

## Smart Homes & Independent Living Commission - Call for Evidence

### 1. Commissioning

- *How can local adult social care commissioners be supported to plan for and deliver better independent living technology provision?*
- *You may want to consider funding issues, training for people involved in commissioning, sharing knowledge and good practice, necessary structural and cultural changes and the opportunities presented by Integrated Care Systems (ICS).*
- *In addition to meeting the needs of people with formal care and support needs under the Care Act, we are also interested in examples of provision for the wider population.*

### **How can local adult social care commissioners be supported to plan for and deliver better independent living technology provision?**

‘Technology’, or even ‘independent living technology’ is not a single thing but a range of different devices and systems- some of which when commissioned in particular ways can deliver good outcomes. Our ESRC-funded research (<http://circle.group.shef.ac.uk/portfolio/achieving-sustainability-in-care-systems/>) indicated it is important for commissioners of services to start with the outcomes first, then consider the various ways these can be delivered, rather than learning about a new technology and wondering how it can fit within care provision. Statements like ‘better independent living technology provision’ could clarify what is meant by technology, more detail regarding the contexts where it has delivered good outcomes and clearer articulation of the importance of wraparound services to ensure people are supported to use the devices- it is never just about the technology as pieces of kit.

Commissioners of services will need to decommission their existing analogue-based technology-enabled care provision—which is the vast majority of telecare services—in order for them to function reliably as the digital switchover takes place. It was clear from our research that replacing analogue telecare devices with digital versions would be extremely costly and also bring challenges in terms of safety standards (i.e. battery backup for digital devices is not always compliant with standards frameworks). Some commissioners we spoke to saw the digital switchover as an opportunity to redesign their technology-enabled care services and explore new opportunities but there were some who felt the challenge was ‘too big’ and were waiting for a ‘road map’ or funding from central government or innovation in the technology-enabled care space that would be both cost-effective and deliver the same safety standards as analogue technology.

There seems to be sharing of ‘good’ and ‘innovative’ practice but sometimes key messages regarding the processes and services around the successes of particular technologies get lost- there are a lot of pilots of Alexa for example by local authorities but often they do not take forward learning regarding the importance of ensuring people have adequate support to use these devices and the Broadband connections in place to enable them to work. In our project we heard about pilots which had encountered problems, but these were rarely as widely reported as the ‘successes’ but nonetheless provided important lessons. As a result, there’s a lot of duplication of effort, little sustainability and limited spread of good practice. We’ve

published a policy brief which explores some of these issues: <http://circle.group.shef.ac.uk/wp-content/uploads/2020/10/The-Potential-of-Technology.pdf>

Newer digital ‘smart’ technologies bring opportunities but also challenges, as we’ve explored in the Sustainable Care research programme: <https://eprints.whiterose.ac.uk/162230/3/Technology%20and%20Social%20Care%20in%20a%20Digital%20World-%20Challenges%20and%20Opportunities%20in%20the%20UK%202020.05.20%20R%26R%20WRD.pdf>

‘Smart’ mainstream devices are comparatively cheap and user-friendly but raise issues related to privacy and data, and do not fit within existing ‘care technology’ standards frameworks. Though they appear seemingly ‘standalone’, they do need wraparound services if part of commissioned services- someone to assess, install and maintain them and show users how to work with them. Sometimes this is neglected by commissioners and as a result, these devices are not then used. We’ve published papers on this topic: <https://www.mdpi.com/1660-4601/18/2/812>

## **2. The Disabled Facilities Grant**

- *How could the Disabled Facilities Grant be reformed to make it easier to use provide independent living technologies and/or tech related home adjustments (wiring etc.)?*
- *You may want to consider changes to guidance, relevant laws and regulations, bureaucratic and administrative barriers, and examples of good practice.*

### **How could the Disabled Facilities Grant be reformed to make it easier to use provide independent living technologies and/or tech related home adjustments (wiring etc.)?**

We didn’t explore the DFG in our research but we did hear how people receiving care and support were frustrated when trying to use their Direct Payments to fund technology- in particular mainstream devices- as sometimes they needed to persuade local authorities that could be deemed ‘leisure’ items.

## **3. Service Delivery and Workforce Development**

- *What can government do to improve the adoption of technology among care providers and workers to support independent living?*
- *You might want to consider the strengths and weaknesses of existing training and qualification frameworks, barriers and facilitators of organisational learning and knowledge retention and examples of good practice in service delivery.*
- *We are particularly interested in approaches to training and service delivery that are designed to empower disabled and older people to make informed decisions.*

### **What can government do to improve the adoption of technology among care providers and workers to support independent living?**

There needs to a recognition of the diversity amongst care providers – they will not all have the same capacity for technology adoption. Small enterprises operating on local authority

contracts with very tight margins will have different resources and capacity to invest in technology compared to large providers.

There again needs to be a greater appreciation of the different types of technology and their different outcomes and whether these will always align with good care. Electronic management systems for example may be useful to time-to-task commissioning models but whether they deliver good care outcomes for people receiving care or contribute to good quality jobs for care workers is debatable. The latter is particularly important in a context where there is a shortage of care workers and significant issues related to staff retention- if technology adversely affects care worker roles by adding additional tasks to an already over-stretched workforce, this is a problem. This is something we are preparing papers on and I'd be happy to share more information if of interest.

With regard to care workers, in our Sustainable Care Programme project, we heard about an example of a local authority which engaged with providers and care workers to select the technologies they would pilot- this buy-in was important in delivering good outcomes and selecting technologies that care workers were happy to engage with. Otherwise care workers reported frustration at repeated pilots being 'done to' rather than 'done with' them, with little incentive to engage with technologies which ultimately would not be part of the organisation's approach in the long term.

#### **4. Market Shaping**

- *How and why does the independent living technology market fail to sufficiently meet the needs of disabled and older consumers? How can local authorities and central government increase access and choice for a) service providers and/or b) private self-purchasers of technology?*
- *You may want to consider the role of local authorities in working with local businesses and charities, public research and development funding for new products and service models, the need for regulation and ethical frameworks for new technologies.*

**How and why does the independent living technology market fail to sufficiently meet the needs of disabled and older consumers? How can local authorities and central government increase access and choice for a) service providers and/or b) private self-purchasers of technology?**

See below- often there is insufficient co-design and the end users of independent living technologies are not always seen as the 'customer' (this is often seen by the designers of technology to be either commissioners or services or unpaid carers). In addition, the technology sometimes comes first, and then the developers look for a market- this produces a poor fit with the care sector which is supposed to promote wellbeing (a person-centred concept). The market place is very crowded for care-focused technologies and increasingly other technologies are being drawn into this space- including 'smart' technologies. It's hard for both commissioners and self-funders to navigate this space. Commissioners often fall back on 'trusted' providers who are 'big players' in the market- commissioning cycles also do not allow for much space to explore innovation as the market ultimately is moving faster than 3/5/10-year commissioning cycles. As a result, in the Sustainable Care programme, we saw a lot of 'innovation hubs' emerging in local authorities to pilot and experiment with technologies with issues for sustainability and scalability. Self-funders could be more flexible and responsive, but were

often intimidated by the marketplace, not knowing which providers to trust- often chance encounters with other people in similar situations lead them to technologies they felt were successful.

## **5. Coproducing products and services with disabled and older people**

- *How can we ensure disabled and older people are active partners in their own care and support? What challenges do organisations face in engaging in coproduction?*
  - *What challenges do technology developers face in involving disabled and older people in product development? How can these challenges be overcome?*
  - *You may want to consider good practice in conducting assessments, involving disabled and older people in organisational processes and governing structures, peer mentoring models and the use of personal budgets and similar funding mechanisms to provide more choice and control to individuals.*
- a) How can we ensure disabled and older people are active partners in their own care and support? What challenges do organisations face in engaging in coproduction?**

True co-production of care and support is difficult within many existing commissioning models- often those accessing services are provided essentially with a menu of options which have been commissioned from external organisations, or if they have direct payment or personal budgets which purported provide freedom of choice, this is again a negotiation with the local authority regarding what is appropriate for it to be spent on. In our research, we did encounter local authorities which were moving towards a ‘brokerage’ system of support we an independent service would assess those needing support in terms of the outcomes they would like to receive and then provide a bespoke package which could include any technology (or services more broadly), as opposed to a pre-determined list of options. We also heard from commissioners who were using these brokerage services to signpost people to community-based support and activities, not provided by the statutory sector. There is also an interest in a move to proactive technology-enabled care models with a view to creating preventative services, again focused on people’s desired outcomes.

**b) What challenges do technology developers face in involving disabled and older people in product development? How can these challenges be overcome?**

There is a challenge in helping developers understand who the ‘users’ of technology are- often marketing and design focus on ‘choosers’ i.e. people who support people with care needs, as opposed to those who will be the main users of technology. This said, mapping all the various stakeholders who will engage with a piece of technology is also important- paid and unpaid carers, people installing equipment, other professionals, as well as those needing support will ensure that the technology is as accessible and user-friendly to all who will engage with it. Designers often find it difficult to directly engage with the potential users of their products, and can be over reliant on consultancy organisations to assist with this. However, this generally results in consultations with experts, who create ‘personas’ rather than directly engaging with potential users. For example, I myself have been asked to review a user-interface for a product aimed at people with dementia to advise on the user-experience- I do not have dementia, but the designer did not consider this to be a problem.