

APPENDIX A: ALT REVIEW – NOTES FROM WITNESS SESSION WITH SERVICE PROVIDERS ON 13 SEPTEMBER 2021

List of organisations attending:

- Hillingdon MIND
- H4All
- Alzheimer's Society
- Carers Trust
- Hillingdon Autistic Care Services (HACS)
- Hillingdon Carers Partnership
- Comfort Care Services

Witness session notes

Officers introduced the witness session with a short explanation of what exactly was meant by Assistive Living Technology (ALT). ALT was explained using several examples, including wearable pendants, home and door sensors, gps trackers, Alexa, apple watches, etc.

Attendees at the meeting were then split into two groups to facilitate more open discussion on the topic, before reconvening to the whole group at the end of the meeting. The groups agreed that there were many benefits to using technology to assist independence and care. It was echoed that technologies like pendants and Alexas were beneficial. It was noted, however, that it was difficult for service providers to keep up with the many new developments in ALT. It was suggested that it would be useful to have some form of information hub for service providers to be able to get information on these developments.

A major strand of discussion for both groups was the concern that some service users were left behind by the move to more technologically based care and assistance. Several barriers to service user take up of ALT were noted, including a lack of access to wifi or the lack of know-how or confidence to be able to use ALT effectively. Mental health issues could also inhibit service users' take up of ALT. Paranoia about online fraud and person data theft could make the use of the internet triggering for service users.

It was also noted that many people had a general resistance to change, and that this could be an impediment to the take up of ALT. This problem was not just related to the service users themselves; often it was family members who were most resistant to changes in services due to technology. For example, family members might be used to their relative having four calls from a carer per day, and would be upset if this were to be reduced and replaced by remote meetings through technology. However, in some cases, the service user preferred the new format more.

A related strand of discussion related to the use of ALT during the COVID-19 pandemic. Similar concerns as the above were raised, but additional issues were also highlighted. The use of zoom/teams over the pandemic for services was discussed, with zoom being used for a variety of services, including exercise classes, social events and games. Some service users liked this move online, but others found it confusing and distressing when lots of people were on a call. Problems had arisen as a result of the transition back to in-person services, particularly due to the negative impacts of the pandemic on service users' personal development.

Education was posited as one solution to breaking down the barrier for those who lack the technological literacy to use ALT. It was emphasised that, as more services return to in person delivery, IT literacy help schemes must also return in-person, with online schemes insufficient. Pre-pandemic examples included services offered at the library, particularly a scheme where Brunel students volunteered to sit with residents to help them use the computers. The issue of outreach was also raised. Service providers were concerned that, even with strong services provided to help people with technological literacy, some people would still slip through the net.

It was agreed that the barriers to the take up of ALT emphasised that a one size fits all approach to its use would be wrong. A tailored approach was preferable where it was acknowledged that technological solutions were not always appropriate.

Summary of key themes of discussion:

- Ability to access services/technology/internet
- Training requirements
- Financial implications
- Impact on mental health/social isolation
- Difficulty of booking online sessions/limited session time
- Importance of community hubs/safe spaces
- Overcoming resistance to change
- Balance of technology with personal interaction
- Overcoming health issues such as dementia and remembering how to use technology
- Digitisation of paper records
- Redundancy and resilience should records be lost/technology becomes unavailable
- Engagement with end users + carers/family/guardians/service commissioners and third party providers
- Promotion of life skills/independence
- Promotion of services available
- Early assessments to identify all available solutions at outset
- No one size fits all solution