



# **Assistive Technology Workshop Summary and Recommendations 13 November 2019**

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## Workshop background and objectives

On Wednesday 13 November, LOTI held a workshop on how best to measure the impact and effectiveness of Assistive Technology (AT) pilots in a consistent manner so that officers in LOTI member boroughs can make evidence-based decisions about which ATs to deploy in future.

## Objectives

Facilitated by Priya Javeri and LOTI central team, the workshop had two objectives:

1. To learn from boroughs' experiences of evaluating previous AT trials and
2. To create a template evaluation framework for ATs

## Participants

The workshop was attended by:

Agnes	Olagunju	Newham
Bradley	Coupar	Sutton
Conrad	Eydmann	Waltham Forest
Eden	Munro	Hackney
Gemma	Allen	Newham
Gemma	Webster	Camden
Jack	Mcgarrigle	Camden
Jamie	Spencer	Camden
Lauren	White	Newham
Matthew	Catchpole	Croydon
Nafisa	Bhamji-Patel	Newham
Priya	Javeri	Newham
Richard	Bond	Camden
Rob	Miller	Hackney
Shankar	Subbiah	Brent
Tessa	Cole	Hackney

## Exercise 1: Sharing experiences

Participants were invited to share their experiences about:

- 1) What AT pilots they were running or have run in the past
- 2) The strengths and weaknesses of the evaluation approaches they had used to assess the impact and effectiveness of ATs.

## **1) A number of AT pilots have already been conducted by boroughs**

Participants shared examples of AT trials conducted in their boroughs, these included:

- a) Waltham Forest's trial of an alarm app and motion sensors as a replacement for sheltered housing on-site staff.
- b) Hackney's wrist-worn alarm (alternative to pendant) with sensors connecting to a monitoring centre over a mobile network
- c) Croydon's telehealth services for residential homes
- d) Newham's Alcove sensors and use of Amazon Alexa
- e) Camden's map of people with Learning Disabilities

## **2) Strengths and weaknesses**

Participants shared their views on the strengths and weaknesses of the evaluation approaches they had used when assessing the impact of the AT pilots.

Some of the strengths mentioned included:

- a) Involving operational experts right from the start of the pilot - this had proved important and useful to get buy-in from frontline staff. What was also highlighted was the importance of getting buy-in from those being cared for, service and senior managers, and carers.
- b) The use of a control group to enable better evidence of a causal connection between the intervention and its impact
- c) The improvements of digital skills of participants trialling ATs
- d) The availability of more information for carers who are then able to adjust existing care plans, plan for alternative interventions etc. leading to improved care
- e) Direct tracking of cost savings
- f) Use of outcomes statements concerning the desired goal to provide a clear hypothesis to be tested
- g) Collection of stories / case studies to enable the visualisation / practical improvements in quality of life as a result of ATs

Some of the weaknesses mentioned included:

- a) User needs were often assumed rather than evidenced by user research. This led to a poor baseline assessment of needs (which made it harder to measure the change made by ATs) and the deployment of tools that didn't address users' needs.
- b) AT's benefits weren't clearly explained to users, which led to wrong assumptions about user needs and resulted in poor participation in trials.
- c) Unclear and lengthy process for recruiting participants for trials
- d) The upfront costs had on occasion been a barrier in participating in trials
- e) The small sample sizes for trials made it harder to draw conclusions about whether pilots were worth scaling up.
- f) The qualitative aspect of most evaluations involved the use of long questionnaires and surveys which led to low response rates making evaluation difficult.

- g) Demonstrating cost savings was at times at the heart of deploying AT devices. Participants expressed their desire for the cost savings to be a feature rather than the focus on deploying ATs with the focus remaining on improving the quality of life for residents.

## **Exercise 2: Creating personas**

In this exercise, participants explored what factors about the user, their life and context are most important to understand before commencing AT pilots. By creating personas, participants were able to identify some common and unique factors that apply in different scenarios.

Participants created personas to reflect the different users of the AT pilots they had conducted. Some of the common factors identified as important to understand before any AT pilot were focused on four key areas, individual, local network, carers and technology:

- 1) Individual
  - a) Desired outcomes (how would the user like to live their life and how can ATs enable this)
  - b) Language, communication and cognitive ability
  - c) Physical ability
  - d) Home environment e.g. access to broadband
  - e) Personal financial situations
- 2) Local network
  - a) Family (technological capability and proximity to user) and involvement in caring responsibilities
  - b) Neighbours and community
- 3) Other carers including social workers and their level of involvement in daily activities
  - a) Existing care packages / arrangements
  - b) Council's triage services and alternate arrangements
- 4) Technology
  - a) Ability to use technology without further intervention such as training or ongoing support
  - b) Carer's ability to use technology
  - c) Ability of user to afford the technology beyond the pilot
  - d) Support available to maintain and troubleshoot the technology

Some unique factors that participants thought were important and should be considered before piloting ATs included:

- 1) The individual's health conditions and needs e.g. learning disabilities, physical impairment, diabetes, loneliness etc.
- 2) Age, particularly related to the functionality and useability of some ATs

3) Day to day routines and behaviour patterns

**Exercise 3: Creating a prototype evaluation framework**

Prior to the workshop, LOTI central team conducted interviews with borough representatives involved in the running and evaluation of AT pilots and desktop research, to understand best practice in evaluation methods more generally and AT specific examples.

This research was presented to the group. A summary overview can be viewed [here](#).

Following this, participants were invited to consider the elements that would make up a practical and user friendly framework that could be tested on current and future pilots.

Much of the discussion centred on the potential framework headings but with a clear wish that the design should answer the 'why', which articulates the need and makes the business case for an AT.

Specific points raised were:

- 1) The benefits of the trialled AT should be highlighted and brought to life by the use of case studies that best capture the functionality and relevance of the AT
- 2) Dependencies, i.e. conditions required to make the use of an AT successful should be captured and shared. Some of these conditions / dependencies include:
  - a) Upfront cost (affordability)
  - b) Resourcing of the pilot - how much resource was allocated from different service areas, for example corporate teams, social care services etc.
  - c) Existing care packages for example caring support during trials
  - d) Existing abilities in using technology
  - e) Other elements required to make the AT a success, examples included broadband, careline use etc.
- 3) Return on investment - participants expressed that financial cost savings are still drivers of deploying ATs but should not be the only motivating factor
- 4) Improved wellbeing - discussion focused on outcomes for people and improvement of quality of life as being important indicators
- 5) Reduction in admissions to more acute care and hospital referrals
- 6) Length of time
- 7) Frequency of analysis
- 8) Impact on existing services and support for the individual

**Summary of Recommended Actions**

On this basis, we recommend the following actions, which will be presented for approval at LOTI's all-member workshop and Advisory Panel on 26 November:

1. Create a prototype common evaluation framework that can be used for assessing the impact and effectiveness of AT trials across LOTI.
2. Boroughs to put forward potential AT trials planned in the near future, where the prototype evaluation framework can be tested.
3. LOTI central team to support iteration of the common evaluation framework.
4. LOTI to adopt the final evaluation framework as the standard approach for assessing any ATs.