UTOPIA: Using Telecare with Older People In Adult Social Care

What research tells us about how technologies are used by older people: findings from an online survey of English Local Authorities

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A full copy of the report on which this presentation is based is available at https://www.kcl.ac.uk/sspp/policy-institute/scwru/res/utopia/output.aspx
Structure

1. Objectives

2. Findings

3. Implications

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The Advisory Group for this study included service users, carers, industry representatives and representatives from NGOs.

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1. Objectives and 2. Survey findings

Key objectives
Understand Adult Social Care Department perspectives on:
• Strategic aims of telecare use for older people
• How aims are operationalised and delivered

Methods
• Online survey using ‘Survey Monkey’ software
• 114 valid responses (75% response rate)
• All types of LA and regions represented

1. Strategic aims
• delay needs for support
• enhance quality of life

Operationally
• risk management and safety
• support for unpaid/family carers

Much less use to
• support well-being,
• reduce loneliness

Telecare seems to be used mostly to reduce future anticipated costs
2. Survey findings

2. Level of financial commitment
24% felt telecare would save money. Not all could evidence this claim. Some had done financial modelling and developed ‘hypothecated’ savings.

3. Assessing eligible older people for telecare: what gets considered?
• Generally wide in scope – strengths-based as well as risk management/safety focused.
• Some subjects less often considered than others.

<table>
<thead>
<tr>
<th>What do you assess within your telecare assessment?</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person’s ability to mobilise &amp; move around</td>
<td>92%</td>
</tr>
<tr>
<td>The person’s memory &amp; whether this is impaired</td>
<td>92%</td>
</tr>
<tr>
<td>The person’s ability to communicate</td>
<td>92%</td>
</tr>
<tr>
<td>The person’s daily routines</td>
<td>92%</td>
</tr>
<tr>
<td>The mental &amp; physical capacity of the person</td>
<td>92%</td>
</tr>
<tr>
<td>The person’s physical environment inc. steps &amp;...</td>
<td>89%</td>
</tr>
<tr>
<td>The social support the person has inc. family,...</td>
<td>89%</td>
</tr>
<tr>
<td>What activities the person needs to do in their...</td>
<td>88%</td>
</tr>
<tr>
<td>What may be unsafe about the way they do an...</td>
<td>83%</td>
</tr>
<tr>
<td>The person’s insight into their abilities and...</td>
<td>80%</td>
</tr>
<tr>
<td>What activities are important for the person to...</td>
<td>75%</td>
</tr>
<tr>
<td>The person’s grip strength &amp; dexterity</td>
<td>72%</td>
</tr>
<tr>
<td>The ability of the person to problem solve</td>
<td>54%</td>
</tr>
</tbody>
</table>
4. Assessing needs of older people for telecare: when and where?

- **Assessments not always done:**
  - For some devices
  - Hospital discharge
  - Self-funders

- **Potential consequences**
  - Can fail to identify other needs
  - Poor matching with needs
  - Over or under prescribing of telecare
  - Associated with later telecare abandonment

- **Self assessment for telecare & Direct Payments**
  - 22% could self-assess
  - 28% could spend a Direct Payment on telecare
  - 24% could get advice

5. Assessing older people for telecare: reviews

- Mostly by telephone
- Sometimes focused on equipment, not person
2. Survey findings

6. Training

• 47% said training was available to telecare assessors
• Usually by telecare manufacturers/suppliers or peer learning
• Almost no training was formally accredited/led to a formal qualification
• Training course or session usually short
• Focus of much training may be about how devices work rather than how to match telecare to need.

7. Availability/use of telecare devices

• Limited numbers of suppliers and devices:
  • just under 40% obtained telecare from between 1-5 suppliers.

How many suppliers does your adult social care department procure telecare equipment from? (n=152)

• The most commonly used types of technology were
  • lifeline and pendant alarms (53%),
  • fall detectors (50%),
  • bed or chair occupancy sensors (48%), and
  • smoke detectors/alarms (42%).
2. Survey findings

8. Installation and maintenance

• Installation & maintenance by telecare specialists, manufacturers or suppliers and others.

9. Responding to alarms generated by telecare

• Just under ½ said the ‘first line responder’ was an unpaid/family carer

• Most Shire counties did not provide a 24/7 paid response service and some said if no unpaid responder was available, no telecare is provided

• Some envisaged cutting back on response services and involving carers more:
  • Some carers are also frail
  • Transfer of responsibility and risk
  • Carer stress/inability to remain in employment

10. Why people ask for telecare to be removed

Why do people ask for telecare to be removed – apart from if people die or move into care? (Please indicate the three main reasons).

• Rates of rejection were not obtained

• The findings suggest that people who rejected telecare did not value it.
3. Implications

- Our study does not confirm the views of many LAs and the telecare industry that the WSD researchers ‘got it wrong’
- We also disagree with any suggestion that telecare can never be a cost effective use of public resources
- Less focus on technology and the latest gadgetry and more on workforce and practice implications to make technology work
- We think that most effective use will depend on a number of pre-conditions, including the following

Did the rejection of the WSD and creation of alternative information prevent rigorous examination of the effectiveness of telecare among LAs and others?

- Investment in accredited training for telecare assessors and installers to support high quality person centred assessment
- Rigorous, person-centred assessments done in the home of the telecare user. *(If done elsewhere always follow-up?)*
- Seeing assessment as a process than an event *(alertness to changes in need, & ways telecare is adapted and used)*. *Telecare= ‘complex intervention’ ≠ ‘plug and play’*
- Availability of a wider range of technologies to improve matching with need.
- Accurate, full, objective and clear information esp. to self-funders or Direct Payment users *(not marketing)*.
- The development of arrangements for social response services in all areas including clear protocols & linkage to equalities and carers strategies