



The Learning Disabilities Assistive Technology Project

Evaluation Summary Report

This report summarises the outcomes and learnings from Bristol City Council's Learning Disabilities Assistive Technology Project

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About the project

- Project title: Learning Disabilities Assistive Technology Project
- Lead Partner: Bristol City Council
- Project Manager: We Care Home Improvements
- Project Partner: Hft
- Funder: Department of Health; Housing and Technology Grant
- Duration of the project: 2 years

The purpose of the project

To work with up to 100 individuals with a learning disability (LD) living in the city of Bristol, to assess for and install assistive technology (AT) solutions and to measure the outcomes. The three key predefined outcomes of the project were to:

Promote independence choice and control for individuals: support people with LD to live as independently as possible with the right care and support.

Reduce and Prevent adults with LD entering inappropriate services: support adults (and carers of) with learning disabilities who require urgent housing and are at risk of entering inappropriate services such as inpatient and registered care services for learning disabilities.

Mainstream the use of assistive technology in the learning disabilities and housing pathway: increase the total number of adults with LD supported to live in their own homes, specifically people with complex needs/challenging behaviors.

The project also included people moving into six 'moving on' flats at Hunt's Lane in Bristol. The purpose being to use technology as part of an assessment to identify the level of need with a view to some of the individuals either moving on or receiving reduced support at Hunt's Lane.

The project team

The lead partner of the project was Bristol City Council (BCC). The project was project managed by We Care Home Improvements (WECHI). Hft's Personalised Technology Team was subcontracted to deliver assistive technology (AT) awareness training, complete personalised AT assessments, install the technology in partnership with WECHI and measure the outcomes using Hft's Personalised Technology Impact Measuring Tool. See appendix 1 for an overview of the partner organisations.

The process

A project specific implementation process was developed at the start of the project which included the following key stages (see appendix 2 for the project process):

- Awareness raising events and training
- AT referral
- AT person-centred assessment
- AT installation
- Follow up – measuring the impact of the AT

Awareness raising events and training

A range of awareness raising training sessions, various events and presentations were delivered with the aim of:

- raising awareness of AT and the outcomes it can deliver for people with learning disabilities
- raising awareness about the project itself in order to generate referrals into the project

Hft's Personalised Technology team used their existing awareness training package as a basis enhanced with some project specific information. This was offered to staff working within BCC Adult Social Care, Bristol Community Health team's and support providers.

Over the course of the project 22 Awareness Training sessions were delivered to **125 professionals**.

Brilliant, interesting, learned lots of examples. Loved it

Great presentation, really informative. Many thanks for visiting our teams Thank you

Really good training, use of videos/real life examples and location to see equipment in situ. Thanks

Additionally, Hft hosted a number of sessions to other organisations and services, including: Freeways, Milestones, Bristol South Rehabilitation Centre, the Bristol Centre for Enablement as well as hosting a stand at the project launch event at County Hall.

A number of presentations were delivered by Hft and BCC at various events including: family groups, AT Champions meetings and the Learning Difficulties Partnership Board.

Hft also hosted a 3 day Smart House Event using their mobile smart house at Bristol Community Links South Day Centre. Hft's smart house is an interactive cut-out flat showcasing some of the most up to date technology available that can support people to live more independently and safely. Visitors are able to walk through the flat and see the The Learning Disabilities Assistive Technology Project – Evaluation Summary Report Emma Nichols, Personalised Technology Manager, Hft personalisedtechnology@hft.org.uk www.hft.org.uk/ptservices

technology in action. The event included a 20 minute presentation highlighting the outcomes that AT can deliver followed by a tour of the smart house hosted by one of Hft's AT experts.

- The event was very well attended, with a total of **289 tickets** booked (more turned up on the day), **183 of whom were BCC staff from adult and children's services**. Other visitors included a group of people with learning disabilities from **Bristol Links South, families, Councilor Holland, Darren Jones MP Bristol North West, Terrey Dafter Director of Adult Social Care and Jacqui Jensen Executive Director, Adults, Children and Education**. The event was covered by BBC Points West and included an interview with a beneficiary of the project.

Some of the comments from attendees:

Excellent engaging talk and explanation, good demonstration of kit and **created the possibility for new provisions for families**.

The Hft team are excellent, so well informed. I feel social care practitioners are often at a loss on how pieces of tech work, how to order, install etc. **In my opinion we need an in-house expert team where we can go for advice.**

The feedback I've had from my team **was very, very positive** and they thought the range of appliances if we are able to use them would **significantly improve the lives of residents using the various types of equipment on display.**

As part of the project, additional technology was installed into the WECHI smart flat. This was used as part of the AT awareness training sessions with professionals and also for anyone who wanted to attend to view the technology in action. This remains in place at the WECHI Home Improvements Centre (HIC) for people to view.

As a result of the high attendance and media reach, these events went a long way in meeting one of the project's key aims to raise awareness of AT and the outcomes it can deliver for people with learning disabilities

Referrals for AT

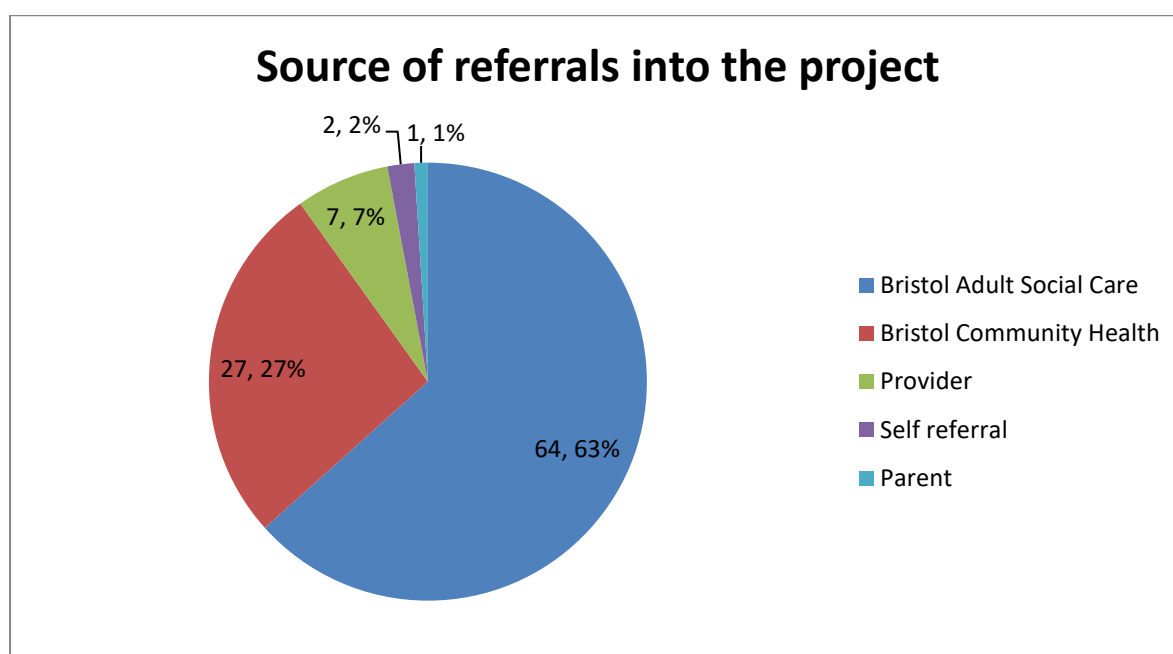
A project specific referral form was developed to meet the needs of the project. These were completed by the referrer and sent to Hft. The nature of the referrals received varied and included individual referrals for one person as well as group referrals from Bristol South Rehabilitation Centre, the Bristol Centre for Enablement and Hunt's Lane tenants.

The aim of the project was to support 100 people living with learning disabilities. Overall:

- 101 referrals were received
- 8 of which were not followed through with an assessment
 - 2 assessments were no longer required
 - 1 was put on hold due to the person's mental health
 - 1 was due to the person moving away
 - 1 was due to the person being in prison
 - 1 person's family was unobtainable despite numerous contact attempts
 - 2 individuals did not want a full assessment but some recommendations were made following a partial assessment conducted over the phone

Fig 1 below shows the source of the referrals, the majority of which came from Bristol Adult Social Care.

Fig 1.



Following receipt of a referral, a telephone discussion was conducted between Hft's Personalised Technology Team and the referrer to gain as much information as possible ahead of completing the assessment.

AT Assessment by Hft's PT Team

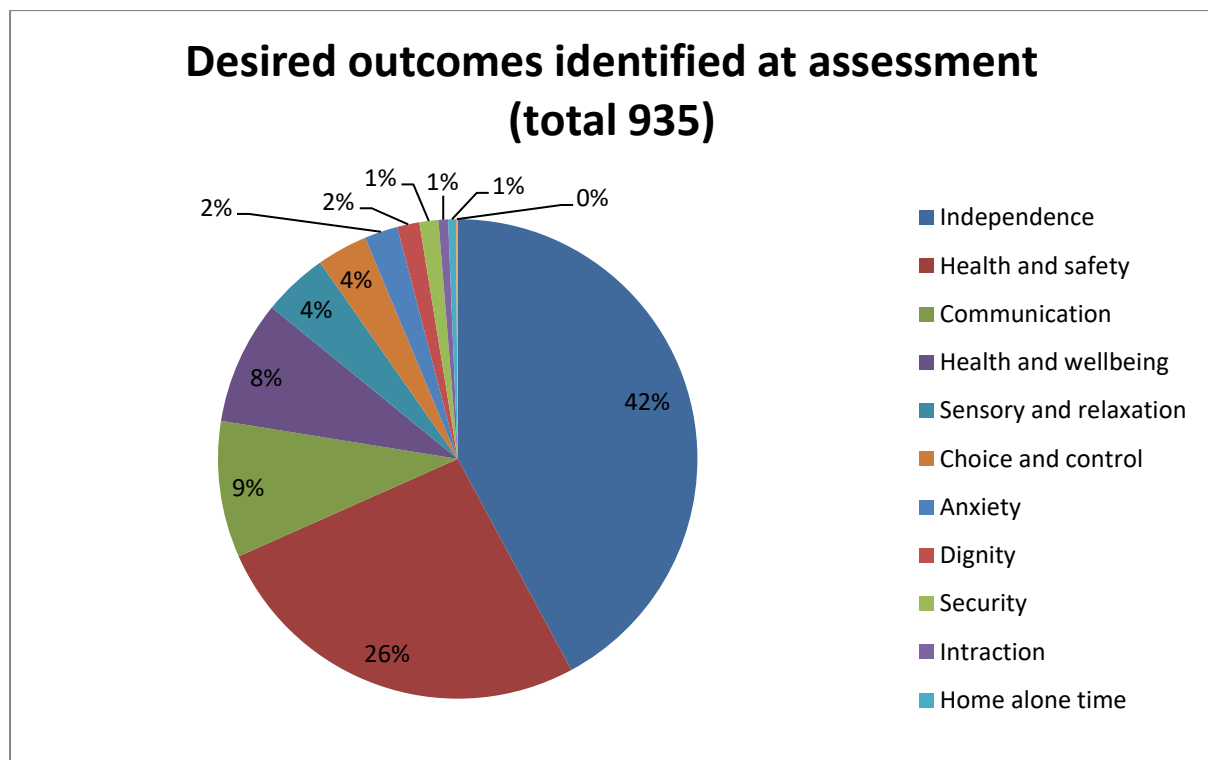
93 assessments were conducted by Hft using their person-centred holistic assessment model. Hft's assessment is a face to face assessment at the person's home or preferred venue e.g. college, considering all aspects of the person's life, their goals, wants and needs and how technology can support them to live as independently as possible.

Following the assessment, a recommendations report was provided by Hft’s assessor, highlighting the technology recommended, the reason for the recommendation, the anticipated outcomes that the technology will help to achieve and the cost of the solution.

Out of the 93 assessments completed the following desired outcomes were identified at assessment stage (see Fig 2). 935 outcomes were identified, an average of 10 outcomes per person.

When assessing the individuals, it became apparent that some individuals would benefit from a sensory assessment. These assessments were carried out by Hft’s Occupational Therapist and Sensory Integration Specialist with two individuals and a range of assistive technology / sensory equipment and strategies were recommended

Fig 2.



Looking at the top two outcomes identified; independence and health and safety, the below graphs (Figs 3-7) show the most popular equipment that was recommended to support the predefined outcomes at assessment stage.

Note: More than one outcome is usually identified against a recommended solution – e.g. A Telecare Lifeline could potentially enhance independence and also support health and safety outcomes.

Case study: Person L - health and Independence

L was admitted to hospital after having a seizure and was referred to the Community Learning Disability Team (CLDT) as it was realised that L was having difficulty to look after his own health and wellbeing. L did not have any clean clothes due to having difficulty with his washing machine, had no way to call for assistance either in an emergency or for day to day phone calls. L was struggling to attend health appointments and with other day to day activities. L also had difficulties with some of his neighbours and would receive verbal assaults. This was a particular concern as L would at times not lock his door as he would forget to take his keys with him.

The outcomes for L

An easy to use washing machine/dryer was installed with a talking photo album detailing how to use it so that L was able to use this without support. A Rosebud was set up for him to give an audible and visual reminder to complete certain cleaning tasks so that he could keep on top of the cleaning tasks and not feel overwhelmed. L was given an easy to use phone with key people such as his GP programmed into it so it was easy for him to use. The phone also had a panic button for him to be able to call for assistance when he is out and about.

When L is at home he has a falls detector with a built-in panic button as well as a GSM lifeline that is linked to a call centre so if he was to have seizure activity, staff from the call centre could follow up to ensure that he is safe and call for emergency medical treatment if needed. A talking watch was provided so that he is able to tell the time and assist him with attending health appointments and he also had a day/night clock as he could struggle to tell the difference between day and night. As L was unable to read, a C-pen reader was provided to enable L to have his letters read out to him so he is aware of his health appointments as well as keeping on top of his other bills and correspondence.

“He uses this a lot and it allows him to read letters that come through his door that would have previously made him anxious as he couldn’t read them and didn’t have support”. Social Worker

A video door bell was installed so he could see who was at his door before opening the door and he had a motion sensing prompt that would remind him to take his keys and phone and to also lock the door when he goes out.

The impact of the technology

L's health and wellbeing has improved significantly after the support from CLDT and the assistive technology. It has given him the tools he needs to maintain his independence and take control of his health and wellbeing.

The technology has meant that his needs have been met and prevented a decline of his physical and mental health needs and hence preventing the need for additional staffing.

"He is able to have more of his needs met and doesn't struggle as much with day to day activities. New opportunities have also arisen since having a phone such as communication with the CLDT and volunteers and being able to speak to his friends and family who live afar". Social Worker.

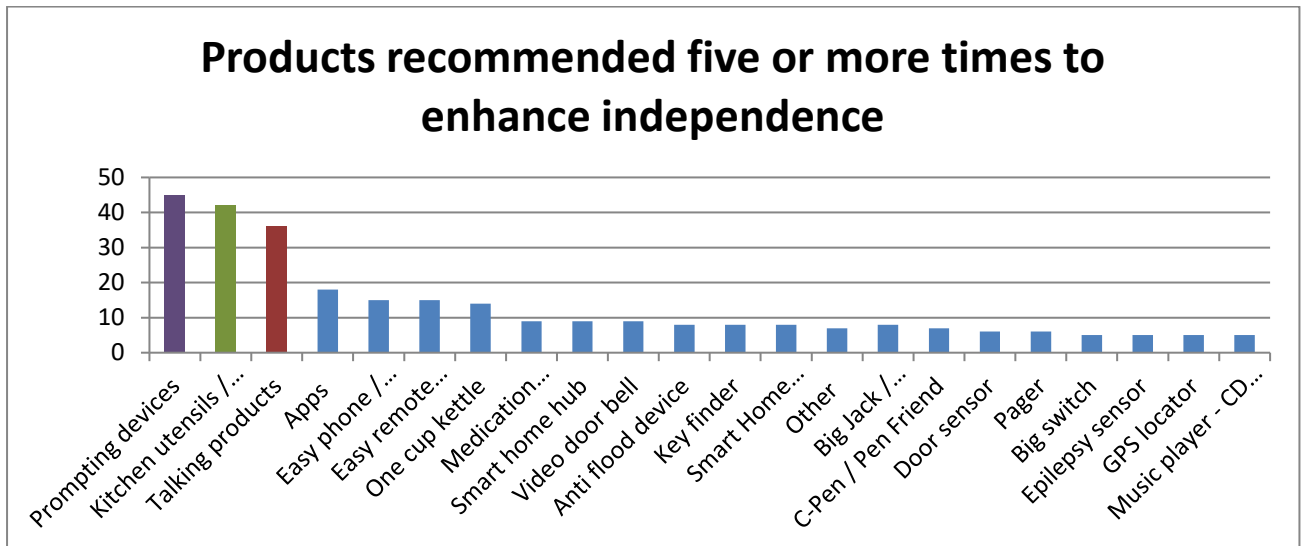
CQC Key Lines Of Enquiry (KLOE's) met through the use of technology

KLOEs	KLOE met	Outcome
Safe? Service users, staff and visitors are protected from abuse and avoidable harm.	Yes	The equipment kept L safe from abuse.
Effective? People's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.	Yes	The equipment led to L taking control of and improving his physical and mental health.
Caring? Staff involve and treat people with compassion, kindness, dignity and respect.	Yes	The equipment enabled L to take more control over his health and has enabled him to overcome the barriers of not being able to read or tell the time.
Responsive? Services are organised so that they meet people's needs.	Yes	The equipment was provided after the risks for L had been identified.
Well-led? Leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.	Yes	Hft PT coordinators worked with CLDT to ensure L had suitable equipment to keep him safe and maintain his physical and mental health.

AT for independence

Fig 3 shows solutions recommended five times or more to enhance the person's independence. See Appendix 3 for the solutions that were recommended less than five times.

Fig 3.



Looking at the top three solutions highlighted above – prompting, kitchen utensils and talking products, Fig 4, 5 and 6 below show the range of devices recommended. As part of the impact measuring exercise we asked professionals, families and support providers to tell us what was their favorite piece of technology as well as rate the technology that the person with a learning disability received, you can see the average ratings in Fig 9 below.

Fig 4.

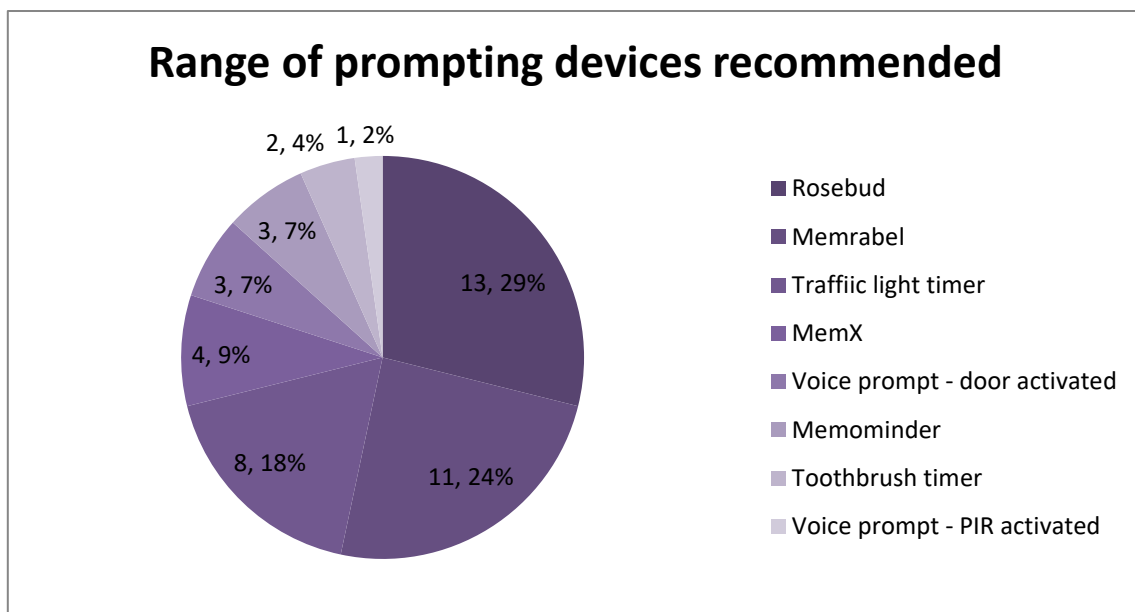


Fig 5.

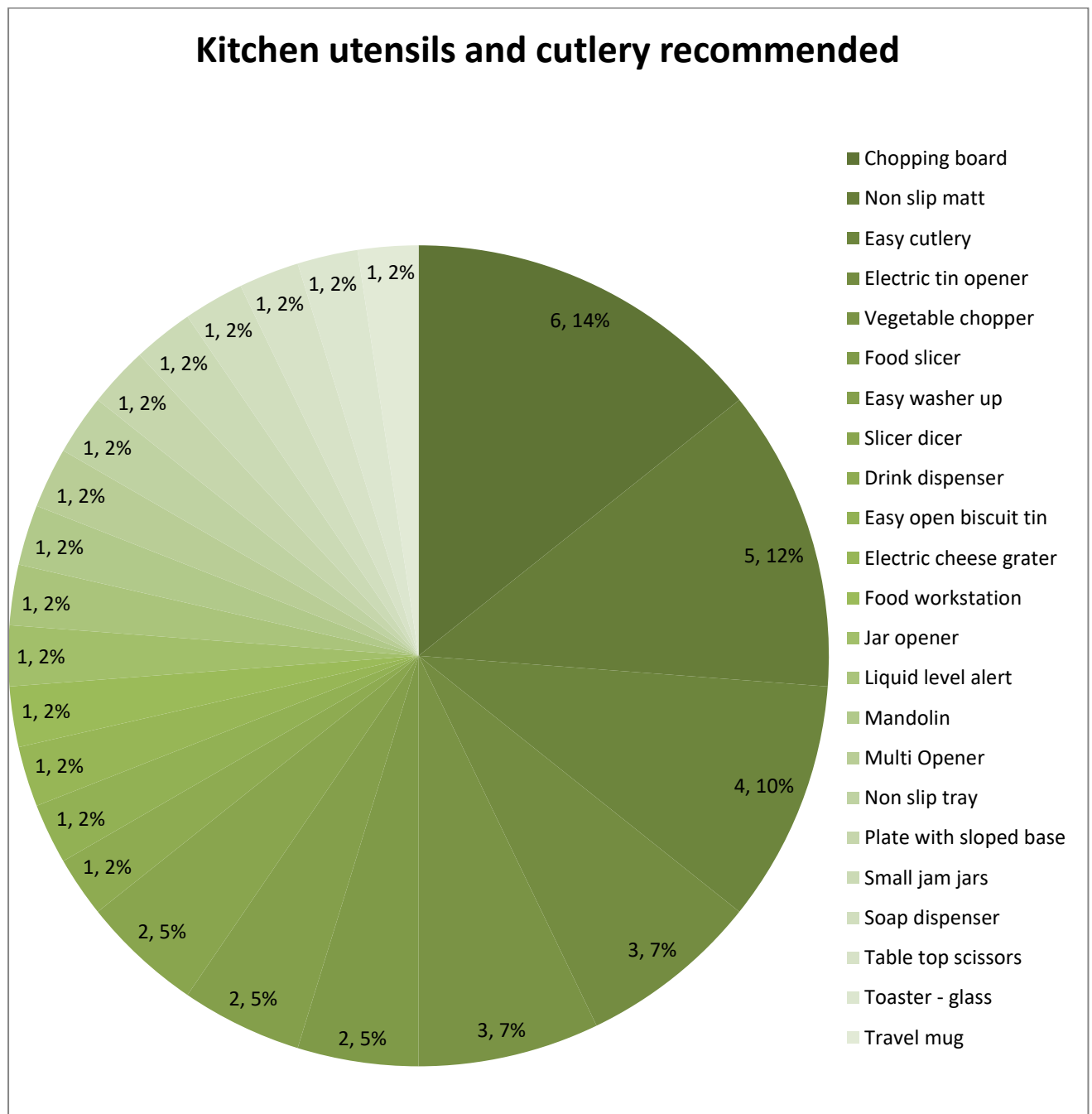
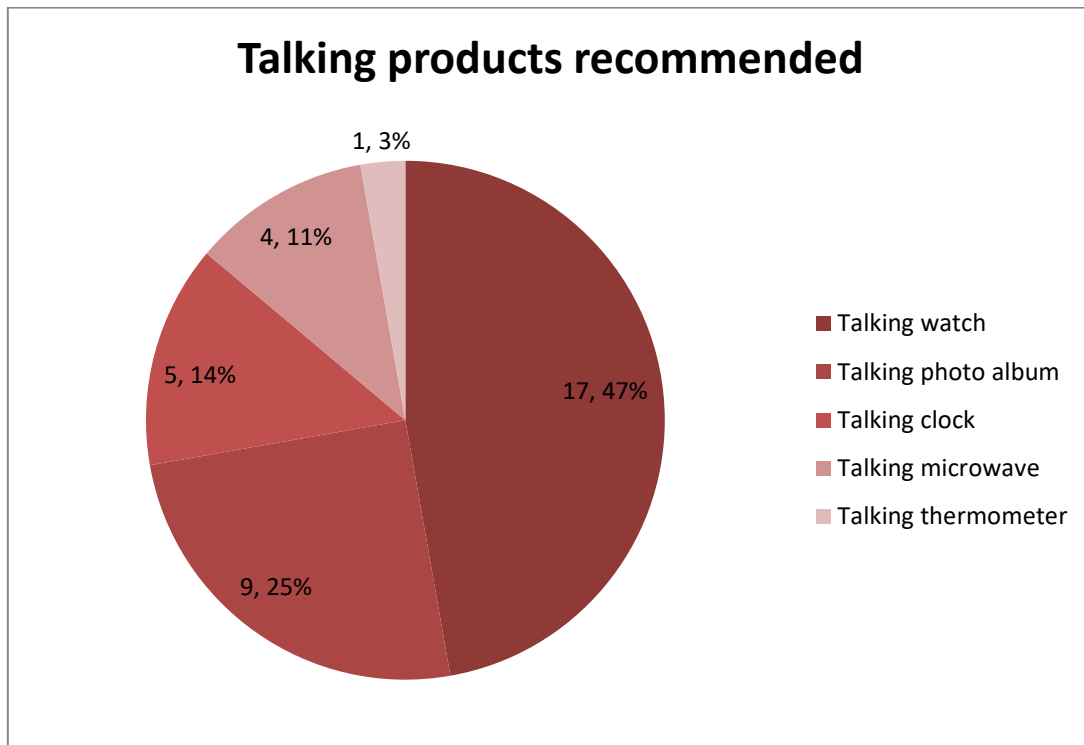


Fig 6.



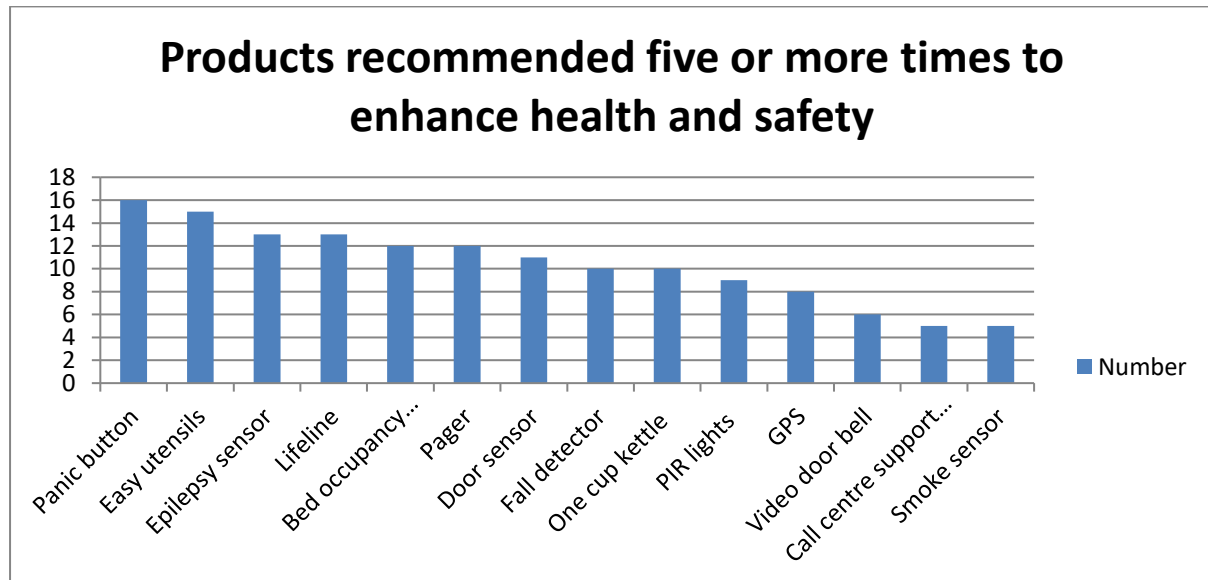
Case Study: Person W - simple, creative solutions

W enjoys using technology for entertainment, communication and to make her life easier. She uses a smart phone, tablet and has an Echo, which is her voice activated assistant. Unfortunately, the Echo would not understand W when she used the wake word to operate it and staff would have to support her to operate the device. An £8 Big Point communication button was used to record the wake word for W, she is now able to press the button and the Echo will respond to her commands. W is now able get her Echo to play music, add items to her shopping list or to remind her to complete an activity.

AT Health and Safety Solutions

Fig 7 below shows solutions recommended five times or more to support health and safety outcomes. See appendix 3 for solutions recommended less than five times.

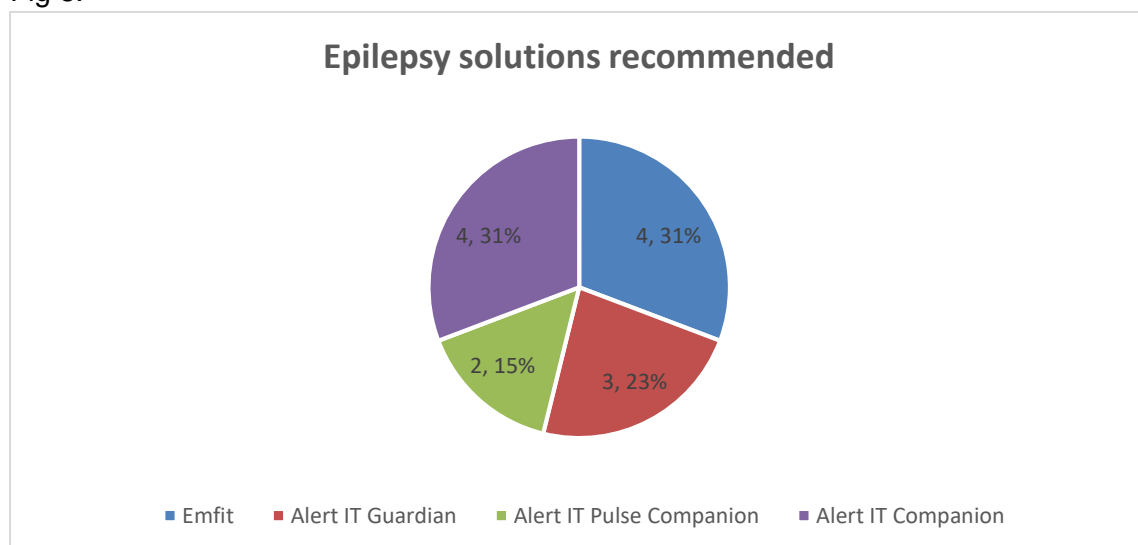
Fig 7.



The majority of the telecare equipment supplied was Tunstall telecare equipment, but there were a couple of services that needed solutions linked into an existing system e.g. Tynetech. The epilepsy sensors recommended are shown in Fig 8 below.

From the 13 recommendations 8 were installed this was due to the difficulty in identifying a professional in health / social care to take on the responsibility of completing a risk assessment, there were also concerns about who would respond to the epilepsy sensor alert if the person lived alone or received limited / no support.

Fig 8.



AT Installation

Prior to installation the recommended solutions were agreed with the referrer and where appropriate, the individual themselves. The installations were completed in partnership with WECHI.

Hft's Personalised Technology Team completed the **standalone equipment (512 items)** and **WECHI completed all of the telecare solutions (198 items)**. WECHI also completed installations that required a specialist contractor such as an electrician or plumber.

Over the course of 21 months, **710 items of equipment were installed (this included 22 items installed in the WECHI smart flat). Seven individuals were linked to Bristol CC's Alarm Receiving Centre (ARC).**

The partnership working between Hft and WECHI worked effectively with regular monthly project meetings and regular communications across both organisations. BCC's TEC team were also involved in the monthly project meetings to ensure any telecare connections to the ARC were actioned as required, it was also an opportunity for shared learning. This highlights how important and cost effective a multidisciplinary approach to AT support for people with LD's can be.

AT Follow up – measuring the impact of the technology

During or prior to the installation a baseline questionnaire was completed. The purpose of this was to gain an insight into the person's situation before the implementation of technology with a view to completing a follow up questionnaire 3-4 months after installation in order to measure the impact of the technology supplied.

Unfortunately, this follow up process was significantly delayed due to Covid 19 and these time delays impacted on the number of completed follow up questionnaires returned. Numerous attempts were made by post, email and by phone to gather as many responses as possible. See response rates below, these were collated electronically, on paper or by telephone interviews.

The content of the evaluation questionnaires was agreed at the beginning of the project and were based on Hft's impact measuring tool, modified to meet the needs of the project, focusing on both efficiencies and quality of life outcomes.

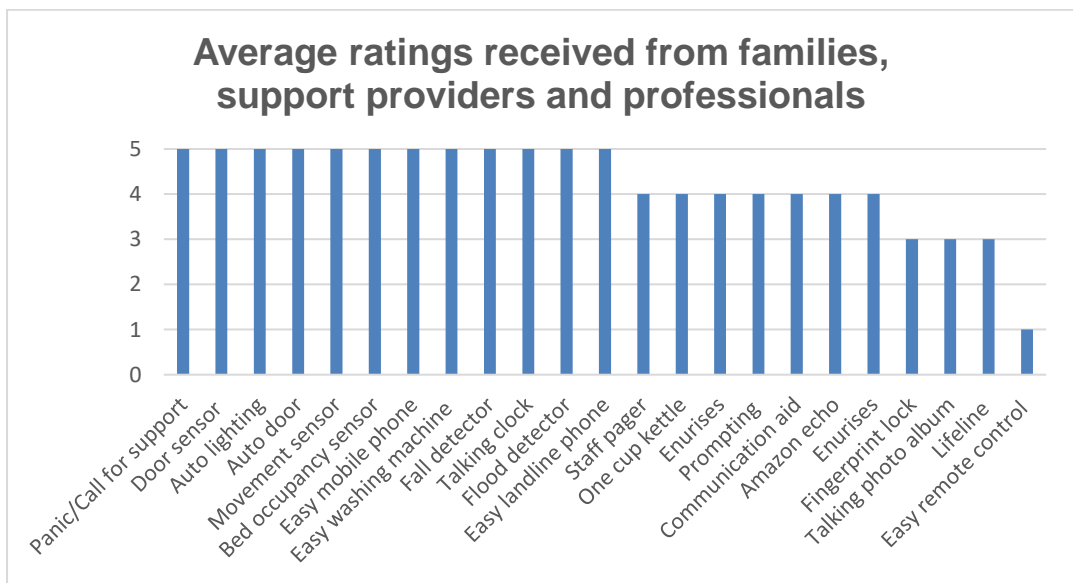
There were four follow up questionnaires developed for the different stakeholders: the person with a learning disability (easy read format), family members, support providers and professionals.

Group	No. questionnaires issued	No. responses received	Response rate
Professionals	49	9	18%
Providers	33	11	33%
Families	26	11	42%
Individuals	93	26	28%

Technology ratings

The family members and support providers were asked to rate the technology the person received. (1= very bad, 2 = bad, 3 = ok, 4 = good, 5 = very good).

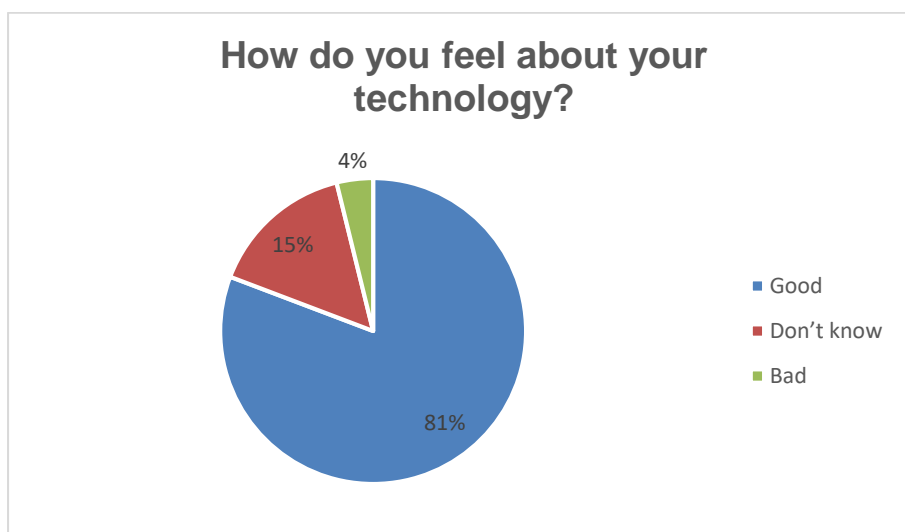
Fig 9.



The person's perspective

Easy read questionnaires were developed for the person with a learning disability, most had support from a support member of staff or family member to complete their questionnaire. **93** questionnaires were sent, **26** responses were received.

The following outcomes were identified from the **26** responses received. Most people (**81%**) feel good about their technology.



Attitudes of the supported individuals are generally very positive towards the new technology being introduced, and comments reflect that it has makes them feel happy and that they find it helpful to stay safe and keep in contact with family / friends. Here are some of the quotes we received.

“It has helped you/ me keep in contact with other people/ family so you/me do not feel alone”

“I would be lost without it”

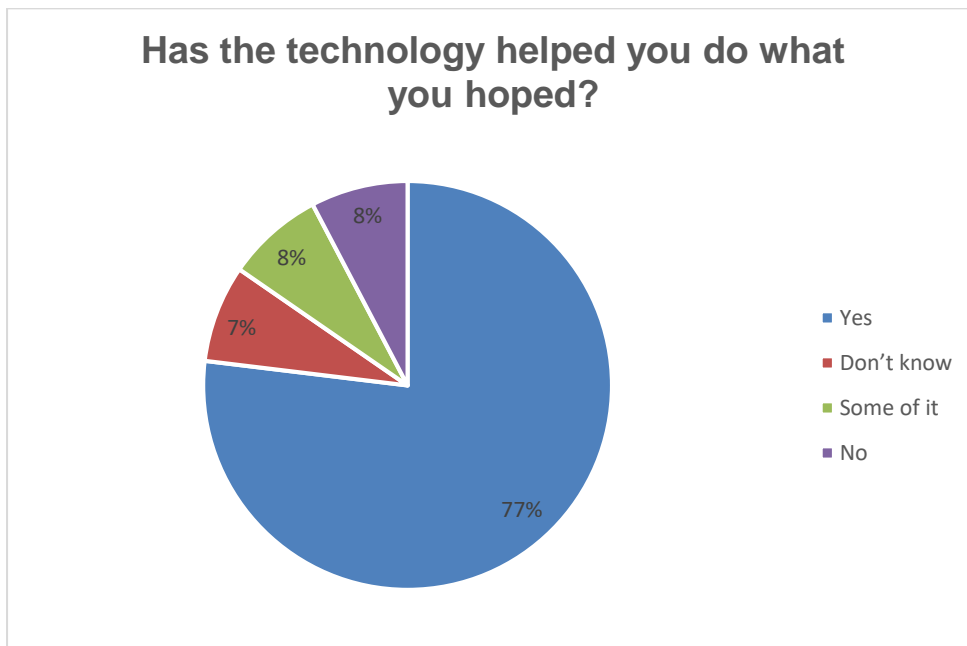
“It does help me a lot, it tells me to lock my door”

“It's good because I can also find out where my mum is so that makes me feel safer”

“I feel happy with the watch as it helps me count my steps. Keeps my family in touch with me. I can call my family from the watch”

“It helps me if I am in trouble”

Over **75%** of people said that the technology has helped them to achieve what they had hoped for.



Additional comments by the supported individuals highlighted that the technology has helped them to be more independent, increased skills and confidence:

“Yes, it has helped me a lot made me more independent”

“Yeah I'd never seen a radio that can stick to the wall, don't find showers boring anymore”

“Yes - I go out a lot on my own”

“Yes - tells me things, helps me with the microwave, because I can't read, it says it for me”

“The technology has helped me stay in contact with family or if my phone runs out I have my watch to call from”

“I can go to Wells on the bus”

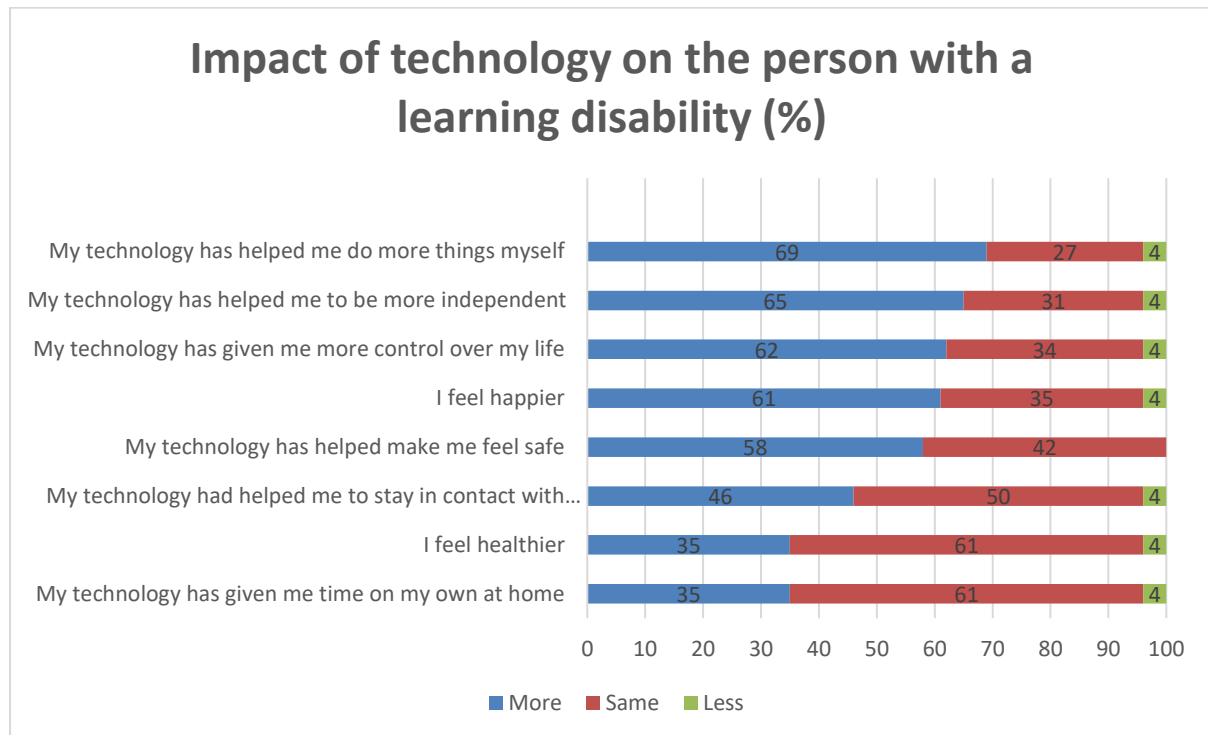
“I feel more confident and less worried at home alone but still not at night”

“Yes, I do some cooking”

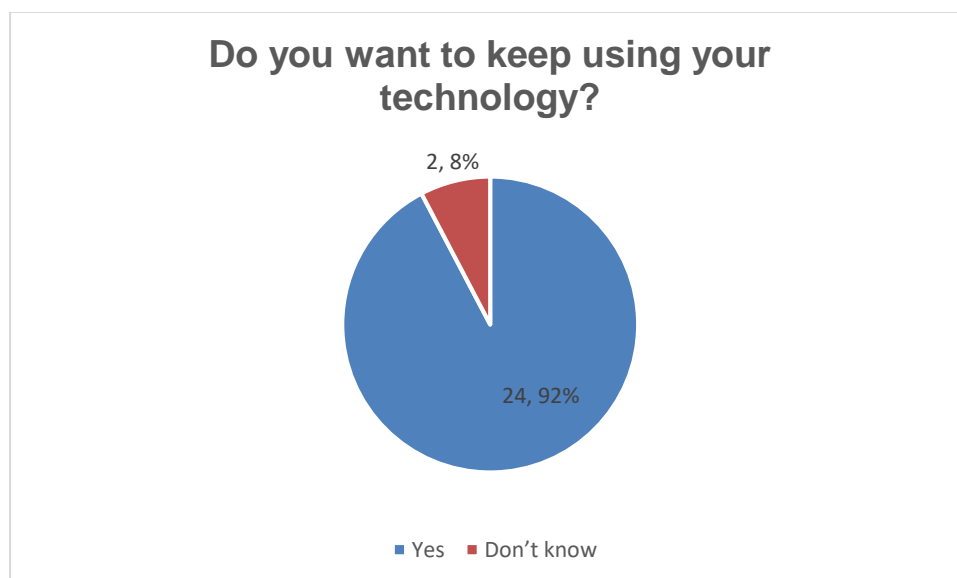
Each person we worked with who had a learning disability was asked:

How do you feel now compared to how you felt before you had the technology?

Many reported (over **50%**) that they are more independent, have more control, feel happier and safer.



Over **90%** of people want to keep using their technology, no one answered “no”.



When asked what it would be like if you didn't have the technology?

People said they would feel more anxious and unsafe, would struggle with tasks and would not be able to stay connected, comments included:

"Very scared as the camera helps me a lot and the other tech helps me with remembering to take pills"

" I wouldn't know what to do"

"More alone, be more unhappy"

"I would be very nervous, have panic attacks"

"I would not feel so safe not knowing where my mum was"

"Forget everything"

"I would struggle with tasks"

"It would restrict our families communication"

"I would be more anxious and worried about how to deal with callers"

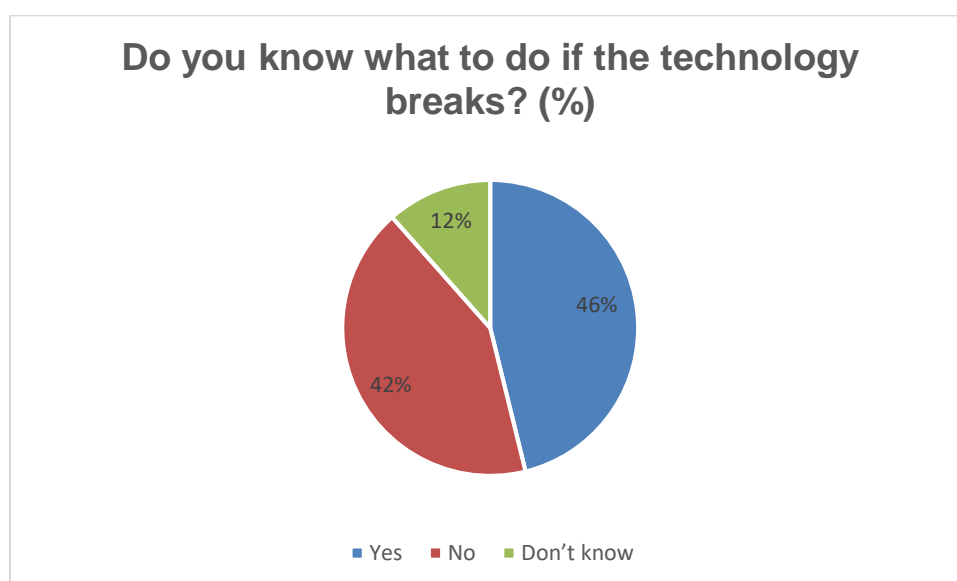
"I wouldn't be able to contact people for help"

"I would find things difficult"

"I would be limited to what I could cook and I wouldn't know who was at the door"

"Could not make a cup of tea on my own"

It is important to highlight that less than **50%** of people know what to do in the event their technology breaks. In view of the fact that many of the beneficiaries of the project live independently with limited or no support, this is concerning.

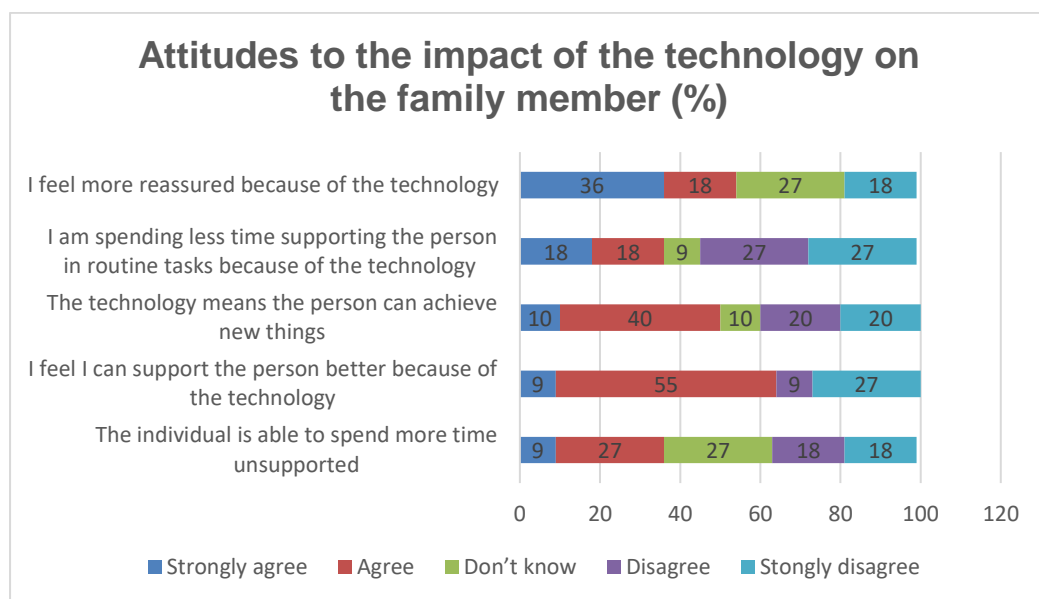


The family member’s perspective

We received a good response rate from families (**42%**).

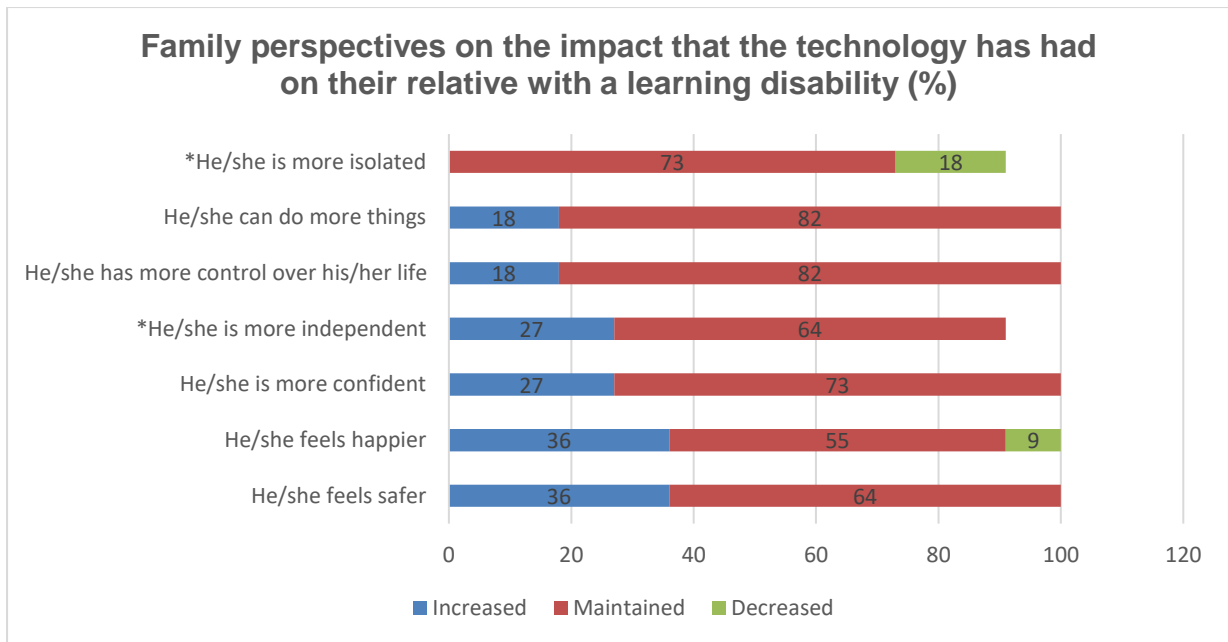
The impact of the technology on the family member

Families were asked their views on a number of statements, responses highlighted that **64%** felt that they can support the person better, **54%** felt more reassured, **50%** believed the person is able to achieve new things, **36%** said they were spending less time supporting the person in routine tasks and that the individual is able to spend more time unsupported.



Quality of life outcomes for the person with a learning disability

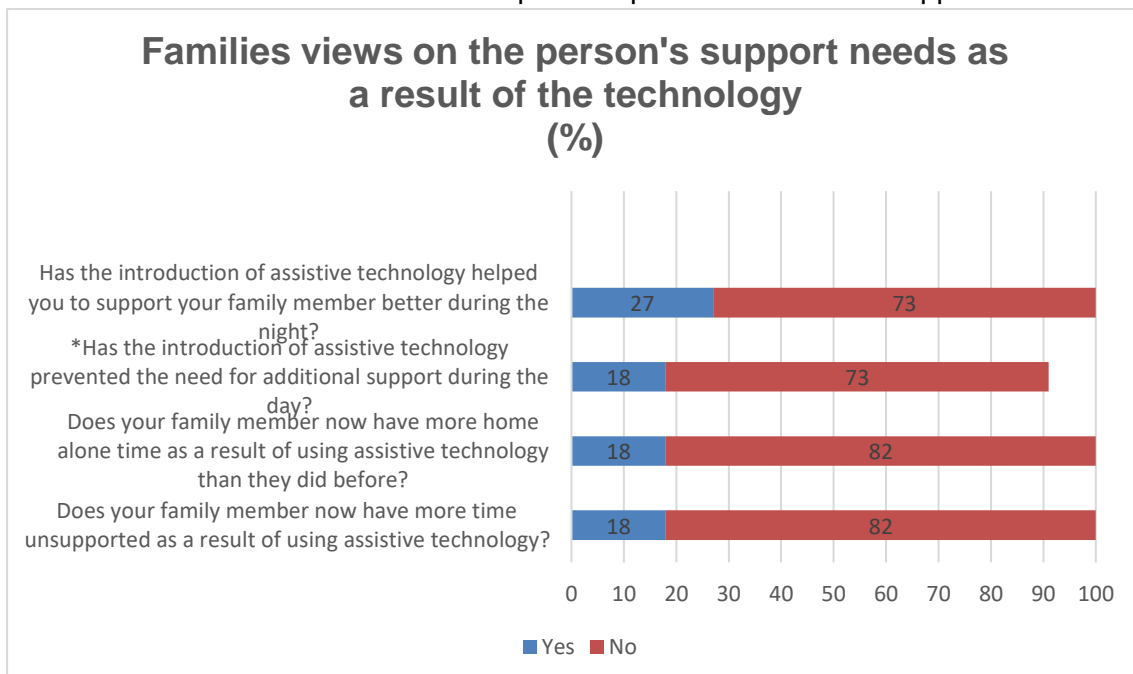
When asked their perspective on a number of statements about what impact they feel the technology has had on their family member with a learning disability **18%** said they were less isolated, can do more things and have more control, **27%** said the person is more independent and more confident and **36%** felt the person feels happier and safer.



*1 person did not answer the question

Support needs

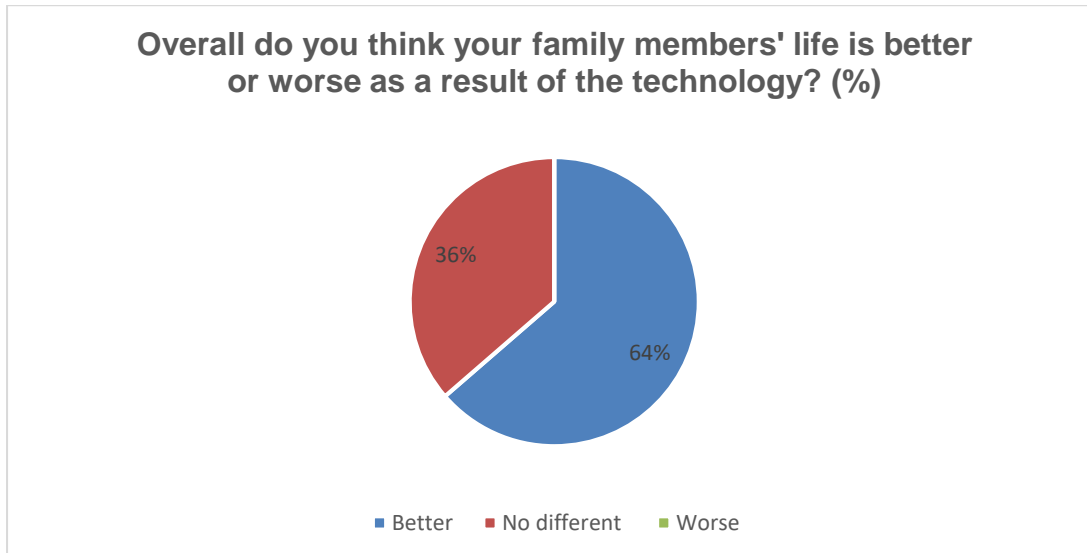
When asked about their views on the person's change in support needs as a result of the technology, **27%** said they were able to support the person better during the night and **18%** said the technology has prevented the need for additional support, it has enabled the person to have more home alone time and the person spends more time unsupported.



*1 person did not answer the question

Overall impact on the person (positive or negative)

64% families felt their relative with a learning disability's life is better as a result of the technology, **36%** felt it has had no impact either way, no one reported that they felt it was worse.



Below are some of the statements collated when families were asked what the impact would be if the technology was taken away:

“I would be more worried about him at night”

“He would be less independent and more anxious”

“We would have more stress over the little things like time managing/concept over showers”.

“We would feel more concerned. Less confident with him managing tasks”.

One conclusion which can be drawn from the above feedback is whilst the AT provided did make a difference to the level of support families of people with learning disabilities had to provide, alone it does not negate the need for hands on support.

This suggests that a holistic approach to supporting independence for people with LD is beneficial from a next of kin perspective, but more work is required to further increase their independence and reduce reliance on families and carers.

There is also a broader sector wide issue here as the role of informal carers are not always accounted for and the responsibilities they take on can have adverse effects on their own health and wellbeing.

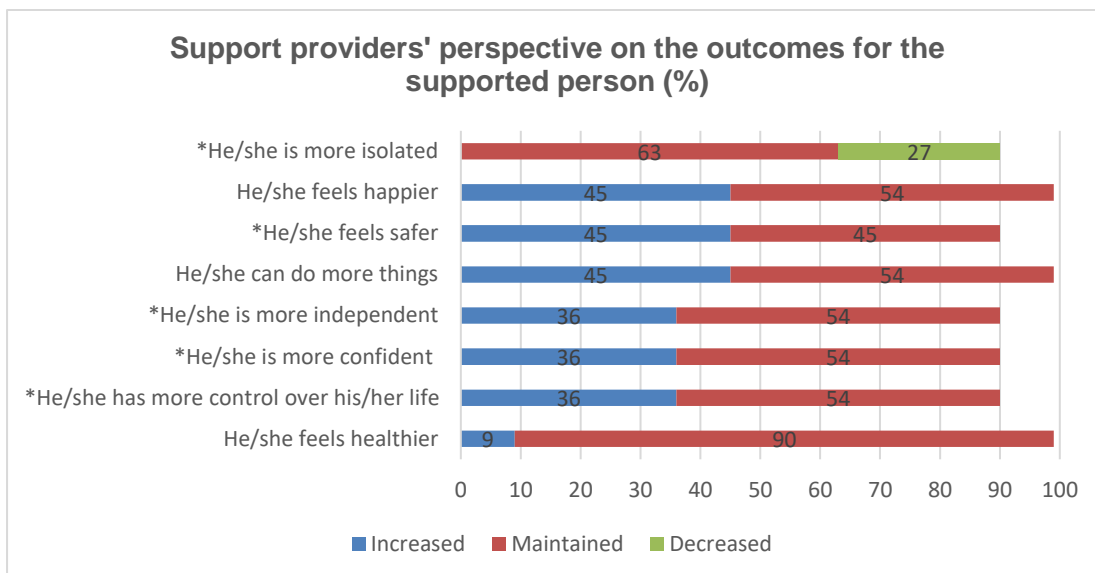
The support providers perspective

33 questionnaires were sent to the support provider and 11 responses were received, the responses received were from both support workers and service managers.

Quality of life outcomes

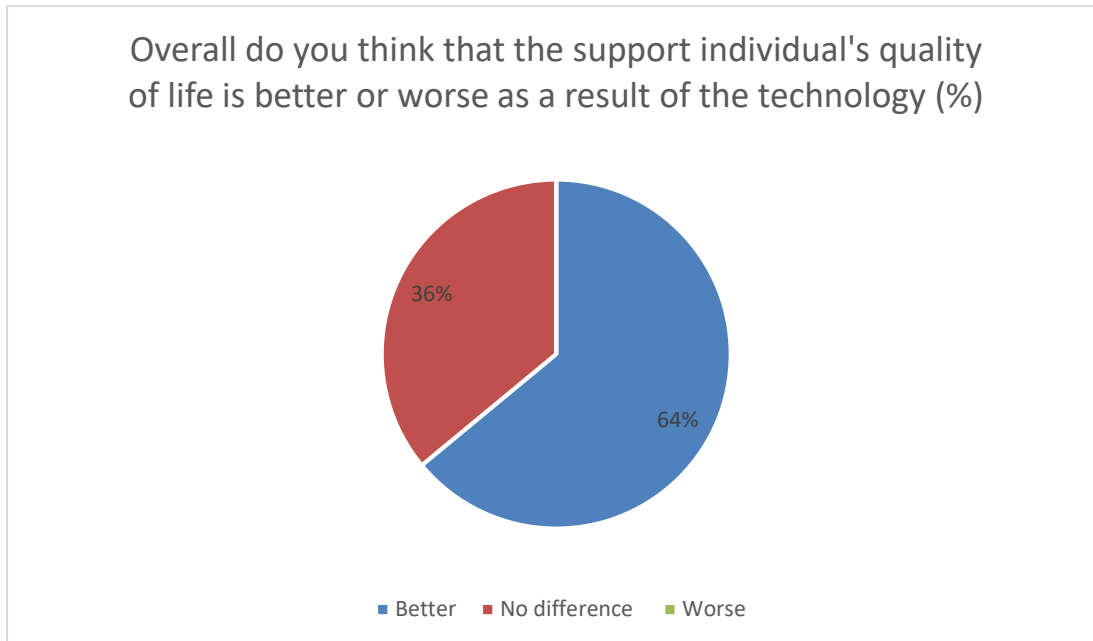
Support providers were asked their views on a number of statements about the quality of life outcomes that have been achieved for the people they support.

45% stated the person is happier, feels safer and is able to do more things, 36% of staff felt that they were more independent, confident and has more control, 27% felt the person was less isolated, no one said that the person is more isolated as a result of the technology.

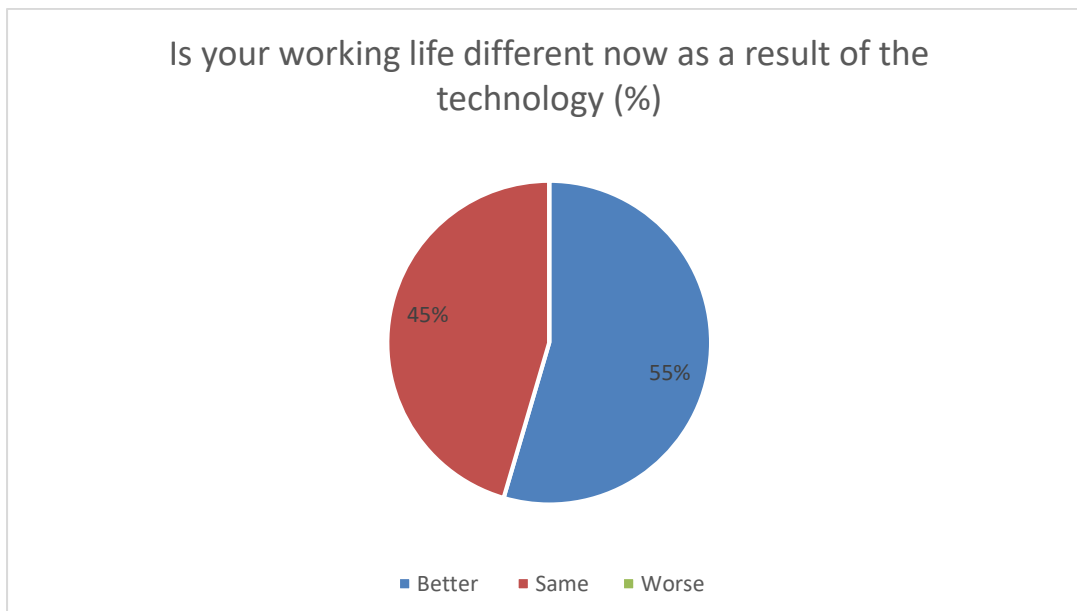


*1 person did not answer the question

Over **60%** reported they felt that the person's quality of life is now better due to the technology. No one reported it was worse.



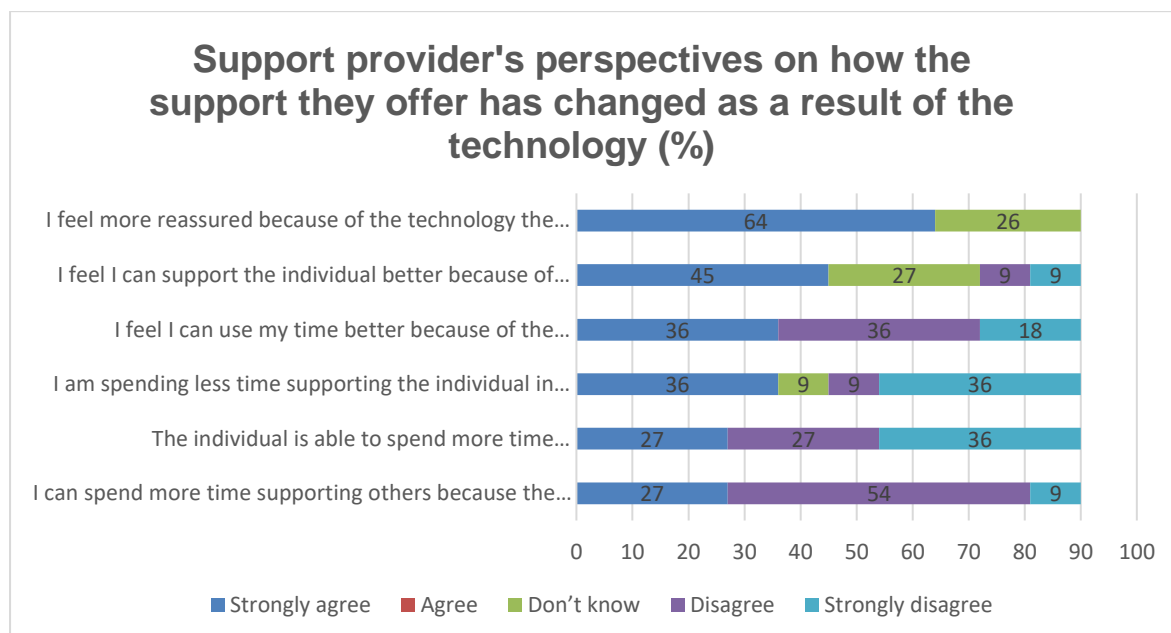
Over **50%** stated they felt their working life is better as a result of the technology. No one reported their working life is now worse.



Support needs

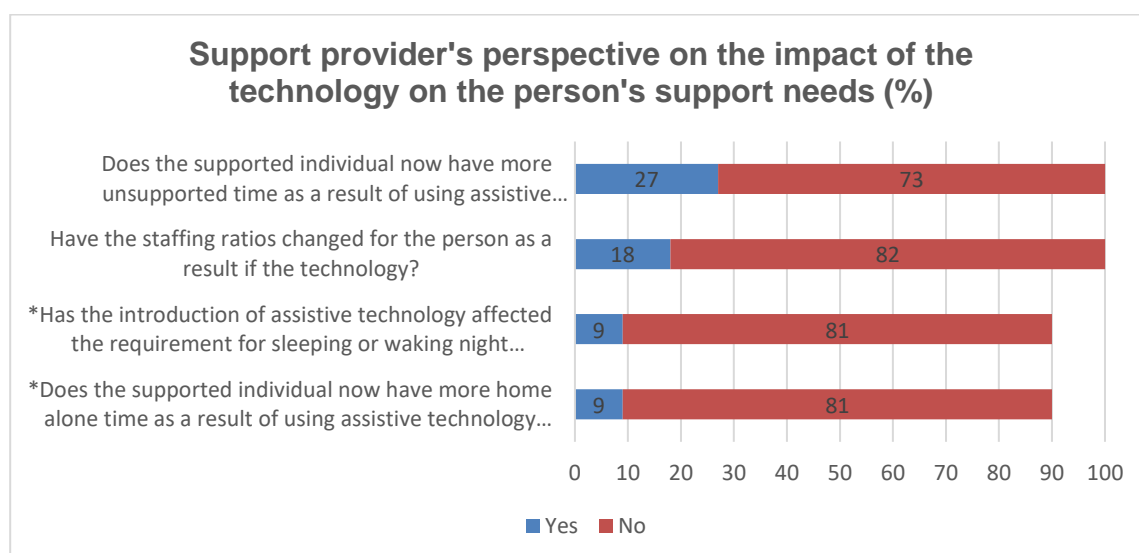
Support providers were asked their perspective on a number of statements regarding any changes in the support that they are now offering as a result of the technology.

64% felt more reassured, **45%** stated they can support the person better, **36%** can use their time better and **27%** stated the person is spending more time unsupported.



1 person did not answer any of the questions in this section.

27% of support staff (2) stated the supported person has more unsupported time as a result of using the technology. 1 person (A) stated they receive 21 hours less support per week and 1 person (B) stated the person receives 5 hours less support per week.



*1 person did not answer this question

The equipment provided for both beneficiaries is listed below.

When reviewing the baseline information, one of the anticipated outcomes for person A was to reduce staffing.

Staff commented that “he is able to entertain himself for a short period”, “he could be at risk of harm if he was to leave and staff weren't notified”, “[the technology] helps keep him safe and us aware of his safety”.

For person B the support providers commented: “he has become more independent and this has been great for his wellbeing”.

Person	Technology provided	Anticipated outcome
A	Talking photo albums (x2)	Communication and independence
(Case study below)	Small jar for butter (portion control)	Independence
	Story sequencer (recordable bar)	Independence and communication
	Big point communication buttons (x6)	Communication
	Picture phone	Communication and independence
	Sensory cushion	Sensory and interaction
	Infinity music speaker	Sensory and interaction
	Disco ball	Sensory and interaction
	MyAmie panic button (for staff) – to help staff manage behaviors	Safety
	PIR movement sensor – to alert staff if A was leaving his flat	Safety
B	Bike GPS alarm	Security
	Pivotell medication dispenser (GSM) – to alert staff if not accessed	Health and independence
	Penfriend – pre-recorded cooking instructions to enable him to cook safely	Independence and safety
	Voice prompt with door contact	Independence
	Stove guard – switches cooker off if left unattended or too much heat	Independence and safety

Case study: Person A - reduction in restrictions and hours

A lives in his own flat. He used to have support staff with him for 15 hrs a day, this support was required due to a history of A being unable to leave the property safely without support. Due to A being under constant supervision, a DoLS application had to be submitted, as part of this work a Personalised Technology assessment was requested to see what technology could be put in place to help keep him safe and reduce the level of restrictions in place.

A can also display behaviours that challenge and there was concern that this could increase with a reduction of hours.

The outcomes for A

Several options were explored for A, as he did not like to have his door shut during the day so a door sensor would not be suitable and GPS locators had too long a delay before staff could be notified. A specialist motion sensor was sourced, it was mounted above his door and linked to the existing telecare system so that when A came out of his flat staff would be notified immediately via a pager and they could support him as required.

Sensory stimulating music and lights were also provided as A enjoyed discos and this would give him the opportunity to use equipment to entertain and occupy himself.

The impact of the technology

A's staffing was successfully reduced by 3 hours a day, reducing costs whilst more importantly reducing his restrictions and giving him the opportunity to have time on his own safely.

Assistive technology has helped A to be occupied when staff are not present, helping him to be more independent.

CQC Key Lines Of Enquiry (KLOE's) met through the use of technology

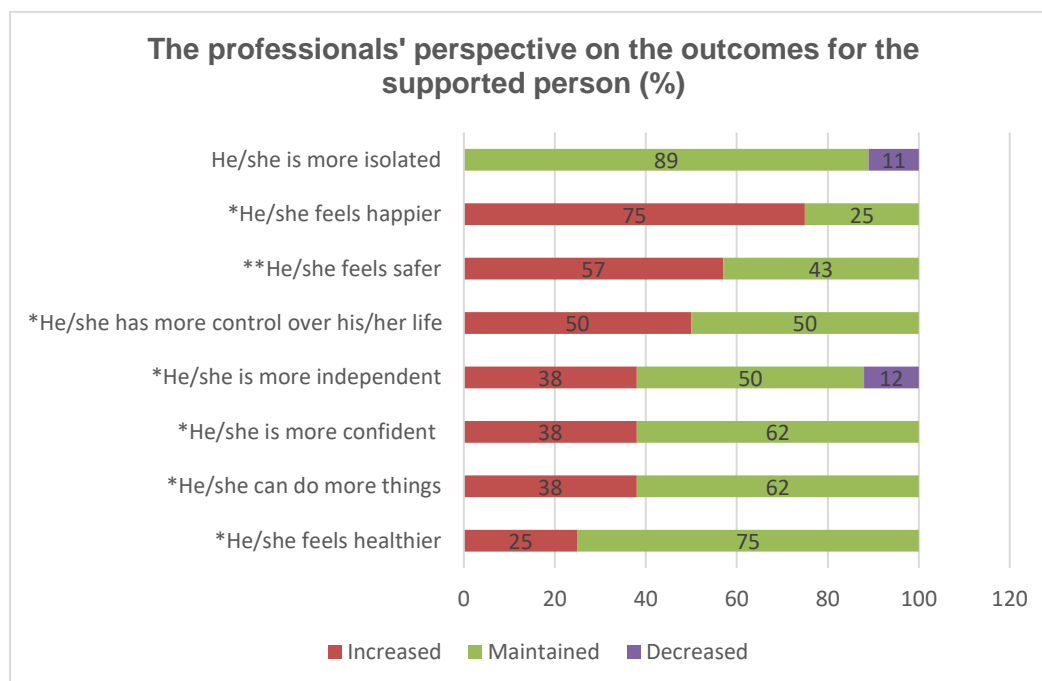
KLOEs	KLOE met	Outcome
Safe? Service users, staff and visitors are protected from abuse and avoidable harm.	Yes	The motion sensor alerts staff if A was to leave the property and could be at risk of harm or injury.
Effective? People's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.	Yes	A has been able to take steps to be more independent with the use of the technology.
Caring? Staff involve and treat people with compassion, kindness, dignity and respect.	Yes	Staff have been able to keep A safe with less observations, giving him more privacy and dignity.
Responsive? Services are organised so that they meet people's needs.	Yes	The motion sensor was installed and established before there was a reduction in staffing.
Well-led? Leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.	Yes	The use of PT has enabled A to spend time unsupported and helped to increase his independence.

The professional's perspective

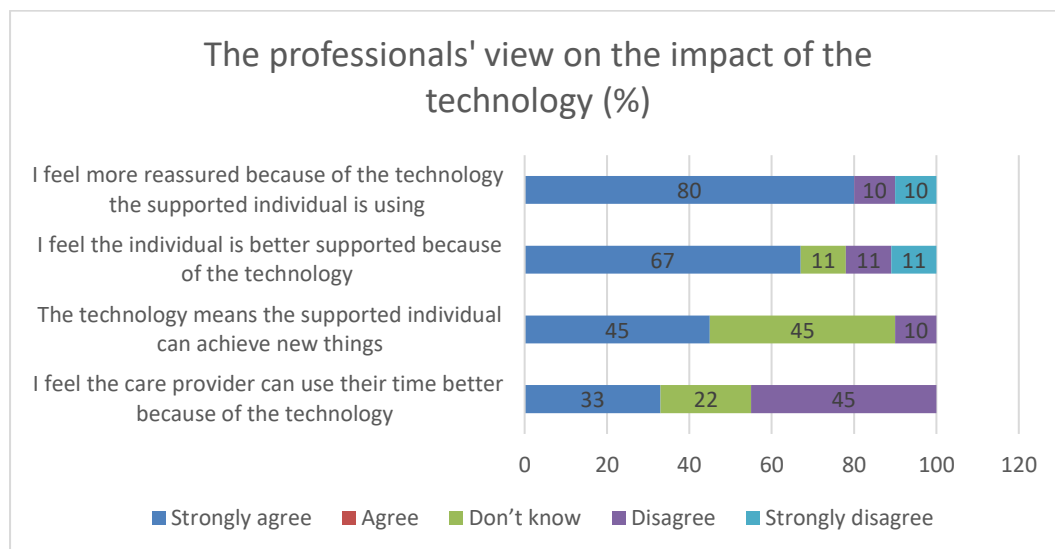
There was a low response from professionals, receiving only **9 responses out of 49 questionnaires sent**. Some social workers did respond stating they no longer worked with the client or that they were in a different role and unable to provide feedback.

Quality of life outcomes

When asked their perspective on the outcomes achieved for the supported person, **75%** of professionals stated the person is happier, over **50%** stated the person feels safer and has more control, **38%** stated the person is more independent, confident and can do more things. **11%** stated the person was less isolated. No one said the person was more isolated as a result of the technology.



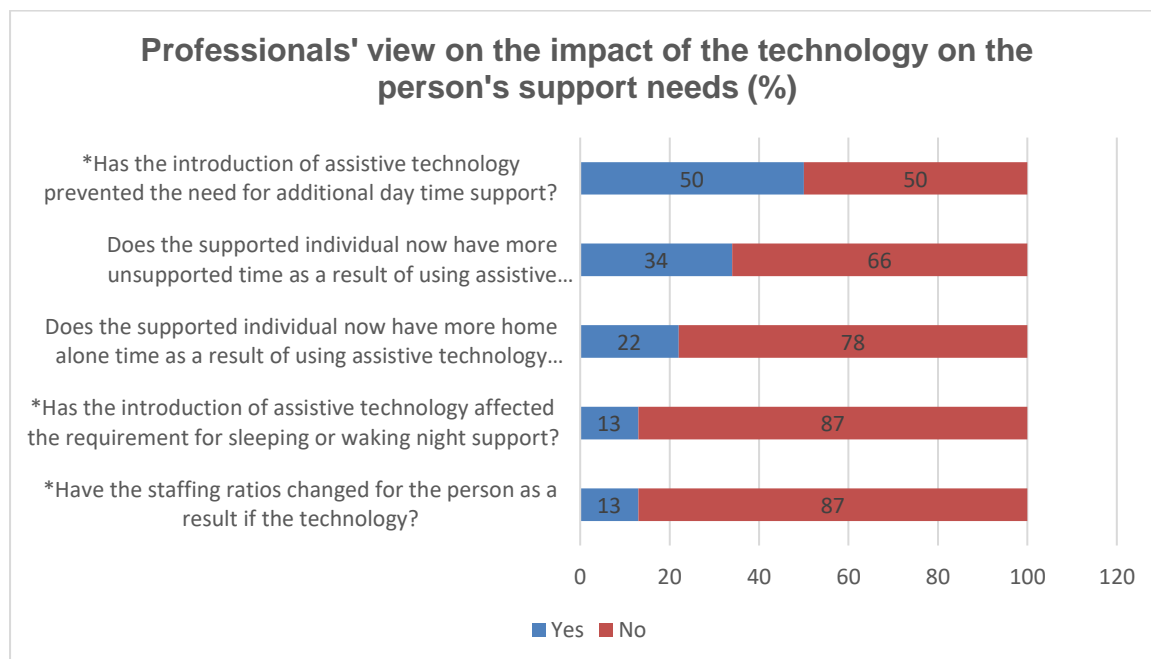
80% of professionals reported that they feel more reassured because of the technology and 67% felt the person is better supported due to the technology.



Support needs

When asked about changes in the person's support needs **50%** reported the technology has prevented the need for additional day time support, **34%** reported the person now has more unsupported time, **13%** reported staffing ratios have changed.

It was reported that one sleep-in has been removed as a result of the technology (Person C).



Person C was provided with the following technology:

Person	Technology provided	Anticipated outcome
C	Skoog music player	Independence and relaxation
	Time tracker traffic light timer	Communication
	Big Jack – environmental controller Jelly bean switches	Independence
	Media player	Independence
	Panic button	Safety
	Bed occupancy sensor	Safety and dignity
	Door sensor	Independence, communication and safety
	Staff pager	Safety, dignity, communication and independence
	Magnetic cable for his iPad	Independence

The professional commented that: “[as a result of the technology] there is no need to physically check in his room so he is not disturbed at night and can sleep without interruptions”.

From the follow ups provided by professionals, we received feedback regarding Person A (above) – when asked in what way is the support provided now better because of the technology? The professional responded that it is “Less restrictive. Less need for staff presence, reducing cost for local authority and promoting service user's independence”.

When asked have the staffing ratios changed for the person as a result if the technology? “Yes, less staffing required. Access to floating member of staff only as opposed to 1:1 for parts of the day”.

Other comments received from the 50% of professionals who agreed the technology has prevented the need for additional day time support included:

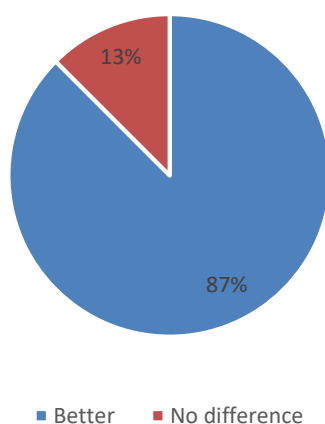
“Can administer own medication”

“Hopefully reduced time needed to monitor from family”

“D is able to manage with basic things like remembering to take his tablets, tell the time, read letters and wash his clothes. It means his needs no longer go unmet. He can also keep in contact with people such as us over the phone to do weekly check ins”.

87% of professionals reported that they feel the person’s quality of life is better as a result of the technology. No one reported that it is worse.

Overall do you think the support individual's quality of life is better or worse as a result of the technology?
(%)



Statements to back up this included:

“Maintaining a sense on independence”

“More choice, can choose music she wants to listen to”

“It gave E more options to organise his day and remind him of routines as living independently now, but it might not help with his basic difficulties with motivation”.

“He is able to have more of his needs met and doesn't struggle as much with day to day activities. New opportunities have also arisen since having a phone such as communication with the CLDT and volunteers and being able to speak to his friends and family who live afar”.

“The way in which they are supported is less restrictive”.

Summary

Despite the lack of response to the evaluation questionnaires, from the data collated the evaluation has highlighted that assistive technology can help to deliver quality of life outcomes both for the supported individual and for the people supporting them; the support provider, families and professionals. It has also helped to reduce resources in a small number of cases, however, it is anticipated that if there had been a higher response rate more cost savings would have been identified.

When considering the predefined outcomes of the project:

- promote independence choice and control for individuals

The Learning Disabilities Assistive Technology Project – Evaluation Summary Report
Emma Nichols, Personalised Technology Manager, Hft
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- reduce and prevent adults with LD entering inappropriate services
- mainstream the use of assistive technology in the learning disabilities and housing pathway

It is clear the technology has increased and promoted independence, choice and control for people with learning disabilities as well as increased safety and skills. It has also been evidenced that the technology has prevented the need for additional support but is not clear from the feedback received if this has prevented people with learning disabilities entering inappropriate services. In addition, the learning during this project helped to shape Bristol City Council's Assistive Technology Strategy.

This evaluation has raised some key considerations to ensure the sustainability of the technology long term and enable individuals' access to the solutions they need to live their best life possible:

1. Feedback from professionals was low, however, some responded saying they no longer supported the individual, was not supporting the individual at the time the technology was provided or had moved on to a different role and was unable to provide feedback. This raised the following questions:
 - Has the AT been integrated into the person's care package and their support plan?
 - Has the AT been reviewed regularly to ensure that it continues to meet the needs of the person or if changes in the technology are required
2. There was a reluctance amongst the health and social care team to take on the responsibility of the provision of epilepsy solutions. It was perceived that this was due to a number of factors: lack of knowledge and confidence in supporting epilepsy through the use of technology, not wanting to be the named person responsible for agreeing to such a solution, the complexity and risks associated with the condition and the time and resource required to complete the risk assessments and support the embedding of the solution, in addition some beneficiaries did not have anyone close by that they could nominate to respond to an alert in the event they were having a seizure.
3. A high proportion of users of the technology reported they did not know what to do in the event that the technology stopped working. This is concerning and presents a risk that if/when this occurs (all technology has a life span) the person will not know what to do and no one will be informed, leading to the technology not being fixed or replaced, this could potentially either leave the person at risk or deskill them. If the AT is included within the person's review this would reduce the risk of this occurring.
4. Renewals and replacements management and budgeting needs to be considered to ensure that the technology is benefiting the person long term.
5. Feedback from learners from the training highlighted a need for AT training for both health and social care professionals. This is a consideration when planning annual learning and development plans

Appendix 1

The project partners

Bristol City Council

Bristol City Council is the local authority of Bristol, with responsibility for care and support for adults. Bristol City Council promotes adults' independence, choice and ability to make decisions about the care and support they receive. Services to help people live independently include home adaptations and equipment, reablement, help returning home after hospital, Bristol Careline, Bristol Community Meals and Technology Enabled Care.

Bristol City Council Technology Enabled Care (TEC) Hub

The BCC TEC Hub is part of Accessible Homes working in partnership with the Adult Social Care and Emergency Control directorates.

We work with clients who are eligible under the Care Act, to consider whether it is possible to use technology in person-centred ways to meet agreed care and safety outcomes, and arrange installation of any necessary equipment.

Our aim is to discharge the council's statutory duties under care and capacity law but also support clients and carers to identify their own outcomes to allow them to live more independently and to improve their quality of life.

We Care Home Improvements

As the largest independent home improvement agency in the UK, with more than 30 years' experience – WE Care Home Improvement's aim is for people to live comfortably and independently at home for as long as they choose, enabling them to enjoy their lives in the surroundings they love.

Our support includes specialist advice on home adaptations and accessible bathrooms.

We also provide home improvement and repair services in the Bristol, Bath and North East Somerset, North Somerset, Gloucestershire and South Gloucestershire areas. We help for individuals that are leaving hospital and completing minor repairs such as fixing a leaking tap.

Hft

Hft is a national charity supporting people with learning disabilities to live the best life possible. Our services range from residential care and day opportunities to supported living/domiciliary care at home – from a few hours a week to 24 hours a day. We provide support that means people with learning disabilities can experience life to the full – from enjoyment, satisfaction and improved health to finding meaningful relationships or paid employment. Our commitment goes beyond being just a high-quality support provider.

Hft has a personalised technology (PT) team who offer a range of PT services including assessment, training, installations and general advice and consultancy. We manage the use of PT within our own Hft services and we also work with a range of organisations including local authorities, housing providers and support providers to support them to implement the use of technology into their services.

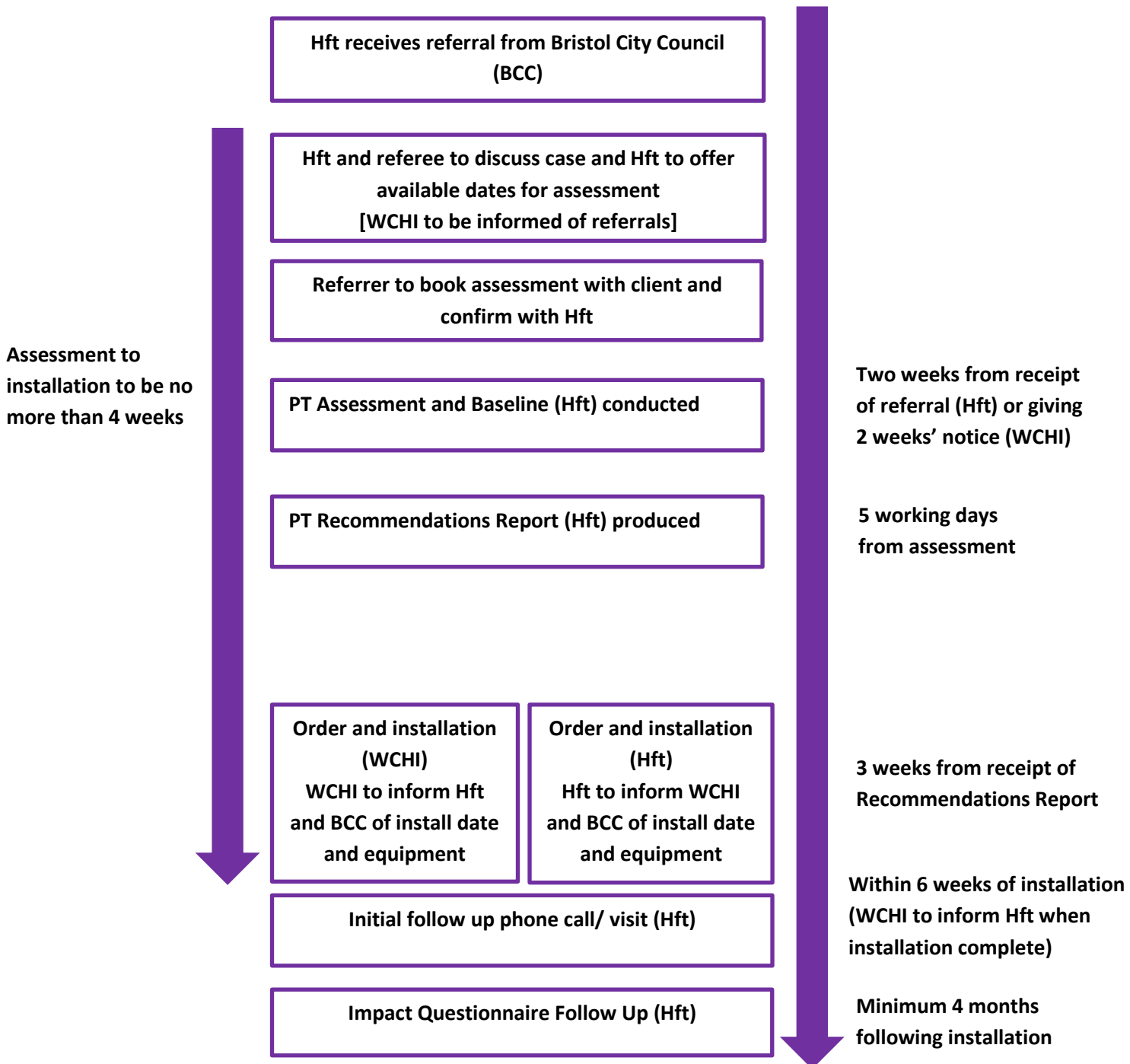
Contact: personalisedtechnology@hft.org.uk

www.hft.org.uk/ptservices

www.hftsmarthouse.org.uk

Appendix 2

Hft and We Care Home Improvements Implementation Process – Bristol City Council – Learning Disability Assistive Technology Project



Appendix 3

The below graphs show the range of solutions recommended to enhance independence and health and safety that were recommended less than five times.

