

## The Use of Telecare in the Re-design of Overnight Supports for People with Learning Disabilities: Implementing a Cluster-based Approach in North Ayrshire

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**Abstract :** Introduction: Within Scotland, the Same As You strategy committed to moving people with learning disabilities out of long-stay hospital accommodation into homes in the community. Much of the focus of this movement was on the placement of people within individual homes. In order to achieve this, potentially excessive supports were put in place which created dependence, and carried significant ongoing cost primarily for local authorities. The greater focus on empowerment and community participation which has been evident in more recent learning disability strategy, along with the financial pressures being experienced across the public sector, created an imperative to re-examine that provision, particularly in relation to the use of expensive sleepover supports to individuals, and the potential for this to be appropriately scaled back through the use of telecare. Method: As part of a broader programme of redesigning overnight supports within North Ayrshire, a cluster of individuals living in close proximity were identified, who were in receipt of overnight supports, but who were identified as having the capacity to potentially benefit from their removal. In their place, a responder service was established (an individual staying overnight in a nearby service user's home), and a variety of telecare solutions were placed within individual's homes. Active and passive technology was connected to an Alarm Receiving Centre, which would alert the local responder service when necessary. Individuals and their families were prepared for the change, and continued to be informed about progress with the pilot. Results: 4 individuals, 2 of whom shared a tenancy, had their sleepover supports removed as part of the pilot. Extensive data collection in relation to alarm activation was combined with feedback from the 4 individuals, their families, and staff involved in their support. Varying perspectives emerged within the feedback. 3 of the individuals were clearly described as benefitting from the change, and the greater sense of independence it brought, while more concerns were evident in relation to the fourth. Some family members expressed a need for greater preparation in relation to the change and ongoing information provision. Some support staff also expressed a need for more information, to help them understand the new support arrangements for an individual, as well as noting concerns in relation to the outcomes for one participant. Conclusion: Developing a telecare response in relation to a cluster of individuals was facilitated by them all being supported by the same care provider. The number of similar clusters of individuals being identified within North Ayrshire is limited. Developing other solutions such as a response service for redesign will potentially require greater collaboration between different providers of home support, as well as continuing to explore the full range of telecare, including digital options. The pilot has highlighted the need for effective preparatory and ongoing engagement with staff and families, as well as the challenges which can accompany making changes to long-standing packages of support.

**Keywords :** challenges, change, engagement, telecare

**Conference Title :** ICTTT 2018 : International Conference on Telecare, Telehealth and Telemedicine

**Conference Location :** Copenhagen, Denmark

**Conference Dates :** June 11-12, 2018