Social Care Digital Innovation Programme

Implementation Phase Application

Discovery Phase Review

28 September 2018

Discovery Phase Review

Haringey Council commissions from a diverse and changing care market to meet residents' needs, to build their independence and to support the achievement of the outcomes they themselves have identified.

Whilst aware of growing evidence that technology supports the delivery of care and provides people with greater choice, independence, dignity and control, there is limited use of it locally amid concerns about the unintended consequences of increased social isolation and lack of confidence that technology can be a safe alternative to more traditional care provision.

The Council has embarked on a widescale review of assistive technology (AT) and is identifying options for future delivery models. The opportunity to be one of the twelve local authorities receiving funding from NHS Digital through the LGA SCDIP has enabled the Council to link the learning from this discovery phase into the wider AT programme.

Several Learning Disability care providers had previously approached the Council, uncertain about their ability to meet the care needs of existing service users due to increasing financial and resourcing pressures, on occasions linked to the HMRC ruling regarding wage rates for sleep-in shifts. These approaches have largely been requests for additional funding rather than focused on teasing out different ways of meeting needs going forward.

As background, the expanded use of supported living accommodation within Haringey is integral to the delivery of cost-effective support for people with Learning Disabilities and the reduced use of residential care facilities.

By ensuring technology is at the heart of supported living accommodation, in conjunction with a positive risk taking and 'can do' rather than 'can't do' ethos and safe realisation of positive risk, individuals can be supported to be as independent as possible in their own homes and communities, and the whole system can benefit from cost effective care and support across Health, Social Care and Housing.

The Council are keen to develop new ways of delivering services, working with our care providers, users and carers, with a greater role for digital and assistive technology solutions and clearly aligned to strength-based practice, starting with the individual user's qualities and skills.

The discovery phase has therefore been an opportunity to bring into clearer focus the key questions to explore with a range of stakeholders:

"How might we develop an innovative supported-living offer that promotes safe independent living, is focussed on user outcomes and can be supported by using Assistive Technology?"

"How do you want your loved one to be supported by Haringey Council over the next ten years?"

Approach/Method
Expert Support

The Council recognised that it did not have the expertise in house to develop this work and so commissioned the Technology Enabled Care Services Association CIC (TSA) to facilitate the discovery phase. TSA, as the industry body for technology enabled care, has a wealth of experience within the social care sector in identifying the outcomes that can be enabled through technology, but more importantly how to engage with stakeholders to understand the 'what's in it for me?' for each stakeholder group and being outcomes rather than technology led.

Establishing the Project Team

A project team was established with representatives from the council, including Commissioning, Brokerage, Learning Disabilities, Transformation and TSA. The Council identified initially three care providers that were representative of the Supported Living providers in the borough and invited them to work with Haringey Council on this exercise – Marcus & Marcus, DRS, and HAIL. During the initial phases of the project a further provider Next Steps was also invited to participate. A project manager was identified along with a dedicated social worker.

Reframing the Problem

To ensure joint ownership of the issue and following the advice given at the kick-off event, we decided to reframe the problem so that it was more focused and achievable. This was relatively easy as all parties recognised the issue and the outcome that were all working to, it was the approach and concerns that differed across the group. This led to the a clearly defined issue of:

"How might we develop an innovative supported-living offer that promotes safe independent living, is focused on user outcomes and can be supported by using Assistive Technology?"

Agreeing the Approach

Following on from this the project team agreed the approach that was to be adopted, along with commitment to the project in terms of resources and time.

It was determined that the approach should focus primarily on a series of engagement sessions/meetings with stakeholder groups, with the aim of understanding how individuals are supported in their day to day activity, the tools and activities used by care provider staff to deliver the support. The work also needed to focus on the care pathway, from the identification of outcomes from initial assessment and review by the social worker, the process of brokering support to meet the outcomes and deliver agreed activities, and then the meeting of these within the supported living environment.

An engagement plan and project plan were created (the current versions are attached as appendices A and B), with progress reviewed at weekly touchpoint meetings.
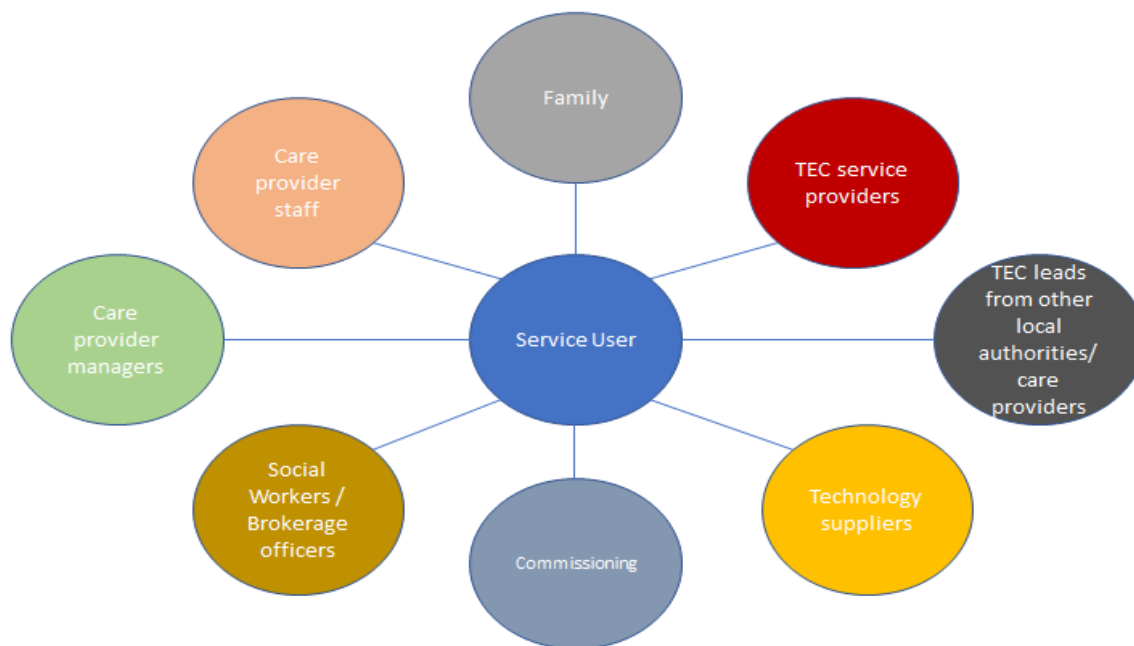
In addition to this benchmarking, research was to be undertaken to gain a better understanding of best practice in this area. There was also desktop review of existing assessments and care packages to understand the process and documentation across the care pathway.

Project Management Approach

Due to the timescales and the summer period it was essential that a project management approach be adopted, a project manager was allocated and copies of the documents used can be found in the appendix.

Engagement

The visual below outlines the stakeholders involved and the sessions that took place, facilitated by TSA, a dedicated social worker and project manager:

Family

Care provider staff

TEC service providers

Care provider managers

Service User

TEC leads from other local authorities/ care providers

Social Workers / Brokerage officers

Commissioning

Technology suppliers

The care providers' representation at the sessions included care staff and care managers.

Where possible there were separate meetings for staff and managers as the project wanted to understand from care staff the potential for service users of technology and the outcomes each individual wanted to achieve. Alongside the potential benefits to care staff therefore from utilising technology and their perception of concerns from using technology, the project heard how comfortable they were in accessing solutions and any worries about impact on their job role in the future. From a manager perspective the project wanted to understand the benefit to the business, management of resources and potential impact on reducing staff turnover. Discussion questions used at each session are in the feedback section below.

Similarly, the project provided letters to parents/families to outline the project and to hear from families in order to help discover how technology could support loved ones (copy of the engagement letter for families can be found as Appendix C). Sample questions included:

1. What technology are your family members using themselves – tablets, smartphones, prompts etc.?

2. What would you like care to look like for your loved one in the next 10 years?

3. Where do you see opportunities to utilise digital tools and technology to support your family member with their care needs?

4. What do you think some of the challenges will be to implementing technology within care plans?

5. How might we overcome some of these challenges?

Finally, the project team produced questionnaires and an easy read document shown below to explain what the Council were keen to understand from service users and introducing who would be meeting them (attached as appendix D); feedback from eight questionnaires can be found in appendix E, showing that all eight service users would like support with technology.

Feedback

In all sessions, there was an overall positive discussion about the role for technology as an enabler, with a clear need for an individual, needs-led approach and strong feedback that one size does not fit all. (Please note, comments are in different colours to represent views from different care providers)

Care providers were aware of some forms of technology, predominantly at manager level rather than care staff, however there were only a few examples of the care providers using technology themselves and none of the care providers had either dedicated assistive technology leads or a developed strategy for the use of technology within care provision.

1. How do you develop the support plan for a service user once the care package is in place? What types of care support do you provide – accessing the community, exploring increasing independence with activities of daily living?

'We use a daily planner to help people with autism choose what they want to do. We take clients out to day opportunities and provide structured routines. We also would develop over time communication boards and cards with different key symbols that the Service User would use, such as asking for a specific item in order to support them to communicate their needs or what they are asking for.

Also, staff would support Service Users to develop a specific task, such as making something to eat through taking photos and developing Service User's to sequence carrying out this task over time.'

'In many cases, I rarely see technology factored into the support plan, which means that it is left for us, the provider, to identify how technology can meet a need, and we also have to bear the cost. If technology was factored into the support plan, we could cost this appropriately.

Also, if technology was part of the support plan, it would follow the client from each placement and would also be funded by the Council. We would consider a 50:50 partnership in funding the technology.

However, we only want to pay for technology where it will bring us a cost saving. For example, we purchased an industrial oven which can cook 10 meals at a time, which meant we no longer had to pay for staff cooking time.

There is a lack of clarity between social care and providers about whose role it is to identify how technology can meet a care need – this needs clarifying.'

Another care provider had the view that the support plans that are sent by the Social Workers are very clinical and not very person-centred - often the support plans do not state what the Service User is able to do / not able to do or give what are their likes and dislikes and interests and that often the information that is sent can be misleading or doesn't give an accurate account of the service user's needs.

2.   What technology are service users using themselves – tablets, smartphones, prompts etc?

'In other sites we have other equipment such as epilepsy sensors and doors sensors to alert staff. We pay for the technology ourselves and use Google, community nurses and information from other providers to help us identify and understand what technology is available.'

'We use iPads. In one case, the iPad was used to calm a Service User down (using music and visual stimulate). In the past this would have needed 3 or 4 staff to help calm him down.'

'We use phone-based apps to support with travel training such as anxiety management apps. We work with families and schools as well as research ourselves to find out about assistive technology and how it can help our clients. We have used a GPS tracker for one of our clients, so he can go out in the community independently - this is working well.'

'We use iPhones and help people with on-line shopping. Some of our homes have alarms on the doors and sensors to alert staff. We have used trackers to reduce risk of wandering. We use internet searches to source and identify AT.'

'Staff confirmed that they had very recently introduced the use of Amazon Echo into the placement and said that things are in the very early stages but advised that they feel that there is potential to develop Assistive technology within their service.

Staff also confirmed that they wanted to investigate whether Assistive Technology could be useful in setting reminders for the Service User to carry out different tasks, for example to:

a)   Prepare a weekly shopping list by recording items that they need onto the Amazon Echo
b)   To sequence tasks that the service user needs to follow such as the routine to brush their teeth'

3.   Where do you see opportunities to utilise digital tools and technology to support service users?

'We use a daily planner which could be digitised. We also like the idea of technology prompting service users to promote their independence. We also have a staff WhatsApp group to update each other on the day to day matters.'

'There are real opportunities to develop the use of assistive technology, especially with young adults as many of them have developed their skills and enjoy using technology.'

'We have some properties which have sleep in staff due to the risk of fire. If there was a more cost-effective way of providing this support instead of using a person we'd be keen to explore this. Social isolation is an issue for some of our clients - sometimes they call our on-call phone just to have a chat with somebody.'

'Motion sensors would alert us about behavioural patterns and we'd also be able to see what waking night staff are doing. We would like to make more use of smart watches as they can be used to make calls, raise alerts, and support health and wellbeing e.g. pedometer.'

'Staff were of the view that they see the possibility of assistive technology being used in a range of different areas such as:

a)   Supporting Service Users to make choices about things that they want to do/do not want to do

b) Developing Social Stories to support Service Users to understand an event that is about to happen such as a medical procedure
c) Develop ways in which a Service User can use devices such as the Amazon Echo to record information such as a shopping list and then for the shopping list to be printed out.
d) To obtain information quickly without the need to have to ask staff such as ''what is today's weather''
e) To develop an electronic worry box that a service user can use if they are worried about any issue.

Staff also confirmed that they were aware of other pieces of Assistive Technology equipment such as the Door and Epilepsy Sensor.'

4. Where do you see opportunities to utilise digital tools and technology to support care staff?

'There are in our view many opportunities to develop the use of assistive technology with staff, but it is also really important as to how the case for this is presented, as some staff may be resistant to change. Therefore, it is important to engage staff to help develop their understanding in terms of how assistive technology can help them in their role as a carer.'

'There are opportunities to use technology with staff especially if it will help improve outcomes for service users. The use of digital tools will be easy to promote with staff if it's seen to be enhancing their roles rather than perceived as a threat. There are opportunities to use AT to develop a floating support model, a bit like Uber with face time facilities so if Service Users just need someone to speak to, they have someone at the end of the phone. It would be great if there was an app that could turn information on websites into Easy Read information to support people with Learning Disability and other people with difficulties in reading.'

'Staff have reported that they have found difficulty in finding appropriate equipment on the market and have said that they would be grateful for some advice and support in this area.'

5. How can the Council best work with you to explore opportunities to increase independence and adopt technology where appropriate – would you recommend one or two champions within your staff?

'It would be good if there was an information pack available, a one-stop shop for assistive technology. We would also be willing to attend an event arranged by the Council which showcased the latest technology.'

'Engagement work with providers and staff to raise awareness and showcase the benefits.'

'Provide telecare free of charge to vulnerable adults. One of our carers (who cares for her terminally ill husband) was given AT free for 3 months, enabling her to go to church. When she was told she had to pay, she did not take up the service, which meant that she could no longer go to church.

We paid for a support worker for the day to enable her to attend a sea side trip. If technology was in place, this level of support would not have been necessary.'

'Staff have confirmed that they would like to have contact with someone at the council who is able to give them advice and support on the different types of equipment'

Market Research

TSA undertook a review of the use of technology enabled care (TEC) to support people with learning disabilities, and to establish the extent to which other local authorities have utilised solutions.

The exercise validated not only the significant opportunity for technology within Learning Disability provision and low levels of engagement around the country, but also the growth in SME organisations with new technology on offer, majority of which have been developed on the back of a particular need or from personal experience.

Key points of learning and sharing of experience reinforced both the need to keep things simple, not to introduce a raft of different solutions and to ensure the end to end process is well understood by professionals involved and offered choice for service users over the types of equipment used, for example, there are a range of GPS location devices available, some act as a mobile phone with two-way communication, others send an alert, some look like a phone, others fit on a keyring and several come in a range of colours – it is important where possible to offer a personalised solution and working with users and families to choose which colour or sound could be the activity that leads to greater adoption of a technology solution.

Case study examples and feedback that the project found particularly useful from care providers and solution suppliers around the country were:

An Independent Living Scheme house with 3 clients with Learning disabilities, with live-in support; each client has a pendant linked to an alarm unit in the house, there is also a lone worker pendant for the Support workers.

We also installed a fridge sensor in this house at one point, for a resident with Prada Willy, it activated if the fridge was opened during the night, to alert the Support worker. This was essential, so this client did not overeat or eat the wrong dietary requirements.

We focus on a person's ability and what they want to achieve, rather than their disability. It's not about the gadget or how the equipment works. It's about how the gadget is used to improve a personal situation.

Anyone with a learning disability, from mild to multiple and complex needs, can benefit. The intended outcomes of using technology are often clear but it can also create unexpected outcomes, such as positive changes in behaviour.

There has been considerable engagement with clients with learning disabilities to scope expanding the service in this area, solutions considered include:

Anxiety management app

GPS App / GPS Mobile phones

Integrated technology to encourage independent cooking but reducing risk - turns off the electrical cooker if you walk away, boil the pan dry or burn things

(Care provider) has had an AT manager in post for 7 years; technology has been always passive rather than put any need on the service user to take action.

Using GPS to support safer travelling, communication and environmental control, learning and leisure devices

5-6 users of eye tracking software for non-verbal communication

Sleep monitor to understand patterns and behaviour for non-verbal users, such as positive changes in behaviour.

Findings

In collating the feedback and research undertaken it was determined by the Project Team that the findings for the discovery phase fell into three key areas;

- Outcome based assessment
- Assistive Technology awareness and access
- Commissioning Approach

Outcome Based Assessment

Understanding the assessment process at the different stages and from each individual or group perspective clearly showed that there was not a common view of an individual or how best to ascertain this. It was also apparent that in getting a 'view' or understanding from some of the paperwork meant that it was more difficult to be clear on what outcomes that were looking for and how these could best be met. Care providers talked about redoing assessments to have a clearer view of individual's capabilities and what outcomes were wanted and then working with the service user in how best to meet these, as they spent more time with individuals there was a firm belief that they were able to gain a better understanding and insight into their preferences and capabilities.

In order to have a common view and understanding, there needs to be a way to undertake assessments that captures all contributions and takes account that these would change over time. In doing this, we need to have a common and clear way to record and share the information that would enable all key individuals to be able to access this on a common platform and that could understand how the outcomes were being met and to track progress against these.

Technology Awareness and Access

The use of technology in various forms has increased over the past decade, with local authorities across the UK supporting over 1.7m people with some form of technology solution. Predominantly the technology has been quite basic, in the guise of an alarm unit and pendant in the home, and the clear majority of the 1.7m users have been within Older People's Services. Over the past few years there has been growth in the area of supporting people with Learning Disabilities, however again this has focused very much on the dwelling and using technology to alert/raise an alarm.

While such technology usage is important to ensure staff are able to respond in a timely manner and where possible to de-escalate situations, there is a role for technology to enable people to increase their independence, access their communities where safe to do so and use simple technology solutions in everyday life to support activities of daily living – in doing so the Council and those supported can focus on activities that service users can do, rather than identifying things they cannot do.

There was clearly an appetite for assistive technology, particularly from the service users and Providers, but there was a lack of understanding of what was available and queries of how it was to be incorporated into care packages. Four main AT opportunity were identified to enable individuals to become more independent, to support staff in their caring roles and to seek to deliver care, knowing when to step forward but also knowing when it is ok to take a step back, armed with the information provided by technology enabled care, these were identified as follows:

a) Prompts/reminders – supporting activities of daily living

Much of the feedback linked to understanding the behaviours involved with service users with learning disabilities, with a wide range of skills and abilities, and at times the potential for significant changes in behaviour.

Using simple digital visual aids and video clips to help with daily tasks such as dressing, brushing the teeth, making breakfast could allow individuals to learn new skills with guided support through video and easy read language; in doing so the digital solution would keep a record of which videos have been accessed, how often and for how long, and in doing so build a pattern of use and measure increases in independence against an established baseline for each individual.

b) Prompts/reminders – managing behaviours and anxiety in the community

It is crucial that technology can not only support an individual in their dwelling, but also enable safe access to the community; this safe access includes management of risks and supporting management of anxieties and providing solutions in situations where behaviour may escalate.

Matching safe community access with support in stressful situations and meeting individual outcomes came through strongly in the stakeholder feedback and therefore an objective is to utilise an anxiety management solution to support users with personalised coping strategies and support and allowing individuals to determine the solutions themselves; coupled with this is the need to summon help when feeling anxious ahead of a point of crisis.

c) Safe walking/accessing the community

Ensuring service users can achieve a range of outcomes in the wider community is imperative, with the promotion of positive risk taking and encouraging physical activity and maintaining connections with friends – around the country there is growing uptake of GPS locating devices, predominantly to support people living with dementia and those with Learning Disabilities.

The range of these solutions is ever increasing, from mobile phones to wearables and apps, and can provide support with travel training and alerting staff when there is a need to respond, with the use of safe zones to raise notifications and alerts when triggered, but ensuring the individual can become more independent with the reassurance that help is on hand when needed rather than always there 'just in case'.

d) Passive monitoring of activity and trends

Understanding how an individual is interacting within their dwelling environment is important as everyone will have their own habits, patterns of movement, usage of facilities and the introduction of amendments to care plans, timing of staff intervention and general day to day activity can affect people in different ways.

Being able to build a pattern of everyday life and then being notified of any changes in trends, such as increased activity during the night, getting out of bed later in the morning, increased visits to the bathroom etc. can provide early warning of a change in circumstance or even health decline – technology that can 'learn' someone's patterns and trends over time through AI and machine learning can flag any concerns ahead of crisis point and also showcase when an individual is increasing in their independence and enable staff to take a step back and observe how the individual is getting on.

Commissioning Approach

Underpinning this were the practicalities of how is this all commissioned and how to identify and access technology. If we are going to have a sustainable approach, it is essential that it be

incorporated into how we commission services from providers. Our existing approach and systems do not facilitate this and we need to determine the most appropriate method for doing this.

Summary

The discovery phase review has enabled Haringey Council to take a step back from the wider AT programme and engage with partners across social care, care providers, families and service users at the outset of a real opportunity to look at how care is delivered differently. The technology is very much the enabler, for the delivery of better outcomes for individuals, for families to be able to see how their loved ones are interacting, and in some cases communicating in different ways. For social care staff and care providers to have the confidence in their roles in delivering outcomes and the benefits they receive from embracing technology at the heart of the care and support offer.

In order to do this effectively there needs to be a shared understanding of capabilities, preferences and outcomes, being able to determine how these are being met and being able to respond to any changes. Along with the practicalities of what we need to have in place to ensure that this happens in a sustainable way.

The framing of the issue remains the same and the approach has enabled us to not only see the challenges from each other's perspective but has also enabled us to test some assumptions around the role of assistive technology and the appetite for all concerned.

The approach going forward needs to build on the work we have undertaken to date in building the relationships and also the expectation. In order to fully identify the key elements that need to change to make this work, the focus has to be on the practical application to understand the issues and requirements that will inform the development of the approach going forward.

Working with the existing providers to co-develop the approach as a result of practical application is believed to be the most appropriate way forward. This also has the added benefit of us being able to showcase AT through case studies on an individual and home setting basis, delivering change and outcomes in a tangible way.

Appendix A – excerpt from stakeholder engagement plan:

Engagement Objectives: To develop an innovative supported living offer that promotes safe independent living, is focussed on user outcomes and can be supported by using Assistive Technology

Who			How				
Stakeholders	Where are they now	Where do you want them to be	Level of Engagement	Method of Engagement (e.g workshops, forums)	Resources - (what do you need to conduct engagement process?)	Key messages to Communicate	Frequency
Managers - Marcus and Marcus & DRS & Next Steps & HAIL	Limited use of AT to support service users, currently it is not known how receptive managers are to incorporating AT into their delivery model, however providers have been approached due to their positive relationship with the council	Providers identifying opportunities for AT to support service users and their workforce, with a designated AT lead per provider, bringing solutions proactively to the council and involving service users in identifying opportunities for greater independence through AT	Medium	Site visit and interview	TSA, prepare crib sheet for first discussion, arrange meeting and venue	AT is a key enabler for independence, it can impact positively on our service users using an individual, needs-led approach, and support staff in their roles	Initial meeting, if project moves to implementation phase there will be fortnightly/monthly meetings
Front Line Staff - Marcus and Marcus & DRS & Next Steps & HAIL	Anticipated low level of AT knowledge and may see it as a threat to their roles; currently it is not known how receptive staff are to embracing AT within their care delivery, however providers have been approached due to their positive relationship with the council	Staff identifying AT to support service users, working with them and families to develop solutions and to measure achievement of outcomes; greater utilisation of digital solutions to support their role	Medium	Site visit and interview	TSA, prepare crib sheet for first discussion, arrange meeting and venue	AT is a key enabler for independence, it can impact positively on our service users using an individual, needs-led approach, and support staff in their roles	Initial meeting, if project moves to implementation phase there will be weekly/fortnightly touchpoint meetings
Families - Marcus and Marcus & DRS & Next Steps & HAIL	Likely to have limited knowledge of AT to support loved ones, may see introduction of AT as a means to reduce cost and hands on support, however may also use technology in everyday life	Keen to expand use of AT to support loved ones, happy to support sharing the messages of outcomes achieved	Low	Focus group setting	TSA, prepare outline plan for drop in session, meeting venue already secure	AT is a key enabler for independence, it can impact positively on our service users using an individual, needs-led approach, using AT is not a 'done to' exercise and we are looking to see how AT can support everyday tasks such as dressing, cleaning etc as well as accessing the community safely	Initial meeting, if project moves to implementation phase there will be weekly/fortnightly touchpoint sessions with care staff and engagement with service users - this will include ongoing updates with families as AT solutions are identified
Service Users - Marcus and Marcus & DRS & HAIL	Likely to have limited knowledge of AT, may see introduction of AT as reducing hands on support, on an individual basis there may be capacity issues, however may also use technology in everyday life	Eager to use more technology to communicate with family and friends, happy to share their story with others	Low	Site visit and interview	Service user questionnaire developed, providers to prep SUs in advance of visit	How can we help to meet your needs and what you would like to do through using technology? To progress this we will need to develop a social story to show how AT can meet outcomes in someone's life, if the project progresses to implementation it is recommended that a visual, animated story is produced as an easy read guide to AT for users and families	
Commissioning	Some knowledge of AT in general, limited engagement with care providers to introduce AT	AT embedded within an outcomes focused Supported Living framework; support to embed AT within commissioning of future contracts across social care	Medium	Initial meeting	Feedback on current commissioning arrangements within Supported Living; detail at package level on all current SL packages to support LGA business case for roll out	AT is integral to the care and support offer, with development plans in place to	Provide updates throughout discovery phase, support with provider engagement to address any issues as required
Council Social Work representation	Limited reference to AT within reviews, varying levels of confidence in the current CAS service. Varying quality in recording of user led outcomes in reviews	Positive approach to risk taking and a focus on community assets and AT as primary areas to support user outcomes; working with care providers to record how outcomes are being met	Medium	Initial meeting to discuss recording of outcomes	Review of review documents, social work feedback and ongoing support from Stacey Oliver within the project	Social Workers focus should be on outcomes and risks, less on prescribing AT solutions and therefore AT referral should be amended to enable this; outcomes need to be individual, be linked clearly to activities that will meet the outcome and be clear to anyone picking up each case	Support throughout the project from Stacey Oliver
LD Reference Group	Likely to have limited knowledge of AT to support loved ones, may see introduction of AT as a means to reduce cost and hands on support, however may also use technology in everyday life	Keen to expand use of AT to support loved ones, happy to support sharing the messages of outcomes achieved	Medium	Visit to forum	TSA/Carlene to prepare outline plan for LD ref group session, meeting venue tbc	AT is a key enabler for independence, it can impact positively on our service users using an individual, needs-led approach; using AT is not a 'done to' exercise and we are looking to see how AT can support everyday tasks such as dressing, cleaning etc as well as accessing the community safely	Initial meeting, if project moves to implementation phase, need to review role of LD reference group within project and frequency of updates/input

Appendix B – excerpt from project plan:

Task ref	Task Name	Duration (days)	Start	Finish	Revised Date	Status	Owner	Comments
Project Set up actions								
1	Kick off workshop	0	16-Jul-18	16-Jul-18		complete	CH	
2	Kick off workshop meeting agenda	3	10-Jul-18	13-Jul-18		complete	CH	
3	Stakeholder Engagement Plan, what, where, why, who, when	3	7-Aug-18	10-Aug-18	16-Aug-18	complete	ND/CL	
4	Identified Innovation Adopters	14	2-Jul-18	16-Jul-18		complete	FF / CH	
5	Provide group/partners identified	14	2-Jul-18	16-Jul-18		complete	FF / CH	
6	Compile information on LD service users within all Supported Living sites	24	7-Aug-18	31-Aug-18	14-Sep-18	complete	SF/SO	
7	Agree with principal social worker - components of outcomes that can be improved within support plan	16	14-Aug-18	30-Aug-18	26-Sep-18	on track	ND / CA	
8	Review contractual arrangements with care providers	2	14-Aug-18	16-Aug-18		complete	ND/FF	
9	Review examples of similar exercise	18	20-Aug-18	7-Sep-18	18-Sep-18	complete	ND	
10	Mapping pathway from support plan to supported living package	0	16-Aug-18	16-Aug-18		complete	ND	

Appendix C – engagement letter for families:

Re: Shaping Haringey's future through technology

We have recently received funding from the Local Government Association (LGA) to explore how technology can help residents to maintain or improve their independence, safety and wellbeing in their own homes and communities.

The funding offers the council an exciting opportunity to work with service users, their carers and families and our partners to address the use of technology in the home.

What is assistive technology?

Assistive Technology is any piece of equipment or system that is used to improve or support the capabilities of people with care and support needs. The equipment can range from something as simple as a pendant alarm which can alert a 24-hour emergency response, to devices such as monitoring sensors for long term health conditions.

Assistive technology can help you to:

- Live at home safely with as much independence as possible
- Feel confident about getting out and about.
- Stay connected to family, friends and carers

It can also provide peace of mind to your family members or carers regarding your well-being.

How can you get involved?

Over the next few weeks, we would like to meet with service users, their families and carers to discuss what role they think technology has in their lives. We will also look at how technology is offering people increased choice, independence and sense of control.

Parent/ Carer Engagement Event – Winkfield Resource Centre

If you are a parent/carer and would like to speak to us about how you think we should be shaping care and support over the coming years and what role you think technology can play, then please come to our drop-in session on **Thursday 13th September between 2pm until 4pm**.

We would be grateful for your support and involvement in this project.

If you have any questions or queries, please do not hesitate to contact us. The lead social work officer for this project is Stacey Oliver. He can be contacted on 020 8489 2127 or via email, Stacey.oliver@haringey.gov.uk.

Yours sincerely,

John Everson

Assistant Director Adult Social Care

Appendix D – service user questionnaire:

Section 3: Technology

Do you feel comfortable using these things?
A mobile telephone

Very comfortable	Comfortable	OK	Uncomfortable	Very uncomfortable
☐	☐	☐	☐	☐

A tablet computer/ Ipad
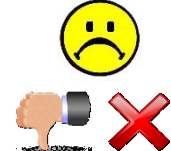
Very comfortable	Comfortable	OK	Uncomfortable	Very uncomfortable
☐	☐	☐	☐	☐

Please tell us what types of things you use technology for?

If you feel uncomfortable what help/support would you need?

Appendix E – service user feedback:

	Q.1 can you use a mobile phone?	Q.2 can you use an iPad/computer?	Q.3 Would you like support to use a mobile phone or Ipad/Computer?	Q4. Would you like support with technology?
1	yes	yes	no	yes
2	no	no	yes	yes
3	yes	no	yes	yes
4	no	no	yes	yes
5	yes	no	yes	yes
6	no	no	yes	yes
7	yes	no	yes	yes
8	yes	yes	yes	yes
Yes	5	2	7	8
No	3	6	1	0