
- disorientation, especially at night.

Wander alarms are a useful way of giving a person freedom of movement within a pre-determined area. They alert the carer should the person wander outside the 'safe' area into an area where there is a higher level of risk, for example out of the bedroom onto the landing where there is a risk of falling down the stairs, or going outside the house into the garden and beyond.

Devices can be relatively simple, for example a pressure mat at a doorway or beside the bed can connect with an audible alarm; or, in a communal home, the alarm can connect with the warden's station. Some wander alarms have body-worn triggers, worn around the wrist or on the heel of a shoe, that set off an alert when the person passes by sensors placed, for example on external doors.

A contact alarm for windows and doors can be used to alert a carer that a door or window is being opened.



Night-time disorientation can be difficult. A plug-in night-light can provide a low lighting level without being too bright and disturbing sleep. Many have a light sensor so will turn off automatically during daylight hours, but come on again at dusk. If the person needs to get up to use the bathroom at night there is often a reluctance to turn on the main lighting as it can be dazzling - so, once again, night-lights can help.

There can be a degree of urgency that requires the person to get to the bathroom within a reasonable time. The route through to the bathroom and back to the bedroom can be defined using progressive lighting – as the person moves from one area to the next the lights ahead illuminate whilst those behind dim. This helps to:

- steer the person to where he or she needs to go;
- steer him or her away from hazards, e.g. the stair head;
- reduce the risk of the person disturbing other household members;
- reduce the need to call for help from a carer.

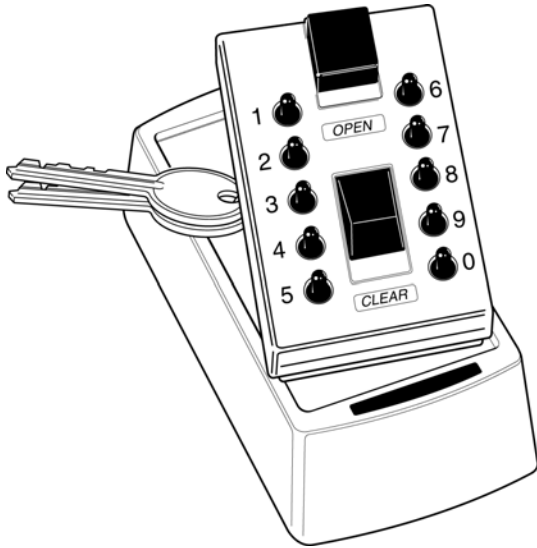
Home security

People who need support to live independently may well have to give access to their home to a range of different people involved in their care, while still feeling safe within their home.

Problems include:

- losing keys;
- controlling access to the home;
- increased risk from intruders;
- making the house secure.

Losing keys is a common problem, but having a set place to keep them, such as a hook by the door, may provide a solution. There are also homing devices that can be attached to keys to help someone to find them when they have been mislaid. The homing device is activated by a noise such as a clap, or by pressing a button on a transmitter, and will bleep. Losing keys when out can be avoided by wearing the house key on a wristband.



A key safe is a small box that stores a key, and is designed to be mounted by the front door outside. The safe is opened by a digital code that must be punched in. Choosing a code made up of familiar numbers, such as a birth date can help someone with memory difficulties to remember it. A key safe provides a useful way of giving access to the home to regular callers, such as carers and relatives; it also provides a 'spare' should the homeowner leave the house without the key.

Opening the door to strangers can be risky. A door viewer or a chain can provide a way of identifying the caller before the door is opened fully. A device that gives out a spoken message warning against opening the door to strangers can be triggered as the door is approached from inside.

A door entry intercom is a remote way of checking who is at the door before giving access.

A central locking system for the home enables all doors and windows to be secured from one place.

Managing the telephone

Since the telephone is a vital communication tool providing reassurance through social contact and a way of calling for help, it is important to ensure that it is always accessible. Common problems include:

- reaching the telephone in time to answer it;
- managing small buttons;
- remembering numbers.

Have your telephone in the room in which you spend most of the time – this is likely to be the living room - and near a chair so that you can sit to use it. Have an extension upstairs so that you do not have to negotiate the stairs hurriedly. Don't ever rush – relatives and friends should know that it may take you a while to answer the phone and will therefore leave it to ring for some time.

Cordless telephones can be carried with you around the home and garden, but must be replaced on the stand regularly to recharge the batteries. If the handset is misplaced, the stand usually has a paging button that will cause the handset to beep to help you to find it.

Mobile phones provide an extremely portable way of making telephone contact when you are out and about. However, many are small and complex, so are not suitable for people with limited dexterity, vision, understanding or memory. Remembering to charge the telephone can also be an issue. There are now several mobile phones designed specifically for the older market. They have varied features depending on the model but may include: larger keys, direct dial memory, buttons, a docking station for charging and clear high contrast screen.



Several big button telephones on the market provide a better visual prompt and are easier to press. Most can be programmed to store frequently used numbers, retrieved by one or two key presses. Photographs or names on the stored memory keys can prompt the user to the location of the various numbers.

Telephones with a digital display can help the user to check the number for accuracy after it has been keyed in and before it is dialled.

A telephone with an integral lock can be used to prevent calls caused by incorrect dialling, but will still allow access to numbers stored in the memory.

BT offer a 198 service for BT customers who have difficulty managing to dial out on their phone and who cannot use a memory phone. The BT operator holds on file details of the numbers commonly needed, for example the number for the customer's doctor or family members, so the caller only needs to say whom they wish to telephone and the operator will connect them. For further information, phone BT customer services.

Emergency alarms

The anxiety caused by not being able to get help if something goes wrong, can limit

activity and have an impact on independence. An alarm provides a way of calling for help.

An intercom alarm (baby alarm) enables a person to communicate his or her needs to a carer in another room. Some systems have two-way communication allowing for room-to-room conversation. Intercoms can be used to monitor someone's activity, but should not be used in situations where they invade his or her privacy.

An alarm that signals a portable receiver can give the carer more freedom to move around the home and garden. The receiver may sound an alarm or vibrate to alert the carer.

Community alarms use the telephone network to call for help and are particularly useful for people who live alone, where both partners are frail, or for people who are on their own for substantial periods of time during the day or night. They comprise a body-worn trigger, usually worn around the wrist or as a neck pendant. Pushing the button on the trigger sends an emergency signal to a unit integral to, or attached to, the telephone.

Some systems dial through a series of pre-programmed numbers, for example relatives or neighbours, who should all be key holders. A recorded message alerts them to the fact that their help is needed. Other systems dial through to a call centre that holds details of the caller so that care centre staff have the knowledge to act appropriately.

Some systems combine both features – pre-programmed numbers are dialled first, but if the call is not answered it will be routed through to a call centre. Many local authorities provide community alarms to vulnerable people in their area.

For more information on the range of alarm systems available refer to DLF factsheet *Choosing a personal alarm system* or visit www.telecaremadeeasy.com.

TELECARE

Telecare is a way of discreetly monitoring the home environment. Its advantage over community alarm systems is that, while people still have the option to actively call for help or re-assurance should they need it, their environment and activity within the home is monitored sensitively so that alerting call centre staff requires no active input. Centre staff hold essential personal information to enable them to act appropriately when they receive an alert.

Who is telecare for?

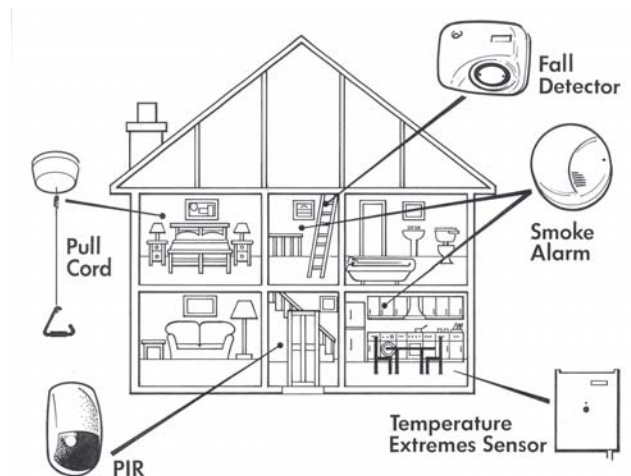
Telecare is useful for anyone that might be vulnerable in some way, for example:

- older people who live alone;
- people who are on their own for substantial periods of time during the day;
- people with a history of falls;
- people with an on-going illness that may affect their wellbeing;
- people with dementia or confusion;
- people recently discharged from hospital who are concerned about how they will cope.

In addition, it benefits family, friends, carers or health professionals who may have concerns about an individual's safety and ability to cope at home.

For telecare to work effectively, the user must understand the concept of telecare and agree to its use.

How does telecare work?



Telecare systems are tailored to individual need so not all features of telecare will necessarily be required by every user. A system is made up of sensors that are placed in the home, and/or prompts to remind the user to do an essential task. The sensors can monitor:

- the environment, e.g. room temperature, the presence of gas;
- the person, e.g. his or her movements, falls, inactivity, blood pressure, breathing.

If there is an alert, a signal is sent via the telephone network to a call centre that will respond in an appropriate way.

A telecare system can:

- supervise by reminding a person to take medication;
- monitor the home environment;
- monitor the user's vital signs;
- alert the user to events or circumstances that may increase personal risk;
- automatically take action, e.g. shut off gas when gas detectors in the home sense gas;

- provide re-assurance through contact with care centre staff;
- contact a key holder, e.g. a warden, friend or relative;
- alert call centre staff to critical situations that may require the intervention of the emergency services.

How to get telecare equipment

Most local authorities provide community alarm and telecare schemes with access to call centres. For more information visit www.telecaremadeeasy.com.

Some private companies also provide telecare. Contact the Telecare Services Association for information (see 'Useful Organisations').

SMART HOMES

Smart Homes have the key electrical appliances and services within the home controlled or monitored from command stations. Home automation has been with us for some time. By simply plugging an electrical device into a receiver before plugging it into the wall, the device can be turned on and off using a remote control handset. If you use several receivers around the home you have a basic environmental control system, for example switching lamps and heaters on and off and opening and closing curtains.

Smart Homes take this technology a step further by networking the home. Wires 'bus' the commands to the relevant services or appliances so that there is a level of inter-communication between them, enabling, for example, the curtains to close and the room lights to come on with one command.

Smart Home technology can be applied to:

- home infrastructure, such as heating, lighting;

- home security, e.g. door monitor and door entry system, intruder alarm;
- personal safety, e.g. fire, smoke and gas alarms;
- home entertainment, e.g. TV, Hi-fi, DVD;
- domestic appliances;
- telephone communication.

The triggers for signals can be automatic or actively controlled by the user.

Automatic triggers include time switches, and sensors (that could, e.g. monitor movement or light levels).

Active control means that users decide if and when they want things done. They choose what they want to do, e.g. to watch TV, and make their selection using switches, radio transmitters, or through a central computer control. Because systems are PC- based, it is also possible to control and react to events at home or away from the home using the internet or a mobile phone.

Who benefits from Smart Home technology?

Everyone could find this technology useful. It has been available on the mainstream market for some time.

For people who are less mobile, it makes the home environment, easier to control, reducing the risk of falls and increasing independence.

For people who are forgetful, it can monitor the environment.

For people who are confused, it can, for example provide a path of light to guide them.

For family and carers, it can be used for some of the tasks that they might be called upon to do, plus provide re-assurance that the person will be able to manage without help should they be left on their own.

USEFUL ORGANISATIONS

Alzheimer's Society

Gordon House
10 Greencoat Place
London
SW1P 1PH
Tel: (020) 7306 0606
Helpline: (0845) 300 0336
Fax: (020) 7306 0808
Email: enquires@alzheimers.org.uk
Website: www.alzheimers.org.uk

Works through a national network of local branches and supports groups offering information about Alzheimer's disease. All representatives have either personal or professional experience of the disease.

British Healthcare Trades Association

New Loom House
Suite 4.06
101 Back Church Lane
London E1 1LU
Tel: (020) 7702 2141
Fax: (020) 7680 4048
Email: bhta@bhta.net
Website: www.bhta.com

Represents healthcare companies that supply products and services for people with specific physical requirements. A code of conduct governs all members.

Carers UK

Ruth Pitter House
22-25 Glasshouse Yard
London EC1A 4JT
Tel: (020) 7490 8818
Helpline: (0808) 808 7777
Fax: (020) 7490 8824
Email: info@ukcarers.org
Website: www.carersonline.org.uk

Exists for all individuals who act as carers for disabled, elderly or frail people. Offers advice and information on all aspects of caring. Local support groups.

Crossroads Caring for Carers

10 Regent Place
Rugby
Warwickshire CV21 2PN
Tel: (01788) 573653
Helpline: (0845) 450 0350
Fax: (01788) 565498
Email: communications@crossroads.org.uk
Website: www.crossroads.org.uk

Supports and provides services for carers and people who need care. Considers that carers should be entitled to practical support to reduce the stress of caring, giving carers time to be themselves.

Dementia Care Trust

Kingsley House
Greenbank Road
Bristol
BS5 6HE
Tel: (0117) 952 5325
Fax: (0117) 951 8213
Email: admin@dct.org.uk
Website: www.dct.org.uk

Offers information and telephone advice to families, professionals and the general public and runs carers support groups, day care and sitting services.

For Dementia

6 Camden High Street
London
NW1 0JH
Tel: (020) 7874 7210
Fax: (020) 7874 7219
Email: info@fordementia.org.uk
Website: www.fordementia.org.uk

*Promotes good practice in dementia care, working in partnership with statutory and voluntary services.. Provides training for professionals and carers. Contact point for **Admiral nurses** - specialist dementia nurses,*

working in the community, with families, carers and supporters of people with dementia.

enquirers to both council and private alarm services in their area.

Princess Royal Trust for Carers

London Office
142 Minories
London EC3N 1LB
Tel: (020) 7480 7788
Fax: (020) 7481 4729
Email: help@carers.org
Website: www.carers.org

Aims to make it easier for carers to cope by providing support, information and practical help. Provides training and support for carers' centres as well as raising funds for development work. It also has a range of grant schemes for carers.

Telecare Alliance

Telecare and Telehealth Alliance Ltd
5 Marcia Road
London
SE1 5XE
Tel/fax: (020) 7064 0883
Email: enquiries@telecarealliance.co.uk
Website: www.telecarealliance.co.uk

Provides impartial advice and consultancy on Telecare solutions.

Telecare Services Association

10 Railway Street
Chatham
ME4 4JL
Tel: 01634 846209
Fax: 01634 818746
Email: admin@asap-uk.org
Website: www.asap-uk.org

UK trade association for suppliers of telecare equipment and social alarms. Works to raise awareness of the advantages of telecare, and promotes continuing service improvement. Code of practice for members. Can signpost

Donation Form

We hope this factsheet has proven useful to you. If you would like to help the DLF continue to provide valuable information such as this, you may wish to consider making a small donation towards our work. As a charity, we rely on the generosity of the public to help us continue to help older and disabled people lead independent lives.

Your Details

Name: _____

Address: _____

Postcode: _____

Please accept my gift of:

£5 £10 £20 £30 £ _____ other

Please make cheques/postal order/ CAF Voucher payable to **Disabled Living Foundation**

If you would like to make a credit card donation, please call our Fundraising Department on **020 7289 6111 (ext: 254)**, or alternatively visit our website at **www.dlf.org.uk**

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Tick here if you are a UK taxpayer and would like the Disabled Living Foundation to reclaim the tax on all donations you have made for the 6 years prior to this year, (but no earlier than 6th April 2000) and on any future donations you make at no additional cost to yourself, until you notify us otherwise.

NB: You must pay an amount of income tax and/or capital gains tax at least equal to the tax we reclaim on your donations in the tax year (currently 28p for every £1 you give)

Please print out and return your completed form and cheque (if applicable) to:

**Fundraising Department, Disabled Living Foundation,
380-384 Harrow Road, London W9 2HU**

Thank You

- Please tick here if you would like to receive details on how you can help by making regular donations through your bank.
- Please tick here if you would prefer not to receive further communications from the DLF.

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