



Social Services Improvement Agency
Asiantaeth Gwella'r Gwasanaethau Cymdeithasol

National Assembly for Wales
[Health and Social Care Committee](#)
[Access to medical technologies in Wales](#)

Evidence from SSIA- MT 47

Written Evidence to the National Assembly for Wales, Health and Social Care Committee

The impact of Assistive Technology within Social Care

August 2014



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Leading Social Services
in Wales
Yn arwain
Gwasanaethau Cymdeithasol
yng Nghymru



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1. Introduction

The Social Services Improvement Agency (SSIA) welcomes the opportunity to present evidence to the Health and Social Care Committee and share our experience from work in regards to the use of technology to help people remain safe and independent.

The SSIA was officially launched during the Social Services Summit in March 2006. Funded by the Welsh Government we are a bespoke and specialist team dedicated to supporting improvement within social care across Wales. Hosted by the Welsh Local Government Association we work closely with key organisations across the social care sector, which include Association of Directors of Social Services Cymru, Care Council for Wales, Care and Social Services Inspectorate Wales and Wales Council for Voluntary Action. We maintain strong working links with elected members and local authority officers. Working in partnership and sharing our learning from specific work programmes helps drive improvement across Wales.

A key theme within our work over the years has been early intervention and prevention with a focus on ensuring the service user remains safe, independent and where possible within their own home. This was driven by a national review of local authorities' older people's services which focussed on the role of reablement services in supporting people to 'relearn' skills to remain independent. The role of Telecare, Telehealth and Assistive Technology can all be seen to play a key role in enabling people to keep their independence and remain safe and closely links to the reablement agenda. This paper broadens the focus from medical technology to the work on Telecare and Assistive Technology which has shown a real positive impact on the delivery of social care. Telecare can be seen as a service that enables people, especially older and vulnerable people, to live independently in their own home. It is a way of enabling them to call for assistance, at any time of the day or night. Depending on the equipment installed, it may also be able to summon help automatically when sensors in the home are triggered by unusual behaviour patterns,

or lack of them. Key to any Telecare system is a response centre whose trained staff respond to all calls.

Assistive technology is 'any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed' (Royal Commission on Long Term Care, 1999). This umbrella term includes rehabilitation technologies, Telecare, Telehealth and electronic technology. Products range from 'low-tech' items such as walking sticks and grab rails, through mechanical and electrical equipment such as manual and powered wheelchairs, to electronic and information and communication technology (ICT) systems such as Telecare.



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2. SSIA – Supporting the role of Assistive Technology in social care

The SSIA current work programme includes a specific commitment to explore and support the role of assistive technology in social care and understand the key aspects of such an approach in supporting people to remain safe and independent. Working in partnership with the Welsh Government, Directors of Social Services and the Care Council for Wales we are supporting a national network of key individuals from across social care and health to share learning and look to explore consistency in approaches. Through a multi sector workshop we have explored the key challenges and barriers and areas identified further consideration by this group were:

- Mapping of current provision of service to gain a national understanding and look at opportunities to learn from each other
- Staff training, and sharing and identifying good practice including outside of Wales
- Engagement with commissioners and understanding the needs of users and also needs of other services such as health and housing
- Connection to professional groups such as GP's, rehabilitation staff, therapists
- Use of task groups to look at specific aspects such as charging, mapping provision, develop a strategy, innovation and research
- Keeping up to date with new technology and the testing of products

Further work will be carried out to explore how this important service can become more mainstreamed in the way services are delivered with an all Wales event on the 18 September 2014. All resources developed by this work as they are published will be made available on the SSIA website at www.ssiacymru.org.uk.

As we can see within the case studies that follow the range of equipment is broad ranging from sensors, intruder alarms and fall detectors to name a few and importantly the client groups across Wales who receive this support range across older people, adults with learning or physical difficulties, mental health to children with learning or physical difficulties. Highlighting that such interventions are supporting the most vulnerable within our society.

The full impact and extent of assistive technology across Wales is not clear at present but it can be seen in earlier studies this approach has shown a significant positive impact on the individual. Such an approach will also bring real benefits to the organisation in allowing them to manage risk effectively, reduce the need for traditional services which in turn can be costly and not always the best outcome for the individual.

3. CASE STUDIES

The following examples highlight the significant importance assistive technology has had for individuals across Wales and the UK. These examples illustrate that often non-intrusive and low level interventions can have a significant impact on the well-being and safety of vulnerable individuals.

Case example 1 – Managing risk and gaining independence

C is in her mid twenties and has learning disabilities which require her to need support on an hourly basis and as such she lives within a supported living environment shared with 4 other service users; however C's goal is to live an independent life with as little intervention as possible. The project team including the supported living manager and Newport Telecare team, therefore carried out an assessment of her individual needs and determined that by introducing specific Telecare equipment into her home such as

a personal pendant that would link her to staff if needed; this could be achieved. The introduction of the Telecare adaptations has allowed C to live with significant increase to her independence supporting her to have a gap between visits for up to 8 hours. The Project Team found managing risk in a positive way has enabled them to reduce the intervention required and at the same time enable C to remain safe and independent.

Case example 2 – Supporting people with dementia with assistive technology

Mrs B had dementia and had lived in an EMH unit in Residential Home for 3 years. She appeared settled and had a good rapport with the staff. Staff had noticed that during the night Mrs B was attempting to climb onto the white sink basin in her room believing it to be a toilet; this was putting her at huge risk of falling and loss of dignity.

Mrs B's Social Worker carried out a Mental Capacity test in order to identify if Mrs B had the mental capacity to make an informed decision about the provision of Telecare equipment. This test identified that Mrs B did not have the mental capacity to make an informed decision about the provision of Telecare equipment so a Best Interest decision was made to provide the least restrictive option of Telecare provision in order to keep her safe.

An Infra-Red Bed Exit sensor was provided which alerted staff if Mrs B attempted to get out of bed. This enabled staff to assist Mrs B to her toilet, provide her with reassurance and settle her back to bed safely.

Case example 3 – Supporting people with dementia with assistive technology

Mrs C was 91 years old, has dementia and poor mobility which required assistance of one Carer to walk with her Zimmer frame. She had lived in an EMH unit in a Residential Home for 11 months. She had suffered 3 falls in the past 3 months due to her attempting to get up from the chair in her room and walk independently.

Mrs C's Social Worker carried out a Mental Capacity test in order to identify if she had the mental capacity to make an informed decision about the provision of Telecare equipment. This test identified that Mrs C did not have the mental capacity to make an informed decision about the provision of Telecare equipment so a Best Interest decision was made to provide the least restrictive option of Telecare to keep her safe. A chair exit sensor was provided which would alert staff if Mrs C attempted to get out of her chair unaided. This enabled staff to attend Mrs C and provide her with the assistance she requires. Mrs C still lives in the same EMH unit 2 years later and has not suffered any further falls.

Case example 4 – Safeguard from falls with assistive technology

Mr D was 82 years old, he lives in a Residential Home, he has poor mobility and suffers with nocturnal Tonic Clonic epileptic seizures. He does not require rescue medication but becomes disorientated following a seizure and often gets out of bed and falls.

Following a Specialist Telecare Assessment Mr D agreed to the provision of a bed based epilepsy sensor which would alert staff if he

was in bed. Staff could then attend Mr D, provide him with reassurance following a seizure and ensure that if he does need to get out of bed he does not fall. Mr D still lives in the same Residential Home 2 years later, he still has nocturnal tonic clonic seizures but he has suffered no further falls.

Case example 5 – Supporting people with dementia with assistive technology

Mrs A is 87 years old; she has dementia and has lived in an EMH unit for 6 months. Over the past month Mrs A has occasionally left her room during the night and entered other resident's rooms believing she was looking for her mother. This has caused Mrs A distress, it has also caused distress to the other residents concerned.

Mrs A's Social Worker carried out a Mental Capacity test in order to identify if Mrs A had the mental capacity to make an informed decision about the provision of Telecare equipment. This test identified that Mrs A did not have the mental capacity to make an informed decision about the provision of Telecare equipment so a Best Interest decision was made to provide the least restrictive option of Telecare provision in order to keep her safe. During the Best Interest meeting the Home Manager identified that on the occasions Mrs A has become distressed and attempted to look for her mother it has been during the hours of 10pm and 6am.

Door exit sensors were installed on to Mrs A's room door which would alert staff if her door was opened between the hours of 10pm and 6am. If staff were alerted they could attend Mrs A, provide her with reassurance and settle her back to bed safely.

Mrs A's door exit sensors did not need to be active during the daytime so she was able to enter and exit her room without staff being alerted.

Case example 6 - Using Telecare Memory Reminders and Prompts to Support Independence

S is a young man with neurological problems resulting in epilepsy and severe short term memory problems. S's memory problems meant he forgot to take his medication and have meals. Because of these difficulties S also had two 30 minute calls each day to support him with medication and meals.

In order to promote S's independence, it was decided to programme his Telecare lifeline unit with reminders that would assist him to take medication and have regular meals. A reminder buzzer would sound and S would hear the monitoring centre manager's voice reminding him it's time to prepare a meal and/or take his medication. S then presses a button to acknowledge the reminder. If the cancel button isn't pressed an alert would be sent to the monitoring centre.

The carers confirmed S was responding to the prompts from his lifeline unit and was successfully managing to prepare meals and take his medication at appropriate times. The use of Telecare prompts was cost neutral as S already had a lifeline unit (although he was given an updated lifeline). As a result of this intervention, S no longer requires daily calls and is currently only receiving one call per week. The cost of his care package has reduced from £92.96 per week (or £4833.92 per year) to £6.64 per week (or £345 per year).

4. Conclusion

The Social Services Improvement Agency, are strongly committed to working with Welsh Government and local authorities, to ensure that where appropriate, use of technologies can lead to a more positive experience for the citizen, increasing independence, control and confidence. However, it is important to note that use of such technologies can only be fully effective where the individual has had an assessment that reflects that the most effective and least intrusive option is adopted.

Assistive technology alongside other preventative interventions such as reablement can be seen to play an important role for individuals to remain independent and safe. From the evidence presented, there is now a growing focus on assistive technology in social care, to increase independence and better management of conditions. It is important that in Wales, there is a clear national message the use of assistive technology in the delivery of health and social care is recognised, and welcomed, and that further focus is placed on emerging technologies by the Welsh Government. It is also important that health and social services develop a coherent approach in this area, recognising the need for the individual and their family to find the most appropriate solutions, without having to navigate complex service boundaries. Currently, across Wales there is a developing picture, which would benefit from a clear national commitment, and direction, to support development, enable the market and deliver welsh based solutions.

The SSIA will continue to support this important area of work, via our Assistive Technology Learning and Improvement Network (LIN) which has been established with the support of the welsh government, local authorities and the health service. It is a clear demonstration of the commitment of welsh local government to this important area, and a developmental step towards learning from each other and work collaboratively on the challenges of this approach.