

# Increasing the uptake of Assistive Technology in Knowsley

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A report by the Behavioural Insights Team

*March 2019*



In partnership with



Cabinet Office



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# Introduction

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# The goal: Increase uptake of AT

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- Assistive technology (AT) refers to **devices or systems that support a person to maintain or improve their independence, safety and wellbeing**. The term tends to be used to refer to items that help people with memory problems or other cognitive difficulties, rather than those that are used to support someone with mobility or physical difficulties (e.g. wheelchairs or home adaptations). Common AT devices include pendant alarms, fall detectors, smoke alarms, key safes, medication dispensers, GPS watches or smart home assistants.
- **Local authorities and the NHS see AT devices as an important way to help people live independently in their own homes for longer**. This is a better outcome for people themselves, and reduces demand on health and social care (HSC) services.
- **Knowsley Metropolitan Borough Council (KMBC) has an ongoing programme of work to promote the use of AT** amongst its residents and to encourage health and social care staff to routinely offer AT as part of the care solutions they put in place (see slides 13 and 14). However, uptake remains limited.
- **In March 2018 KMBC commissioned the Behavioural Insights Team (BIT) to design an intervention to increase uptake of assistive technology (AT)**. The project was part funded by the Local Government Association (LGA) as part of the LGA behavioural insights programme.



# The approach: Applying BIT's TESTS framework

BIT worked with KMBC to increase the number of people using AT in Knowsley. The Project ran from March 2018 until February 2019.

The project was delivered using BIT's five stage **TESTS** methodology (**T**arget, **E**xplore, **S**olution, **T**rial and **S**cale)

## Target & Explore

We used an iterative multi-method research approach to answer three main questions:

1. What are the barriers to people taking up AT?
2. What existing touch-points could we use to encourage people to take up AT?
3. How could we evaluate any potential change using existing administrative data?

## Solution

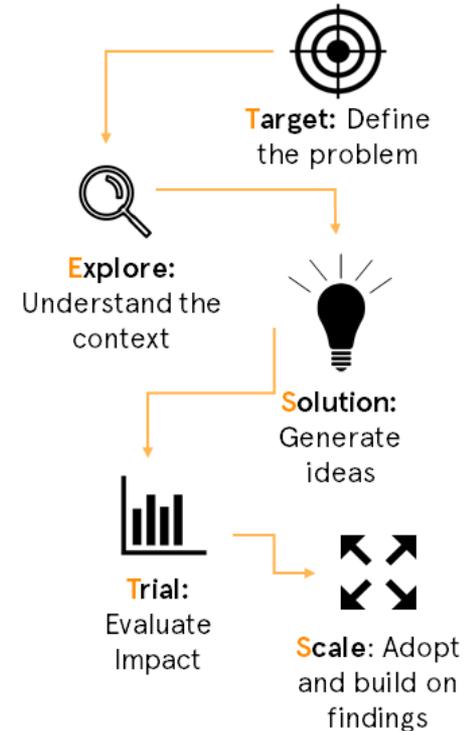
We drew on our research findings, and the broader behavioural science evidence base, to develop an intervention. In designing this intervention we considered:

1. How will we reach people with our intervention?
2. How can we use behavioural science to encourage people to take up AT?

## Trial & Scale

Finally, we evaluated our intervention using a simple before-and-after trial design. This allowed us to:

1. Collect indicative evidence on the impact of our intervention.
2. Identify key lessons from the project, and how these could be applied in future work in Knowsley.





# Target & Explore



# Target & Explore: What we did



*Qualitative  
research*

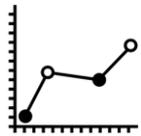
- Phone interviews with KMBC, the AT service provider, and health service managers (7 in total)
- Two fieldwork visits to interview HSC staff and observe interactions between frontline hospital staff and service users
- Two focus groups with service users (15 in total) to prototype intervention materials



*Secondary  
research*

- Reviewed the evidence base (from academic and policy research) relevant to uptake of AT. This included AT-specific research as well as more general behavioural science literature.

*See Appendix for references*



*Review the  
data*

- Reviewed available data (supplied by KMBC and the provider) on AT, including referral sources, referral numbers and installation numbers.



*Service  
Mapping*

- Mapped referral pathways and user journeys to help us identify barriers and opportunities for intervention.



# Target: Mapping the system

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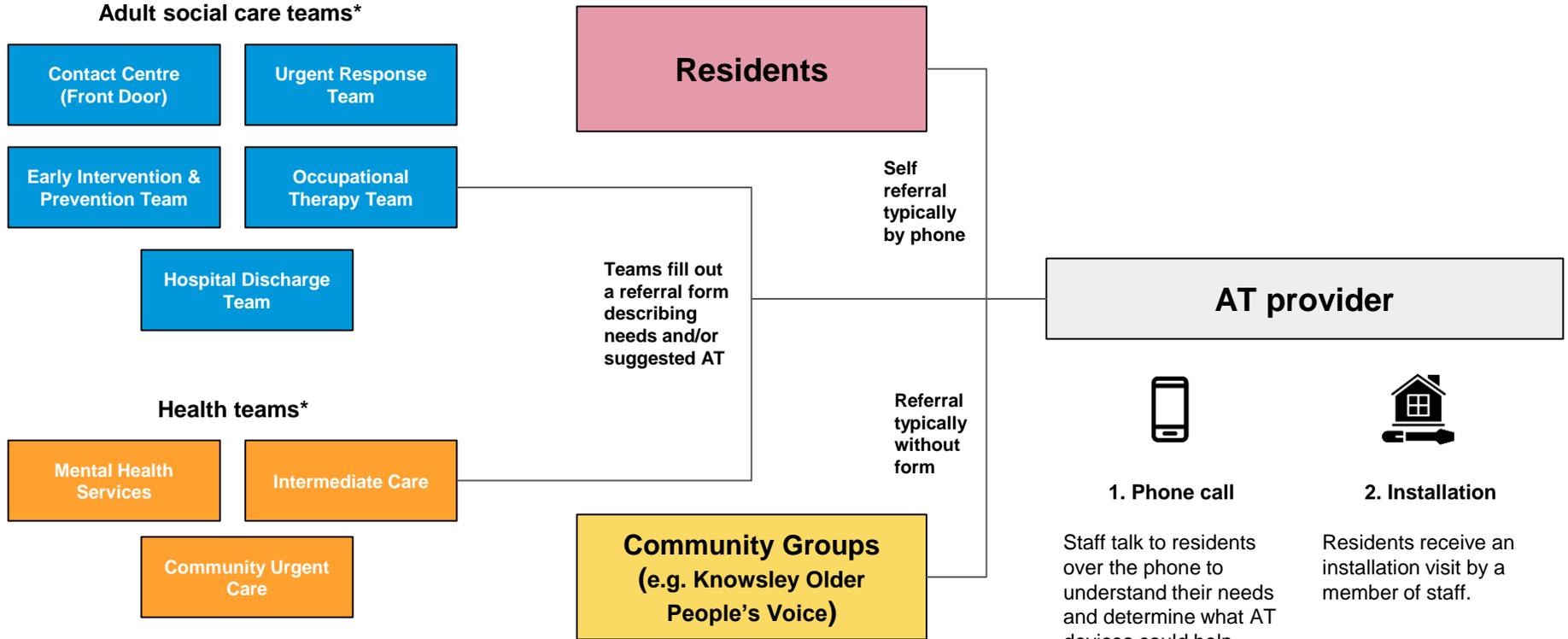
In Knowsley (and across England) there is a mixed economy for AT. Some people access AT via health and social care (HSC) services while others purchase it privately. **This project sought to increase uptake through the HSC system.**

Initially, we conducted interviews with KMBC staff and service providers to understand the local system in Knowsley (for a schematic overview see the next slide). We found:

- **Social care teams should consider AT when doing Care Act assessments.** Assessments should explore how AT could help meet people's assessed, eligible needs and help them maintain their independence. When HSC staff make a referral for AT, they need to fill out a form which includes a section for suggested AT solutions.
- **Assistive technology is provided by a commissioned provider.** They talk to the resident, conduct an assessment to select suitable kit (if not already suggested in the referral form) and then deliver and install the device(s).
- **Residents are usually referred to the AT provider by HSC services, but they can also self-refer.** Some people referred by HSC services have council funded social care packages and are eligible to receive most available AT items for free. However, people not in receipt of social care support (and self-referrers) have to pay. Assessments and installations are free of charge, but self-funders have to pay for the ongoing cost of the kit. For example, pendant alarms cost £1.11 per week.



# Target: Overview of the AT system in Knowsley



\*This is indicative, and not a comprehensive list of key teams.



# Explore: Fieldwork overview

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- During the Target phase, we identified several touch-points where KMBC may be able to reach new groups of people who could potentially benefit from AT (see Annex A for a long list of potential touchpoints):
  - **The blue badge service.** People who apply to the council for a blue disabled badge for their car because they have limited mobility (or some other disability).
  - **The assisted bin collection service.** People who receive additional support with their bins, with council staff coming onto their property to collect them because they are unable to wheel them to the roadside.
  - **The community navigators.** A group of staff who do 'social prescribing' type activities, connecting people in the community with social activities and networks.
  - **Routine AT offering by health and social care services.** AT should be routinely offered by most health and social care services. However, we decided to conduct further research to explore if the behavioural insights could be used to help staff make this offer more effectively.
- During the Explore phase we tried to understand the barriers that stop residents from taking up AT and barriers to frontline staff making the AT offer as effectively as possible.
  - We mainly explored barriers for users by reviewing the academic literature.
  - To better understand local practice and the barriers to staff offering AT effectively we observed the hospital discharge team at Whiston hospital as they offered AT to patients. We also interviewed members of staff from the hospital discharge team, the urgent response team, the OT team and the community navigators.



# Explore: Barriers amongst users

Our review of the academic evidence identified a range of barriers to taking up AT amongst service users.

Barrier	Description
<b>Low awareness</b>	People are often not aware of the full range of AT devices that exist and how these could help them live independently.
<b>Concerns about technology</b>	People often experience a range of concerns about using AT equipment such as a fear of not being able to use/operate it, fears about being monitored (loss of privacy), concerns about reliability (i.e. devices not working properly) as well as concerns about accidental triggering (e.g. in the case of alarms).
<b>Stigma and threat to identity</b>	Although AT is frequently advertised as a means to maintain independence, paradoxically people often associate it with decreased independence.
<b>Perceived irrelevance</b>	Even people who have positive perceptions of AT can think it is not relevant for them (they usually think it is for people who are more frail than they are). Conversely, the families of service users often think they are <u>too</u> frail or unwell for AT)
<b>Concerns about quality of care</b>	People are often concerned that the use of AT to meet their care needs will result in less human contact (leading to isolation) and reduced quality of care.
<b>Cost</b>	People often find the fact they have to self-fund AT unacceptable. Moreover, even the cost of a few pounds per week can be unaffordable for some people.
<b>Present bias</b>	People can often struggle with taking difficult actions with only long-term benefits (because we discount benefits to our future selves). Accepting the need for AT is a difficult decision which may only reap benefits in several months or years time.



# Explore: Barriers amongst staff

Our fieldwork identified a range of barriers to health and social care staff making appropriate referrals for AT and identifying when it could be helpful.

Barrier	Description
<b>Lack of in-depth knowledge about AT</b>	HSC staff are often not aware of the full range of AT devices and how they can meet common types of social care needs. There is a digital brochure that all practitioners have access to that lists all key AT devices and the Knowsley online AT training covers key types of AT and how they can be used to meet needs. However, these may not be enough to support practitioners (see Slides 13 and 14).
<b>Complexity and choice overload</b>	Because most HSC staff are not experts in AT, the wide range of AT devices can be bewildering and lead to inaction (known as 'choice overload').
<b>Failure to listen to concerns</b>	Research has shown that HSC staff sometimes do not listen to the needs and concerns of prospective service users and their carers sufficiently when attempting to put in place AT solutions. This can lead to outright rejection of the offer or a failure to properly use the AT once installed. We did not directly observe this in Knowsley, but suspect this could be a problem locally.
<b>Use of technical language</b>	HSC staff sometimes use technical language that service users do not understand when referring to AT devices, and do not properly explain (in plain English) what different devices do.



# Explore: Previous initiatives targeted at users

As part of our review of local practice, we also asked about previous initiatives in Knowsley to increase uptake of AT.

## 1. Leaflet drop

- In 2017, KMBC sent a leaflet encouraging older residents to take up AT to all households in Knowsley. The leaflet was not behaviourally-informed and was limited in the information it conveyed, as a lot of space was used to provide a form that residents could mail in to register their interest.
- This leaflet was sent to everyone, so the council wasn't able to do a rigorous evaluation. However, there was no subsequent increase in referrals for AT.

## 2. Free trial

- In March 2018 KMBC launched a free trial offer for some of its key AT devices (such as pendant alarms). This offer allows users to try out using alarms for free for 12 weeks. If they decide to keep their alarm beyond the trial period, they then need to start paying the usual cost of £1.11 per week.

Figure 1: Previous leaflet





# Explore: Previous initiatives targeted at staff

## 1. Online training

- KMBC developed an online training course on AT which is available to HSC staff across the borough. At the start of the project around 70% of social care staff had completed the training.
- Whilst the training provides a helpful overview of common AT devices and how these can help with different needs, the training does not provide an opportunity for practitioners to actively work through detailed example cases. Moreover, the training does not provide any guidance about how to offer AT effectively to users. Finally, it requires practitioners to remember a lot of information (about different devices for example) and draw on this when they have a patient who they think could benefit.

## 2. Digital brochure

- KMBC also designed a 10 page digital brochure for HSC staff describing all available AT kit as well as the referral process for AT. Whilst providing a helpful overview, the brochure could be shorter. It was produced in a digital format on the assumption that staff could show the brochure to users on their laptops. However, we did not observe this happening in practice.



**Assistive Technology**

*Because you can't be there all the time*



**Solution**

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# Solution: Designing our intervention (1)

During the Solution phase we identified behavioural interventions to help address some of the barriers we identified during our Explore phase. Our intervention had two core elements:



## 1) A mail-out targeted at key cohorts

We sent a behaviourally-informed leaflet out to key cohorts who were previously not routinely offered AT (blue badge holders and recipients of assisted bin collections) and to all non-residential adult social care users (most of whom are likely to have been offered AT at some point in the past).

For this intervention element we developed:

1. A behaviourally-informed **leaflet for service users** (see slides 17 - 22)
2. A short letter to accompany the leaflet to users during our mail-out (see Annex B)



## 2) Support to help practitioners offer AT more effectively

Key HSC teams (those who might offer AT) received a small leaflet for staff, which included four simple tips for offering AT and an overview of key devices. They were also given copies of the patient-focussed leaflet to give out and received a ~1hr briefing about the materials from the Knowsley AT team.

For this intervention element we developed:

1. A behaviourally-informed **leaflet for HSC staff** (see slides 23 - 28)
2. A **briefing deck** for the Knowsley AT team to help roll out the intervention to practitioners (See Annex C)



# 1. User leaflet



# Solution: User leaflet - front and back

Highlighting the benefits

Whatever your situation is, our simple devices can help. They offer a range of benefits:

- They extend your **Independence** and **safety** by ensuring your relatives, friends, or care staff know if you need help.
- They give your loved ones **peace of mind** as they know you will be safe.
- They are **low cost**. For example, a pendant alarm costs just £1.11 per week and can be cancelled at any time.
- They are **easy to use** and **fade** into the **background** to simply let you get on with life.

Contact our local provider Home Care Link  
☎ Call 01695 585224 or  
✉ Email [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk)



*"As well as making sure I get support when I have fallen, my pendant alarm makes me feel secure in my home. If someone is knocking on my door and I don't like the sound of them, I feel better knowing the Lifeline service is there"*

Ged Wilson, Knowsley

Social norms and proof

Assistive Technology

**Our devices can help you live safely and independently in your own home for longer**



Relevant cover image

Simple language and a clear call to action

**FIND OUT MORE**

Contact our local provider Home Care Link  
☎ Call 01695 585224 or  
✉ Email [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk)





# Solution: Social norms and proof

## Our Devices

**Assistive technology devices are simple tools that help you stay independent. We provide them to thousands of people across Knowsley. Our most popular options are:**



*“As well as making sure I get support when I have fallen, my pendant alarm makes me feel secure in my home. If someone is knocking on my door and I don’t like the sound of them, I feel better knowing the Lifeline service is there”*

Ged Wilson, Knowsley

## Behavioural insight

Social norms (how our peers behave) have a powerful influence on what we do, but people often underestimate how common a particular behaviour is. Highlighting that most people perform a behaviour can encourage those who don’t to change.

## Solution

We highlight that there are already thousands of AT users across Knowsley and provide testimony (‘social proof’) from a real user.



# Solution: Highlighting the benefits

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Whatever your situation is, our simple devices can help. They offer a range of benefits:

- They extend your **independence** and **safety** by ensuring your relatives, friends, or care staff know if you need help.
- They give your loved ones **peace of mind** as they know you will be safe.
- They are **low cost**. For example, a pendant alarm costs just £1.11 per week and can be cancelled at any time.
- They are **easy to use** and **fade** into the **background** to simply let you get on with life.

## Behavioural insight

It is possible to frame the consequences of an action in two different ways: as a loss or a gain. Research shows that to encourage preventative health behaviours “gain frames” are more effective.

## Solution

We give an overview of the benefits of taking up AT - i.e. communicate the gains. These are based on academic and our own research.



# Solution: Simple language and clear call to action

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## FIND OUT MORE

Contact our local provider Home Care Link

📞 Call 01695 585224 or

✉ Email [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk)



### **Behavioural insight**

People's limited time and attention span can mean they disengage with processes if they are too complex or difficult to navigate. In addition, this means that people often do not read lengthy communications.

### **Solution**

We provide only essential information in easy to understand language. We also provide a clear call to action so that readers know what to do next.



# Solution: User leaflet - inside

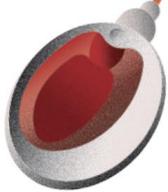
## Our Devices

**Assistive technology devices are simple tools that help you stay independent. We provide them to thousands of people across Knowsley. Our most popular options are:**

### 01 A pendant alarm

A small device which can be worn discreetly around your wrist or neck. It can be triggered if you need help **in your own home**, and will contact a friend, relative or care team.

This is often used by people who are worried they might have a fall at home.



### 02 Smart home assistant

A device which you control with your voice and that responds to you. It allows you to do things like switch on the lights without having to get up or to set up reminders. It also plays music and radio. The Amazon Echo and Google Home are both smart home assistants.

This is often used by people with limited mobility, vision or dexterity, but can also help in other ways.



**Our devices are low cost, easy to use and fade into the background. They help you stay independent and give your loved ones peace of mind.**

### 04 A GPS watch

A watch which also monitors your location. This means that if you get lost **outside of your home**, a friend, relative or care team can find you.

This is often used by people with emerging memory problems, who want to be able to live in their own homes or go out without worrying about getting lost.



### 03 Medication dispenser

A small plastic container which most people keep in the kitchen or bathroom. It will automatically make a reminder sound and dispense medication at pre-set times.

This is often used by people who may benefit from being reminded about taking their medications.



## Behavioural insight

Public services often try to give people lots of choices so that services are personalised. However, people can 'freeze up' and procrastinate when they have too many options to pick from, and end up failing to act (this is known as 'choice overload').

## Solution

We continue to give people lots of choice, but also provide examples of the most commonly used devices and what sort of needs they meet as a starting suggestion.

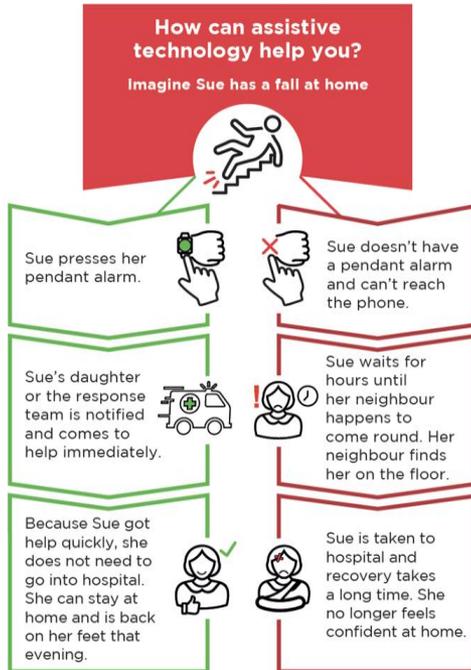


## **2. Staff leaflet**



# Solution: Staff leaflet - front and back

Illustrated scenario



Back



Front

Relevant cover image



# Solution: Staff leaflet - inside



## Four simple steps for offering Assistive Technology

### Step 1 Get to know the person's needs

#### Things to think about:

- Daily routine and hobbies
- Ability to move around
- Memory
- Ability to communicate
- Support network
- What's important to them

### Step 2 Identify helpful devices

There are lots of Assistive Technology (AT) products that can support people to live at home. If you're not sure which ones to recommend then Home Care Link can help.

- Pendant alarm
- GPS watch
- Fall detector
- Medication reminder
- Door exit sensor
- Bogus caller button
- Smoke detector
- Carbon monoxide sensor
- Flood detector
- Epilepsy watch
- Epilepsy bed sensor
- Bed or chair sensor
- Smart home assistant

### Step 3 Highlight the benefits

There are lots of benefits of using AT, that people don't always know about:

- It can help people to live in their **own homes safely** and **independently** for longer.
- Having AT in place can give people's families or carers **peace of mind**.

- It can make it easier for people to **get out** and **enjoy** the **activities** they used to do.
- People report **getting used** to the devices very **quickly** - they melt into the background.
- The equipment is very **easy to use**. Home Care Link will install devices and provide clear instructions.
- Devices are **cheap** and can be **cancelled at any time**. For example, pendant alarms cost just £1.11 per week and there is currently a 12 week free trial.

One way of helping people to see the benefits of AT is to talk through a situation where it could help.

Sometimes people who could benefit from AT can be hard of hearing or confused, for example when they are in hospital. We have therefore provided an **illustrated example** on how **pendant alarms** can help on the **back of this leaflet**. You could talk them through the benefits using the images to support comprehension. This is not meant for use with healthier individuals.

### Step 4 Take action: Make a referral or arrange a call back

Home Care Link (HCL) is the local provider of AT. They provide advice and arrange installations. If the person you are speaking to is interested in AT, make sure you **take action**. Try not to leave it to people to get in touch with HCL themselves, as they may forget to follow up.

- If the person you are speaking to **wants a device**, complete a **referral form** and send it to [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk). You can get the form by emailing this address as well.
- If they are **interested**, but want more information, you can **request a call back**. A friendly HCL staff member will call and talk them through the options available. To arrange this call 01695 585224 or email [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk).

Whether or not they are interested, try to leave a new AT leaflet with them or their relatives.

Breaking down the process

A reminder about key AT devices and benefits

Explanation of scenario

Call backs



# Solution: Breaking down the process

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## Step 1

**Get to know the person's needs**

## Step 2

**Identify helpful devices**

## Step 3

**Highlight the benefits**

## Step 4

**Take action: Make a referral or arrange a call back**

### **Behavioural insight**

Research suggests that helping people break complex processes or tasks down into smaller steps (known as 'chunking') can increase task completion.

### **Solution**

We break the process of offering AT down into four easily recallable steps.



# Solution: Call backs

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## Step 4

### Take action: Make a referral or arrange a call back

Home Care Link (HCL) is the local provider of AT. They provide advice and arrange installations. If the person you are speaking to is interested in AT, make sure you **take action**. Try not to leave it to people to get in touch with HCL themselves, as they may forget to follow up.

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Whether or not they are interested, try to leave a new AT leaflet with them or their relatives.

### Behavioural insight

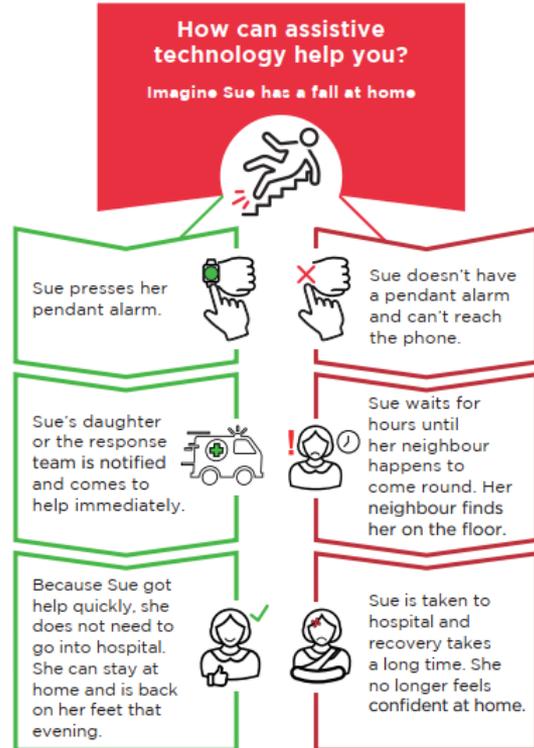
There is often a gap between what people intend to do and what they actually do (known as an intention-action gap). Even though service users may be interested in using AT, they may never contact the provider if left to their own devices.

### Solution

We encourage practitioners to take action and refer users to the provider as quickly as possible. For those users who are unsure about their interest in AT, we suggest offering a call back from the provider as a lighter touch option than a full referral. They will give the user a call to discuss further and this means that a concrete next step will happen.



# Solution: Illustrated scenario



## Behavioural insight

Some users being offered AT can struggle with understanding the offer (e.g. due to age or confusion following admission to hospital). For those users in particular, highlighting the benefits of AT in very simple and visual terms can help.

## Solution

We provide a visual scenario that practitioners can use to help users through the advantages of pendant alarms. The icons and colour coding are designed to support comprehension.



# **Trial & Scale**

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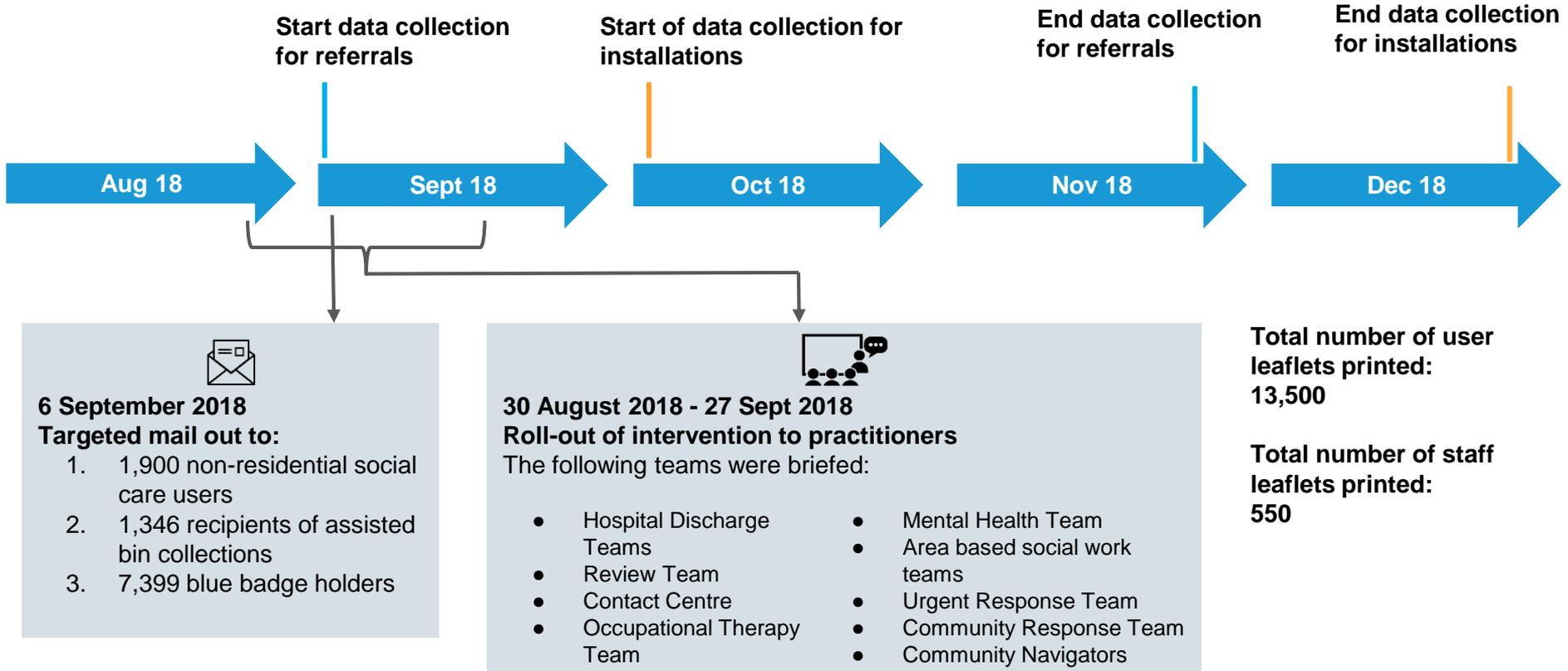
# Trial: Overview

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- During the Trial phase we attempted to evaluate the effect of our intervention as rigorously as possible. Because our intervention had several elements, it was not possible to run a randomised controlled trial (considered to be the gold standard in evaluation).
- Instead, we evaluated our intervention using a 'pre-post analysis'. This means **we measured uptake of AT before and after introducing our intervention, but we did not attempt to control for other changes which may have been happening at the same time.**
- It is usually difficult to identify the causal effect of an intervention when using a pre-post design. It becomes more plausible to claim that observed changes in the outcome measure were caused by the intervention when two conditions are met:
  1. **The intervention has a very large effect.** This is more likely to happen when the intervention is introduced **suddenly** and with **intensity**. Suddenly means the intervention should be rolled out at once rather than over time. Intensity means the intervention should deploy all materials at once, rather than separately over time.
  2. **The pre-intervention trend in the outcome measure(s) does not vary much.** For example, if the number of new AT installations was at stable at 50-60 per month in the months prior to our intervention, and then jumped to 90-100 after the intervention began, this would *suggest* that the intervention was working as intended.



# Trial: Timelines and design



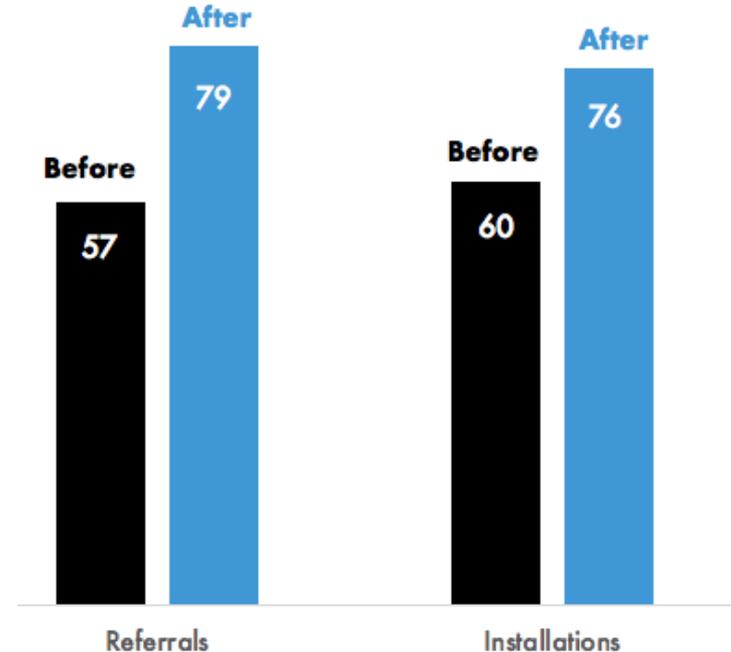


# Trial: Results

- Figure 1\* shows the average number of AT referrals and installations three months before and after the intervention.
- We find that, compared to the three months before the intervention, **referrals rose by 39%** and **installations increased by 27%**.
- This suggests that the intervention worked as intended, although we cannot rule out that the increases were caused by chance, or by some other change which happened at the same time.

\* Note that there can be differences in the number of referrals and installations due to time lags. For example, for the 3 month period before the intervention there were more installations than referrals because a high number of referrals had come through previously and were then being installed.

Figure 1. Average number of monthly referrals and installations, three months before and after the intervention.





# Trial: Trends before/after the intervention

Figures 2 and 3 show the number of AT referrals and installations over time. Although our intervention began at the start of September 2018, we include the same data for 2017 as a reference.

Figure 2: Number of AT referrals per month

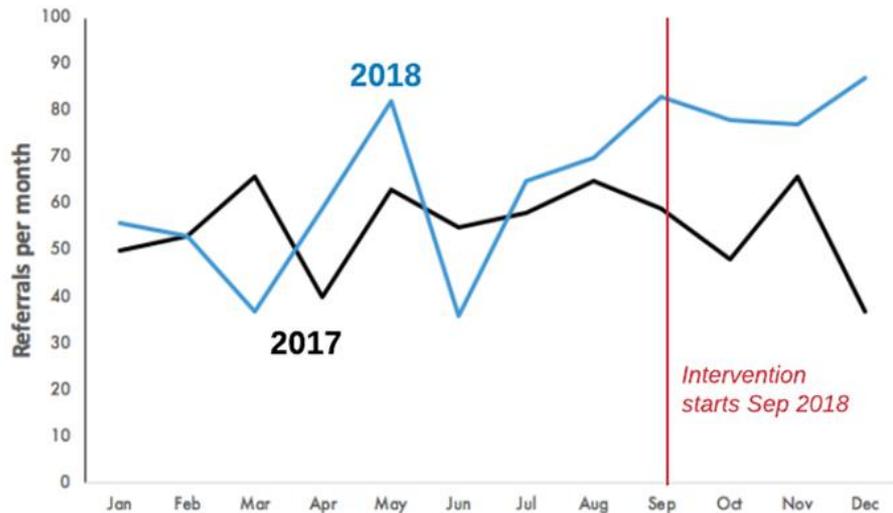
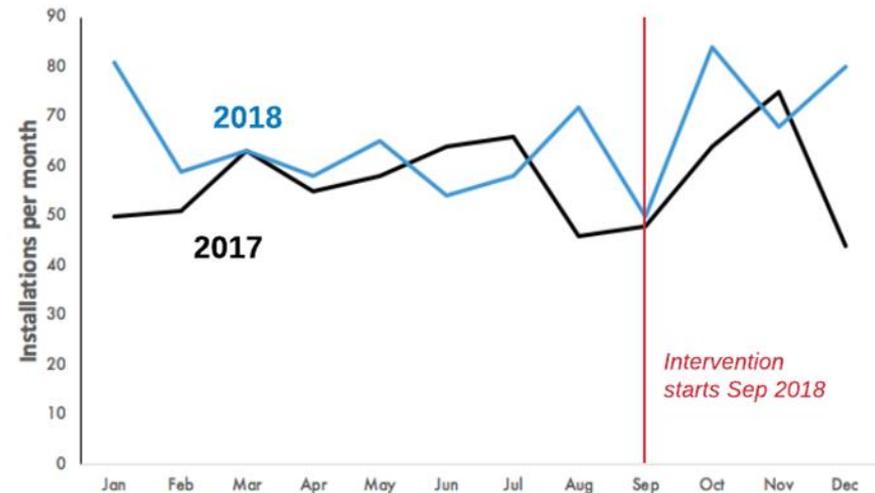


Figure 3: Number of AT installations per month





# Trial - Implementation challenges

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During our Trial, KMBC worked with the provider to overcome some challenges that occurred:

- The provider had been briefed by the Knowsley AT team about the impending trial (and the potential increase surge in referrals). However, the provider experienced significant staff turnover in the weeks before the trial. **This meant they did not prepare as well as we had hoped.**
- When the trial started the provider were unable to process referrals or installations quickly, and also struggled to respond to requests for KPIs by the Knowsley AT team in a timely fashion.
- **These problems may have had an impact on our results.** For example, we believe that the results appear more conclusive for an increase in referrals than installations. While we do see an increase in installations, this is less clearly an improvement over last year. This difference (between referrals and installations) may have been caused by the difficulties which the provider experienced in responding to increased demand.



# Scale: Discussion and next steps for Knowsley

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- We cannot be certain that the increases in referrals and installations we observe are caused by our intervention. However, we think there is good reason to believe that the intervention worked as intended.
- Our intervention had two main parts (a mail out and an intervention to help practitioners to offer AT more effectively). We don't know to what extent each contributed to any increase in referrals and installations. As such, we recommend that KMBC scale up both of these approaches:
  1. **Support practitioners to offer AT more effectively:** We recommend that Knowsley continues to check in with relevant HSC teams to ensure that they always have user and practitioner leaflets in stock. We also suggest running the briefing regularly to account for staff turnover.
  2. **Launch mail-outs targeted at key cohorts:** We similarly recommend using mail outs targeted at the key cohorts we identified in regular intervals. Knowsley should work with the relevant services to identify the turnover of people who receive these services (i.e. identify what percentage of blue badge holders are new each year) and choose the frequency accordingly.

**Note:** We also recommend that KMBC develop a case study based training package to help practitioners match AT to needs and practice making the offer to users effectively in a hands-on exercise. Designing such a training was beyond the scope of this project.



# Scale: Key lessons for other places

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In addition to our recommendations for Knowsley, we also provide some key lessons for other areas considering a similar approach:

- **Consider alternative ways of reaching people who could benefit.** All councils with social care responsibilities are responsible for issuing blue badges, and if they are unitary councils they are also responsible for assisted bin collections. We believe touch-points like these are under-utilised, and provide a new way of reaching people who could benefit from AT but aren't yet in contact with health or social care services.
- **Don't offer too much choice.** Many public services lean toward offering lots of choice, with the goal of personalising services. While admirable, this can often make services difficult to engage with and lead people to procrastinate or fail to act. While there are hundreds of AT devices available, in many areas there are a small number of 'core' devices which most people use. Focussing on these can help people understand and engage with the AT offer.
- **Support practitioners.** Related to the above point, health and social care practitioners are also busy and have lots of demands on their time and attention. Expecting them to complete, remember and act on detailed training about the devices available may be unrealistic. Councils should consider how to simplify the AT referral process for staff (for example by creating a specialised team who match identified needs to equipment, or structuring catalogues by presenting need rather than device name).
- **Work closely with commissioned providers.** In this project, KMBC had to work with the provider through a series of implementation and data collection challenges. When running a behavioural insights project, councils should be careful to ensure everyone who will be involved in delivery (partners and providers) are clear about their role and are monitored and supported during implementation.



# **Annex A: Potential touchpoints**



# Target: Potential touchpoints (1)

Team/service	AT already offered?	Target population	Potential touchpoint to reach target population	RAG rating based on feasibility and impact (Green - High, Orange - Moderate)
Assisted bin collection	No	Residents signed up for assisted bin collection.	Communicate with residents signed up to assisted bin collection.	Likely to be residents with limited mobility who may benefit from AT. KMBC has contact details of these residents.
Blue Badge Team	No	Individuals with a disability which affects their mobility and that meets certain criteria e.g. severely sight impaired.	Communicate with all blue badge holders and applicants.	Residents with a disability or limited mobility who could potentially benefit from AT. KMBC has contact details of these residents.
Community Navigators	No	Individuals in the community who need a variety of support are linked up with community navigators (currently approx. 10 active community navigators).	Community navigators reaching out to the individuals they support.	Individuals in contact with community navigators are in need of emotional and/or practical support and may benefit from AT.
Knowsley Contact Centre (the front door of adult social care)	Yes	People calling the contact centre – the majority are individuals / family members in receipt of social care.	Point at which individuals call contact centre. Communicate with individuals after calling contact centre.	Good opportunity to communicate with individuals but the majority are in receipt of social care and will likely have been offered AT previously.
Knowsley Older People's Voice	Yes	Elderly Knowsley residents.	Roadshows or contact list.	AT already discussed and offered to these residents.



# Target: Potential touchpoints (2)

Team/service	AT already offered?	Target population	Potential touchpoint	RAG rating based on feasibility and potential impact
Occupational Therapy (OT) Service	Yes	People who require an OT assessment e.g. after hospital discharge. Blue badge applicants who require an assessment.	OT assessments.	Majority of individuals are already receiving help / social care and AT is already offered at this point.
Intermediate Care and Independent Living Services	Yes	People who need support (in support accommodation or at home) to live independently.	Home care visits or bed based care.	The majority of people in these services are already in receipt of social care and will likely have been offered AT previously.
Hospital Discharge Team	Yes	Patients being discharged from hospital who may need additional support. Approx. 70% go on to receive social care.	Social care discharge assessment.	Majority of individuals end up receiving social care and the assessment already contains a prompt on AT. However, there may be opportunities to increase/reframe the offer and prompt those who do not go on to receive social care.
Mental Health & Community Services	Yes	People living in the community with mental health issues (including dementia).	Community health visits. Communicate with patients receiving this community care.	Majority of individuals are already receiving help / in receipt of social care and AT is already offered at this point.



# **Annex B: Letter sent out with leaflets**

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# Letter sent out with leaflets



Knowsley Council

		Whole Life Commissioning Team 4 <sup>th</sup> Floor Huyton Municipal Building Archway Road Huyton L36 9YU
Your ref:		
Our ref:		Tel: 0151 443 5182 Email: david.tyrrell@knowsley.gov.uk
Date:		
Dear		

I am writing to you because I think you could benefit from our Assistive Technology service.

Knowsley Council wants to help residents stay independent and in their own home for as long as possible. One of the ways we do this is by providing simple devices (known as 'Assistive Technology') that can help people live at home more safely and comfortably.

Based on other council services you are already using I believe you may benefit from one of our devices. I have included a leaflet which provides more information about what is on offer.

If you want to find out more call 01695 585224 or email [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk)

Yours sincerely

David Tyrrell – Project Officer (Assistive Technology)

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If you want to find out more call 01695 585224 or email [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk)

Yours sincerely,  
David Tyrrell – Project Officer (Assistive Technology)



# **Annex C: Briefing slides**



*Knowsley Council*

# **Increasing uptake of Assistive Technology**

**A project in partnership with the  
Behavioural Insight Team**

# OVERVIEW OF ASSISTIVE TECHNOLOGY IN KNOWSLEY

# Our ambition for AT

- Council commitment to AT
- Members' awareness
- Budget savings
- Invest to Save
- Telecare / AT is a core part of the Care Act

# Encouraging people to take up AT

- Previous mail out to community - January 2017
- Wide range of consultation events
- Working with partners
- FREE trial offer live since March 2018
- Enhanced hospital discharge scheme
- Expanding the offer – Alexa/Google Home

# Supporting practitioners to offer AT

- AT Marketplace
- Team meetings
- E:learning completed by 70% of practitioners
- Digital Brochure supports practitioners
- LAS process re AT referrals

# Other things we have done

- TTP team in place
- Community Response Team in place
- Brain in Hand – helping 60 people with autism
- Own Fones – to support hospital discharge
- Smart Home monitors – with Villages HA
- Extra care specifications improved
- And don't forget the.....

# Where we are at

- **Connections**

- January 2015 – 1,952
- January 2018 - 2,784
- June 2018 - 2,861

- Best in sub-region at 1.9% of the population
- Referrals from practitioners on the up – 328 between 1 April and 10 August

## But we can do even better

- Re-shaping the way in which we offer AT by taking a more behavioural approach
- Submitted bid for LGA funding to conduct study into the take-up of AT
- One of only seven projects approved nationally
- Appointed the Behavioural Insights Team to deliver the project in early 2018

# PROJECT OVERVIEW

# What are Behavioural Insights?

- <https://vimeo.com/276844323>

# What we did

- Reviewed the academic literature on what stops people from taking up AT
- Interviewed service users and frontline practitioners like you
- Co-designed and prototyped draft materials with users and staff, iteratively improving

# Our planned approach:

- Encouraging users to take up AT:
  - Re-designed information materials
  - More targeted mail out approach (e.g. blue badge holders and assisted bin collection)
- Supporting you to offer AT:
  - Less focus on what is available and more on how to offer AT

# USER LEAFLET



*Assistive Technology*

**Our devices can help you live safely and independently in your own home for longer**

**FIND OUT MORE**  
Contact our local provider Home Care Link  
☎ Call 01695 585224 or  
✉ Email [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk)



# Attractive design

## Our Devices

**Assistive technology devices are simple tools that help you stay independent. We provide them to thousands of people across Knowsley. Our most popular options are:**

01

### A pendant alarm

A small device which can be worn discreetly around your wrist or neck. It can be triggered if you need help **in your own home**, and will contact a friend, relative or care team.

This is often used by people who are worried they might have a fall at home.



02

### Smart home assistant

A device which you control with your voice and that responds to you. It allows you to do things like switch on the lights without having to get up or to set up reminders. It also plays music and radio. The Amazon Echo and Google Home are both smart home assistants.

This is often used by people with limited mobility, vision or dexterity, but can also help in other ways.

**Our devices are low cost, easy to use and fade into the background. They help you stay independent and give your loved ones peace of mind.**



04

### A GPS watch

A watch which also monitors your location. This means that if you get lost **outside of your home**, a friend, relative or care team can find you.

This is often used by people with emerging memory problems, who want to be able to live in their own homes or go out without worrying about getting lost.

03

### Medication dispenser

A small plastic container which most people keep in the kitchen or bathroom. It will automatically make a reminder sound and dispense medication at pre-set times.

This is often used by people who may benefit from being reminded about taking their medications.



# Simple language and a clear call to action

## FIND OUT MORE

Contact our local provider Home Care Link

☎ Call 01695 585224 or

✉ Email [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk)



### **Behavioural insight:**

People's limited time and attention span can lead to disengaging with processes if they are too complex or are difficult to navigate. In addition, it means that people often do not read lengthy communications.

### **Solution**

We provide only essential information in easy to understand language. We provide a clear call to action so that readers know what to do next.

# Highlighting the benefits

Whatever your situation is, our simple devices can help. They offer a range of benefits:

- They extend your **independence** and **safety** by ensuring your relatives, friends, or care staff know if you need help.
- They give your loved ones **peace of mind** as they know you will be safe.
- They are **low cost**. For example, a pendant alarm costs just £1.11 per week and can be cancelled at any time.
- They are **easy to use** and **fade** into the **background** to simply let you get on with life.

## **Behavioural insight:**

It is possible to frame the consequences of an action in two different ways: as a loss or a gain. Research shows that to encourage preventative health behaviours “gain frames” are more effective.

## **Solution**

We give an overview of the benefits of taking up AT - i.e. communicate the gains. These are based on academic and our own research.

# Highlighting key devices and user groups



## 04 A GPS watch

A watch which also monitors your location. This means that if you get lost **outside of your home**, a friend, relative or care team can find you.

This is often used by people with emerging memory problems, who want to be able to live in their own homes or go out without worrying about getting lost.

## Behavioural insight:

Public services often try to give people lots of choices so that services are personalised. However, people can 'freeze up' and procrastinate when they have too many options to pick from, and end up failing to act (this is known as 'choice overload').

## Solution

We continue to give people lots of choice, but also provide examples of the most commonly used devices as a starting suggestion.

# Social norms and proof

**Assistive technology devices are simple tools that help you stay Independent. We provide them to thousands of people across Knowsley. Our most popular options are:**



*"As well as making sure I get support when I have fallen, my pendant alarm makes me feel secure in my home. If someone is knocking on my door and I don't like the sound of them, I feel better knowing the Lifeline service is there"*

Ged Wilson, Knowsley

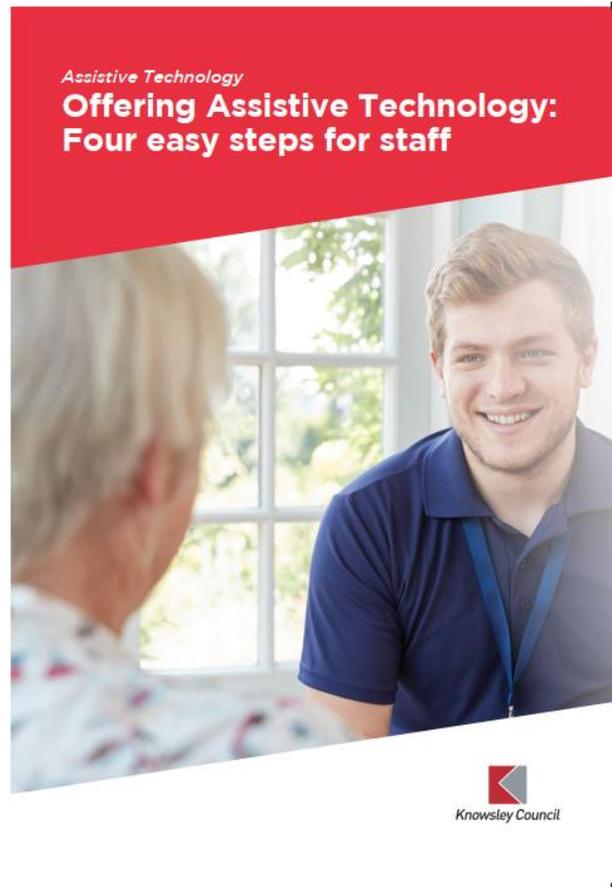
## **Behavioural insight:**

Social norms have a powerful effect on people's behaviour, but people often underestimate how common a particular behaviour is. Highlighting that most people perform a behaviour can encourage people to adjust theirs.

## **Solution**

We highlight that there are already thousands of users across Knowsley and provide testimony ('social proof') from a real user.

# STAFF HANDOUT



# The four steps

- 1. Get to know the person's needs**
- 2. Identify helpful devices**
- 3. Highlight the benefits**
- 4. Take action: Make a referral or arrange a call back**

# Step 1 – Get to know the person's needs

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## Step 1

### Get to know the person's needs

#### Things to think about:

- Daily routine and hobbies
- Ability to move around
- Memory
- Ability to communicate
- Support network
- What's important to them

# Step 2 – Identify helpful devices

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## Step 2

### Identify helpful devices

There are lots of Assistive Technology (AT) products that can support people to live at home. If you're not sure which ones to recommend then Home Care Link can help.

- **Pendant alarm**
- **GPS watch**
- **Fall detector**
- **Medication reminder**
- **Door exit sensor**
- **Bogus caller button**
- **Smoke detector**
- **Carbon monoxide sensor**
- **Flood detector**
- **Epilepsy watch**
- **Epilepsy bed sensor**
- **Bed or chair sensor**
- **Smart home assistant**

# Step 3 – Highlight the benefits

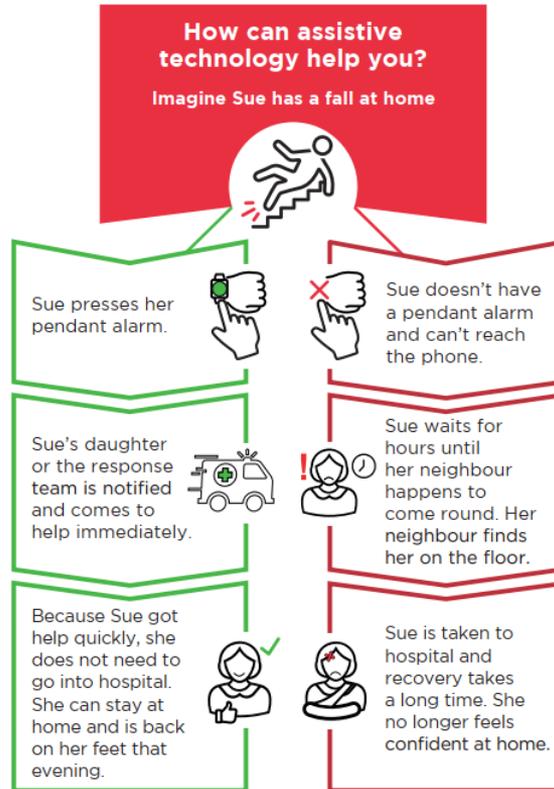
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## Step 3 Highlight the benefits

There are lots of benefits of using AT, that people don't always know about:

- It can help people to live in their **own homes safely** and **independently** for longer.
- Having AT in place can give people's families or carers **peace of mind**.
- It can make it easier for people **to get out** and **enjoy** the **activities** they used to do.
- People report **getting used to** the devices very **quickly** – they melt into the background.
- The equipment is very **easy to use**. Home Care Link will install devices and provide clear instructions.
- Devices are **cheap** and can be **cancelled at any time**. For example, pendant alarms cost just £1.11 per week and there is currently a 12 week free trial.

# Talking users through a scenario



# Step 4 – Take action: Make a referral or arrange a call back

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## Step 4

### Take action: Make a referral or arrange a call back

Home Care Link (HCL) is the local provider of AT. They provide advice and arrange installations. If the person you are speaking to is interested in AT, make sure you **take action**. Try not to leave it to people to get in touch with HCL themselves, as they may forget to follow up.

- If the person you are speaking to **wants a device**, complete a **referral form** and send it to [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk). You can get the form by emailing this address as well.
- If they are **interested**, but want more information, you can **request a call back**. A friendly HCL staff member will call and talk them through the options available. To arrange this call 01695 585224 or email [assistive.technology@knowsley.gov.uk](mailto:assistive.technology@knowsley.gov.uk).

Whether or not they are interested, try to leave a new AT leaflet with them or their relatives.

# The four steps

- 1. Get to know the person's needs**
- 2. Identify helpful devices**
- 3. Highlight the benefits**
- 4. Take action: Make a referral or arrange a call back**



*Knowsley Council*

**Thank you for listening**

**Questions?**



# **Annex D: References**

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