The RIX Multi Me Toolkit

This product is intended to be used by adults with learning disabilities and autism, and their carers in a community setting.

1) Background to the project

a) Current service provision

- Social care appointments and drop-ins
- Supported learning for independence
- Organised social activities
- Therapeutic & outpatient healthcare
- Community & voluntary groups

Adults with learning disabilities and autism are supported by care teams to enable them to live in their communities. They normally rely on a weekly timetable of activities, meetings and appointments with services to maintain their safety and wellbeing. Their personalised care packages provide stable and regular social connectivity alongside social care, therapeutic services and clinical healthcare. Their weekly timetables facilitate active engagement in the local community, so that they can live a supported lifestyle with an effective health & care network in place that will underpin individuals' mental wellbeing as well as their capacity to live safely and as independently as possible.

b) Impact and risk of COVID-19

Changes due to COVID-19 demand distancing of carers from patients and closure of group care facilities and community-based centres. Facing isolation without their usual hands-on support and face to face interventions, people with learning disabilities and autism have suddenly lost their usual routines and are at increased risk from:

- Anxiety, loneliness and deterioration of mental health
- Loss of hard-won life skills, confidence and independence
- Diminished capacity to self-manage their health and wellbeing
- Less effective monitoring of their wellbeing and behaviour by professionals
- Loss of personal and social support networks with peers, families, neighbours
- Lack of access to accurate and easy-to-understand information and guidance
- Potential crisis events that may lead to hospital admissions, police emergencies, and the breakdown of supported living arrangements in the community

Without their routines in place, their usual social interactions and their regular care interventions, this vulnerable populations' mental health is at risk in ways that may not be visible to a remote care team. All of these risks carry significant and costly long-term consequences.

People with learning disabilities already face significant health inequalities that are demonstrated in mortality statistics. People identified with a learning disability aged 0 to 74 years were found to be between 3.9 and 4.2 times more likely to die in the period 2015-18 than would be expected for people with broadly the same characteristics in the general population (NHS Digital, Sep 2019) https://digital.nhs.uk/news-and-events/news/new-mortality-indicator-published-on-people-with-learning-disabilities (Date accessed - 14/05/20). Evaluation of the causes of this health inequality have pointed to a poor understanding of people with learning disabilities by health and care professionals and poor communication with them and their carers about their individual needs and how best to support them (6 Lives Report DoH 2009.)

https://www.gov.uk/government/publications/six-lives-the-provision-of-public-services-to-people-with-learning-difficulties-2008-to-2009

In the COVID-19 crisis the RIX Multi Me software has specifically targeted adults with mild and moderate disabilities, frequently with accompanying health and care needs, who are normally supported to live in their communities. Approximately 2.2% of the UK population are believed to have a learning disability, which maps to over 5,500 people per the average sized population that is covered by a single CCG of 250,000. National statistics have indicated that the majority of people with a learning disability known to local authorities live in one of three types of accommodation: with family and friends (38%), in a registered care home (22%) or in supported accommodation (16%). 12% live as tenants in accommodation provided by a local authority or housing association and 3% in privately rented accommodation. The majority of adult participants with disabilities featured in this project live in supported living accommodation (65%), and the remainder young people aged between 18-25 years who live in residential or family settings (35%). A small but significant number (est. 5%) had returned from supported accommodation to temporarily living with their parents as a response to lock-down and distancing measures.

c) The RIX Multi Me Toolkit Solution

- Secure and accessible Social & Support Network platform
- Tools for user-generated multimedia content creation
- Wellbeing monitoring for remote support staff
- Personal organization and goal-setting and tracking tools
- Training & support - by Video conference, video, worksheets
- Platform to complement phone and video meetings
- Online community of formal and informal support

The software provides a secure and highly accessible social network that serves as a **support network** for people with learning disabilities disconnected from their usual care in the community. It supports interventions by restoring and replicating contact and communication capability normally provided face-to-face by social care and healthcare workers.

Supported users are provided with easy-to-use photo and video authoring tools with which they can document their daily lives, share what they are doing, report on how they feel and raise issues or concerns. Rich media tools widen the accessibility and potential engagement of disabled service user. Photos, video and sound clips can capture communications that are not word-based, so meeting accessibility needs of those who do not read and enabling and capturing the self-advocacy of 'non-verbal' service users.

Support staff can monitor their wellbeing by directly accessing this self-reported information, they can respond, support and advise, or raise alerts where required. The system can additionally help individuals to connect with and mobilise wider informal support networks of peers, friends, family, neighbours and volunteers.

The RIX Multi Me software has been shown to provide enhanced interaction with circles of support and care for patients or service-users and better understanding of their communication and their health and wellbeing for professionals and care and support staff. Since the crisis has taken effect these tools and their remote-care capabilities have been seen to address significant and pressing needs that are a consequence of the COVID-19 crisis for these vulnerable people.

d) **Evaluation Methodology**

The Stay Connected project's participants are people with mild and moderate learning disabilities, their carers and the supporter staff and managers of the teams and settings providing their care. The project has used online surveys delivered with the RIX Centre's highly accessible Easy Survey software, alongside semi-structured interviews, focus groups, case studies and software analytics to evaluate the effectiveness and impacts of this intervention with populations across the UK.

The rapid pilot study applied pre and post-engagement surveys with supported users with learning disabilities, front-line staff and managers. Staff were questioned about their experience of care delivery under COVID-19 restrictions, and service users were asked about their emotional wellbeing and the quality of support that they received, before and after the introduction of the RIX MultiMe toolkit. An additional survey of all stakeholders at the end of the brief pilot, sought to solicit personal views on the use of the RIX MultiMe software, its impacts and effects.

The focus groups gathered feedback from the care organisations' managers and team leaders on amendments and improvements to the software's design to gain connectivity with service users and assist in the implementation of their remote care.

e) Project Aims and Objectives

The over-arching aim of the Stay Connected project is to provide a rapid response to the COVID-19 challenge for people with learning disabilities who are facing special risk from isolation under 'lockdown' regulations. We aim to develop an understanding of the modified tools and practices required to address these new risks, and maintain effective person-centred health and social care for people with learning disabilities in the changing pandemic environment.

Aim:

- To confirm that RIX Multi Me toolkit enables maintenance of independent living skills and supports health and wellbeing for people with mild to moderate learning disabilities and or autism, in a covid environment.

Objectives:

- **To identify any areas of degradation or improvement in social and support connectivity** – maintaining contact with social, family and peer networks in the community so that informal networks can communicate and reinforce the support provided by services, that may affect future 'prescribing' (inclusions and exclusions)
- **To confirm that appropriate wellbeing monitoring** can be maintained by professional teams and key workers facilitated on a regular and continuous basis with the advocacy of the service user enabled and acted upon
- **To confirm that cross-agency information sharing** can be maintained for a joined-up and consistent support package
- **To confirm that the RIX Multi Me toolkit is compatible** with telephone and teleconference-based welfare and compensates for reduced face to face contact.
- **To identify areas of indicative resource implications (benefits and costs) arising from efficiencies gained either in time and or costs of care** for keyworkers and support staff when facilitating case management
- **To confirm that current plans for user and support staff on-boarding are effective**
- **To collate information** that will inform the Development of a feasible 1,3,6 month strategy to progress the quality and scaling of the solution.

2) Deployment

a) **Deployment process and method**

The project implemented the remote roll-out of software with people with learning disabilities supported across 14 residential sites by the care provider companies adult care service team. Training, guidance and support was provided to care team leaders and setting managers via teleconference, Web and email. Remote training approaches were iteratively improved in response to feedback across the trial. We refined and accelerated registration and onboarding methods and resources to work fully online and have produced and applied adapted instructional materials, with staff training and trouble-shooting delivered by video conference and telephone to meet the special demands of the Covid-19 crisis.

The deployment approach focused on seven key goals that were facilitated and evaluated in terms of impact for people with learning disabilities, their staff members and the with care organisation partners in response to the risks identified above:

1. **Social and support connectivity** with support, peer and family networks
2. **Wellbeing monitoring** by professional teams
3. **Cross-agency information sharing** for consistent support provision
4. **Remote care provision** to complement telephone and teleconference-based welfare
5. **Tools for staff** to prompt personal and group activities
6. **Maintenance of independent living skills** and confidence
7. **Time saving and efficiencies** for support staff case management

b) Milestone reporting - An account of progress against the agreed deliverables, milestones and outputs included in the application form.

The project plan proposed the engagement of 2 care provider companies and a local authority care team with a target of 135 participants with learning disabilities and 46 support staff for the rapid Pilot study. We met and exceeded these metrics despite our largest care-provider participant, United Response having to withdraw from the project after a local spike in COVID-19 infection for staff and service-user in our intended location precluded their participation in the Pilot. Registered project participants ultimately represented 3 care companies and an alternative local authority care service, with 165 service user and 168 staff ultimately enlisted to take part.

c) Where was it deployed? i.e. geographic footprint vs patient/population groups

The study engaged 3 Care provider organisations and an Adult Social Care Service from a local authority:

- **MacIntyre Care** - a national charity that provides learning, support and care for more than 1,200 service users and has 2,500 staff
- **Ashcroft** – a care- provider business for over 150 people with learning disabilities and autism in Surrey and West Sussex with a staff team of approximately 240
- **Havencare** – a charitable care provider for over 100 service users in Devon and Cornwall with a staff team of 250.
- **Adult Care Services, London Borough of Redbridge** – which provides support for people with learning disability and autism

The participant sample includes 14 different settings that are geographically spread across England. By combining national as well as regional pilot partner organisations, we were able to access a diverse and representative set of settings in which to deploy the software. Settings were dispersed across English regions, with a project presence in Warrington, Milton Keynes, Buckinghamshire, Surrey & Sussex, Devon, Cornwall and North East London.

e) Partners – Partners used and roles, including those used to recruit the users

The project is led by RIX Research & Media, based at the University of East London, with key business partner, Multi Me Ltd. which is responsible for the support network and personal tools that

have been combined with RIX Wiki software and EasySurvey to make up the RIX Multi Me toolkit. KIM Software Solutions provides a Technical Design Authority role on our software hosting and security and the ELearning Team contributes further coding contingency alongside online training system design.

An effective co-production partnership is in place with the care provider and local authority partner organisations with which we are trialling the scaling of the system; MacIntyre Care, Havencare, Ashcroft and the London Borough of Redbridge Adult Services team. Additional contribution to the project has been provided by longstanding users of the RIX Multi Me software, Abingdon & Witney Further Education College and Uniting Friends, a charity providing learning and support activities in Redbridge. These organisations have participated in the Stay Connected pilot to evidence the experiences of more established users of the software in comparable situations and settings.

d) **How did the deployment go - How did the deployment work given the challenges of social isolation and shielding? Was it deployed quickly and to plan?**
Broadly the deployment process succeeded in establishing an engaged set of organisations and users as per our objectives, but we met challenges and achieving the intended scope of adoption in some settings that were not able to progress with onboarding of service-users due to the impacts of illness for staff, service-users and family carers.

Deployment with Redbridge adult service team firstly suffered delay due to similar issues with staff illness and their redeployment to other urgent care scenarios in the borough. The Service team had rapidly established a temporary Care Centre in a Holiday Inn Hotel to provide step-down beds for vulnerable people requiring a quarantine period as they transitioned from hospital to community care. Redeployed council staff were trained, tablet devices were sourced and instruction materials developed, to provide patients in this facility with the option to use the RIX Multi Me toolkit to maintain links with their families from quarantined isolation and engage with social care support staff remotely to organise their next steps. In practice, the facility has been used by just 3 patients as yet, with a single patient electing to take up the Stay Connected option. Ultimately, the Service team have redeployed staff to focus pilot implementation of the software as an addition to the Adult Social Care telephone welfare call-out service that is in place for at-risk people with learning disabilities. This experience with Redbridge colleagues epitomised the unpredictable and often stressed settings into which we have sought to introduce our Stay Connected solution.

3) Usage
a) Cohort of users – What was the cohort of users? What was the rationale for that cohort?
The key population with which the project engaged has been adults with mild and moderate learning disabilities who are established recipients of health and care services in their communities. The project rationale is to address the issues faced by this cohort, who are supported to live in the community and face sudden disruption to their routines and support circles due to isolation, with significant risk to their mental health and wellbeing and the maintenance of their independence.

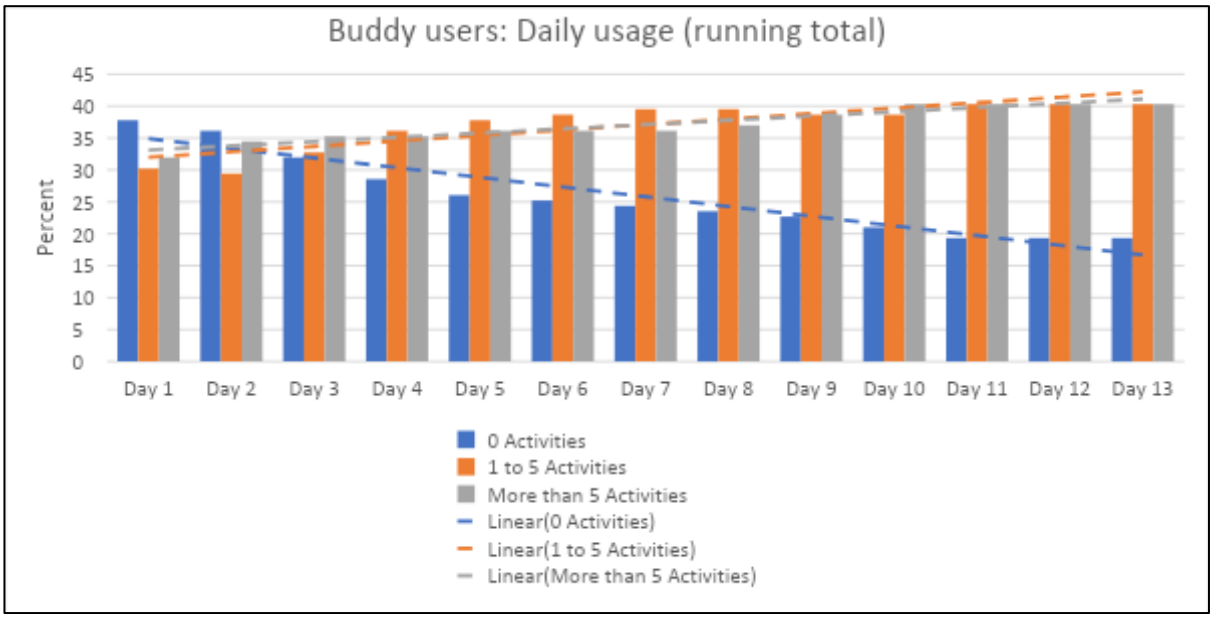
b) Usage metrics – Consider objective metrics and data on usage, including numbers approached, numbers recruited, retention, transactions, engagement etc

The project registered 165 participants with learning disabilities and 168 professionals and support staff from the four participating care organisations to take part in the pilot project. The software analytics data showed that only 38% service users and 72% of staff registered went on to use the software during the Pilot period. Take-up short-fall was anticipated given the stresses and pressures for all stakeholders in the COVID-19 crisis. Understandably, some participants did not feel in a position to adopt new software while managing their service through this crisis.

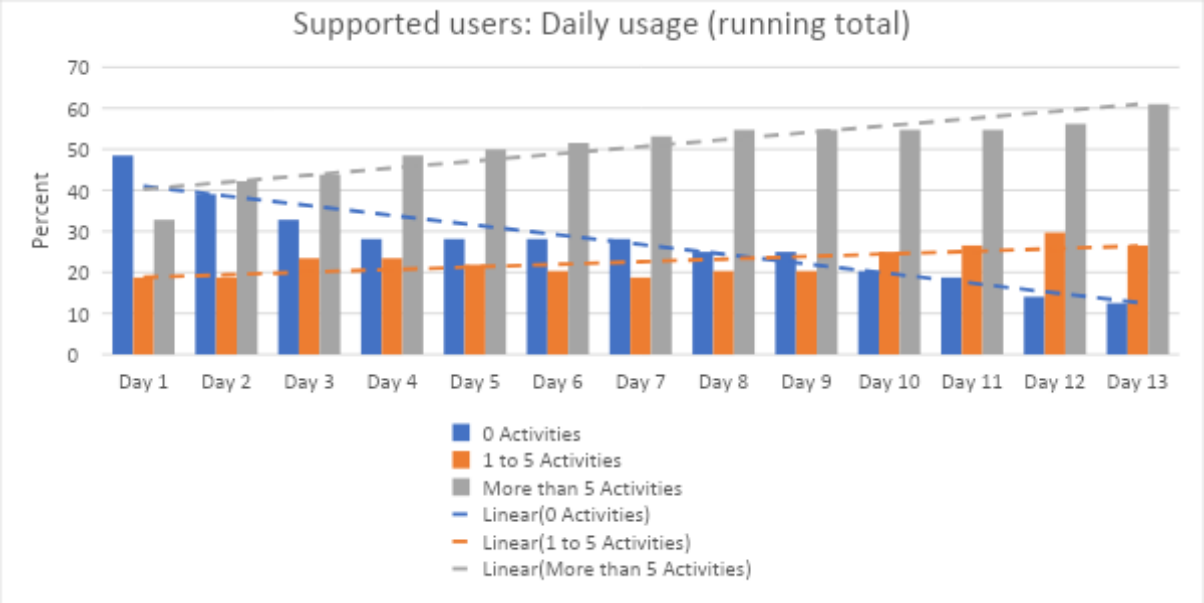
Specific factors reported that contributed to low adoption rates included:

- Illness and staff shortages with multiplying knock-on effects on service-user adoption
- Staff and supported users found registration and on-boarding procedures for the software challenging without face-to-face training and support
- Some staff users reported that they found the software platform inaccessible to use and complex to navigate for those who without literacy. They some staff felt the system was not suitable for their service-users
- There was poor access to laptops, smartphones and tablets in some settings and internet access was restricted. This particularly applied where users had returned to family homes in response to lockdown restrictions.
- Past experience of take-up in care and community settings (prior to COVID-19) typically features some resistance from staff to the adoption of our new technologies and the working practices and behaviour changes associated with their use. Rapid and remote induction via video conference reduced the capacity for the software training team to work through these issues in the time available.

Our analysis of the metrics of usage by service-users and staff who chose to adopt and engage with the software on the project, show that once staff and service-users started to visit the site and use the software, their engagement and activity progressed with a steady growth pattern that remains ongoing as this project's pilot phase concludes. This is demonstrated in the following graphs and tables; firstly representing staff (buddy) usage and subsequently that of service users. Please note that users displaying 'o activity' are also seen from the 'Bounce Rates' secured from further analytics, to spend a long average time (16 minutes) visiting the site. This represents users who enjoy viewing material but do not produce content. Participants registered as competing o activities remain active participants with benefits from engagement in this passive way clearly evidenced.



	No of Users				Activities					
Day	(Buddy)	Total	None (%)	1 to 5 (%)	>5 (%)	Mean	SD	Median	Min	Max
1	119	1326	37.8	30.3	31.9	11.1	31.5	2	0	296
2	119	1439	36.1	29.4	34.5	12.1	33.5	2	0	308
3	119	1570	31.9	32.8	35.3	13.2	34.7	3	0	310
4	119	1715	28.6	36.1	35.3	14.4	38.8	3	0	358
5	119	1809	26.1	37.8	36.1	15.2	40.3	3	0	372
6	119	1863	25.2	38.7	36.1	15.7	40.9	3	0	372
7	119	1884	24.4	39.5	36.1	15.8	41.3	3	0	375
8	119	1947	23.5	39.5	37.0	16.4	42.2	3	0	384
9	119	2005	22.7	38.7	38.7	16.8	43.3	3	0	387
10	119	2290	21.0	38.7	40.3	19.2	49.1	3	0	394
11	119	2429	19.3	40.3	40.3	20.4	52.8	3	0	411
12	119	2457	19.3	40.3	40.3	20.6	53.2	3	0	411
13	119	2534	19.3	40.3	40.3	21.3	54.3	3	0	412



	No of Users				Activities					
Day	(Supported)	Total	None (%)	1 to 5 (%)	>5 (%)	Mean	SD	Median	Min	Max
1	64	452	48.4	18.8	32.8	7.1	20.5	1	0	135
2	64	692	39.1	18.8	42.2	10.8	27.0	2	0	192
3	64	791	32.8	23.4	43.8	12.4	29.8	3	0	215
4	64	847	28.1	23.4	48.4	13.2	30.9	4.5	0	225
5	64	900	28.1	21.9	50.0	14.1	32.0	5.5	0	232
6	64	923	28.1	20.3	51.6	14.4	32.0	6	0	232
7	64	984	28.1	18.8	53.1	15.4	32.7	6	0	232
8	64	1017	25.0	20.3	54.7	15.9	33.0	6	0	232
9	64	1063	25.0	20.3	54.7	16.6	37.2	6	0	269
10	64	1151	20.3	25.0	54.7	18.0	39.4	6	0	285
11	64	1186	18.8	26.6	54.7	18.5	40.1	6	0	289
12	64	1221	14.1	29.7	56.3	19.1	40.1	6	0	289
13	64	1360	12.5	26.6	60.9	21.3	43.4	7	0	303

c) **Usage feedback - Suitability and popularity of the software**

Feedback about the software take-up has been drawn from our surveys and interviews with participants providing a qualitative account of the software's adoption and use to accompany the quantitative data from the analytics.

Some service-users engaged through MacIntyre Care's 'No Limits' community learning programme, which constituted 35% of the project's user base, chose not to take part in the project. Survey and focus group feedback indicated that a number of intended adopters were active mainstream social media users and though they received emotional and behavioural support, were without a diagnosis of learning disability. These users and their support staff identified that the RIX Multi Me platform was not appropriate for their ability-levels and social media tastes and so they did not progress on the project.

'The students in our service are high functioning. They are used to Snapchat, Instagram, WhatsApp etc. Therefore, they have not engaged in this as it appears to be a tool that isn't of interest to them'

P1 No Limits

'It really depends on the student or person using the interface. With my particular student, MultiMe was completely inappropriate. However, with other students it may well be beneficial.' P3, No Limits

The majority of supported users and their support staff however, reported that they found the software easy to use,

'Sometimes it was a bit confusing how to use but once you used it for a little while it became a lot more user friendly' P10 No Limits

One supporter compared it to their existing software and found it a *'far easier than the system we currently use, quicker and easier to complete for staff'*. Staff quickly saw the potential of the system for their service users, anticipating it would be a *'fantastic tool to keep people connected'* colleagues shared this positivity about the toolkit in the survey at the end of the rapid pilot:

'It has been good, and safe for our guys as you do not know who they are contacting on line'

P6 Havencare

It provides them with a way to blog their feelings… It's quick and easy to use and visual

P7 Havencare

It provides the learner with a new way of communication. It is good for them to share ideas and can chat to people in a safe way' P10 MacIntyre

Care staff noted the person-centred aspect of the software and that their service-users gained confidence through its use and that the *'power dynamics between staff and supported users were changed'* in the process, in a way that helped those they supported grow their confidence.

Both support staff and service-users reported on the benefits of the system over mainstream social media, particularly Facebook, in terms of its safety. A number of staff members raised the issue of professional boundaries, whilst trying to maintain good and trusting relationships with service users. It was clear that Facebook was not an appropriate way for staff and service users to connect and that sometimes refusing a Facebook request may cause offence for a service user, particularly if the reason for refusing the request was not always fully understood. The software tool therefore, enabled online communication between staff and service users but in a safe, managed and risk-free way for all concerned, particularly with the tool's capacity for organisational oversight over the various communications. For service users, the software could help develop a safe and trusting relationship with a staff member, who could safely, and within appropriate professional norms choose to share certain aspects of their lives with them as a way to build the relationship. For example, a staff member commented:

'the people we support are seeing a bit more of us behind the support worker role which puts us on an equal level and has given us a secure social platform that we can confidently chat to people that we work closely with and support as well' P3 Macintyre

'For us it is nice to be able to share the little bits that we are willing to share in a very safe way with people that are supported…" *P1 Ashcroft*

Another member of staff highlighted how the toolkit's safety aspect effectively addressed digital exclusion for their service-users,

'I love it's a safe environment that provides the freedom to do what other citizens do.' *P2 Ashcroft*

Some support teams had been limited to telephone and video conference sessions for remote contact prior to accessing the software and they reported that for some of their users the system was much more suitable as they found live streaming intrusive and it made them anxious. Sharing text and media on the platform was up to date – but not live, and could be engaged with in a way that was more calming for users managing high anxiety levels. The system facilitated accompanying use of telephones and video conferencing. It was seen tp provide a secure place for the sharing of video conference meeting details with service-users that was more secure and accessible to service-users than email. Other support staff highlighted that the rich media aspect of the system gave them a stronger insight into people's wellbeing than a telephone exchange could.

*'Imagine being cut off from everybody with all these thoughts and feelings and no outlet. It's someone to talk, whether it's by keyboard or by a picture you can tell a lot about how someone is feeling by what they are painting even, **how** they are wording things or saying they are feeling low and asking if someone is there and can they talk to them and by responding as quickly..'* *P3 Redbridge*

One carer noted that, where service-users had returned to their family homes, it was often difficult to connect with them directly, as their parents would answer the phone and report on behalf of their (adult) child. The platform however facilitated direct personal contact with them for support staff and the rich media provided additional tools for their communication of their feelings,

'They are able to say how they're feeling and if unsure by words, the stickers are great and varied. Really colourful and large letters, making it appealing to get involved.'

P16 Havencare

4) Inputs to the project

i) A breakdown of all expenditure to date on the Feasibility Study

Project expenditure summary	**£**
Staff costs – RIX/UEL	9,803
Contract staff costs – Multi Me, KIM Software, E Learning Team	11,370
Software provision and customisation	3,827
Total expenditure	**25,000**

ii) There were no changes in staff, management structure or personnel during the project.

5) Impact

i) Overview and benefit for users

The **project aim** was to have a positive effect on 7 dimensions of service-users' experience during the COVID-19 crisis. Evidence of positive impact on each of these dimensions of people's wellbeing was reported during the Pilot project.

The project RIX and Multi Me team was pleased to receive feedback from staff members and service users, which substantially affirmed that the software mitigated the challenging effects of the COVID-19 crisis for vulnerable adults with learning disabilities in the community. One young woman summed this up,

'I've been very stressed about the Corona Virus. Multi Me has helped me to make sure that my friends are OK and it's making sure that other people know that I am OK. It's just very difficult at the moment …it really helps me be a bit more positive.'

P 22 A&W College

The impacts reported are mapped below to the 7 key deployment goals identified for the project:

(1) Social and support connectivity

Staff members were acutely aware of the vulnerability of their service-users isolated in their homes at a time of crisis and the value of a safe way to maintain connection with their support circles,
'Imagine being cut off from everybody with all these thoughts and feelings and no outlet… you know it's providing someone to talk, whether it's by keyboard or by a picture' *P8 Macintyre*

Feedback from staff and service users evidenced that the software had helped service users to 'stay connected' with the networks that had in some cases been suddenly lost with the requirement to isolate and stay at home. Support staff described how this had been effecting everyone and the value of the tool as a means to encourage and support their service users remotely,
'The Toolkit is very valuable to keep in touch. This is the ideal way – we know it is safe, we know it is secure, there is no bullying and it's all appropriate. We all miss each other and people miss their daily routines and are sad. We try to bring peoples' moods up, we post and we talk to people.'
P 2 Uniting Friends

Support staff from all four of the project's care provider teams affirmed the impact of re-establishing individual's support networks,
'It's helping reduce feelings of isolation and allowing people to share what they are doing in their day-to-day lives while in lockdown. It's also helping people build friendship circles, which I think is a real benefit at this time' *P21, Macintyre Adults*

Families, as well as staff and supported people benefitted from access to real-time information about the individuals' lives and they found themselves more connected with their offspring's aspirations and achievements. Staff recognised this as a positive improvement to connectivity with their client's family support networks that should be maintained. As one support team manager commented:
'I think it's going to have a really strong place to connect to families and different circles of support.'
P 40 Ashcroft

(2) Wellbeing monitoring

The capacity of the software to provide effective ways to monitor the health and wellbeing of isolated service users was affirmed by the majority of correspondents. Staff described how using personal media and emoticon stickers to self-report on personal wellbeing raised service-users' own awareness of how they were feeling,
'It provides them with a way to blog their feelings, [..] watch themselves. It's quick and easy to use, user friendly and visual.' *P7, Havencare*

Support staff have been enthusiastic about this capability and have described how it informs the way they can pro-actively support people,
'I can build a picture of how they are coping and what their daily routines are like. I'm looking to build on this and encourage exercise, healthy eating and I am mindful of their mental health at this time.'
P18, Redbridge

A supported user also described the positive effect on their anxiety levels of self-reporting on the system,
'I've got a video diary that I do at the end of each day. It's a good tool because you know who you are talking to. It makes me feel calmer and better because I talk to my friends." *P2 Uniting Friends*

(3) Cross-agency information sharing

The software tool was seen to enabled the further development of collaborative working practices across organisations, as one staff member said, it aided in "joining up the dots" between different services,

'I like the Rix tool as it will show the person's current support with pictures and videos, who they are, what they like to do etc. and I like it as it can be shared with all the people in that person's circle of support' *P25 MacIntrye Adults*

Staff members noted that this ensured better cross-agency information sharing, *'It's making it consistent for the people we support'.*

(4) Remote care provision

The RIX Multi Me toolkit was shown in use to both promote individuals' self-management of care and to provide a tool for care to be pro-actively provided remotely by support workers. A care manager shared that using the system in an emergency scenario had given him *'new ideas'* about *'how to use it in a remote way and still be able to deliver a service at this time' (P18 Redbridge),* others declared their intention to get individuals' Health & Hospital Passports' and Support Plans *'on to the system and for everyone to be using it.'* *(P35 Havencare)*

A service user commented that the use of the tool had been effective in helping her manage her own depression and feelings of anxiety about Covid 19, *'It has helped my anxiety and my depression, it's not that bad'* *(P4 Uniting Friends).*

The system had also helped counter service users' confusion around public information and advice. A parent described how her daughter's access to the Multi Me network had *'reinforced all of the precautions as regards to COVID'.* She went on to explain that *'Her set response now is "Stay at home, stay safe or you will die!" - but seeing her friends online every day has been a huge reinforcement for her that all is well out there!'* *(P 15 A&W College)*

In a confusing environment the software helped maintain consistent messaging and a semblance of routine and normality. A staff team leader summed up her view of the value of the Toolkit in these challenging times,

'I do think it's a lifeline to tell the truth, because this situation, this Covid-19, everything is up in the air, all of us we don't know what's happening from day to day and for our young people who really struggle to understand why their routines are so disrupted.' *(P2 Uniting Friends).*

(5) Tools for staff to prompt activities

A further aspect of the tool's remote care capability that staff welcomed was the way it enabled them to structure people's days by prescribing activities and promoting healthy routines. A large proportion of staff from settings organised activities and prescribed practical challenges to help service-users maintain their activity, promote routine and counteract lethargy and depression. One staff member explained,

'They are getting up late [..] and I want to jump-start people again into activities that they would normally do using the Multi Me Goal Tool!' *R2 Redbridge*

Teachers in Redbridge that ran classes at community centres prior to COVID-19, also organised Yoga and Keep Fit sessions on video conference for service-users in partnership with their support staff, while staff from Abingdon & Witney College have used the system to maintain continuity for their learners' Independent Life Skills curriculum by asking them to complete domestic tasks and photograph the evidence.

(6) Time saving and efficiencies

Potential cost-savings were noted, as time was saved with loss of home visits or visiting other organisations. Staff also noted the benefits of moving away from paper-based systems, with time saved in having real time information about those they support available in one place, instead of out of date information *'gathering dust'* in paper files.

Managers and front-line staff recognised the potential for the software to achieve efficiencies. Council Service Project Managers noted the efficiency of the use of the system over telephone support from wellbeing call centres,

'How are you doing? How do you feel? The answer can't be that we have to do daily calls with them because we know we do not have the resources for that …and with the Rix Multi Me toolkit you can know how people are feeling from their diary entries etc. and if they are observed daily then that's better and cheaper than doing the phone calls. If someone makes a video showing they have just been out for a lap around the garden or showing you what they have made for lunch, then you can see they are in good shape – and if they were under the weather you would see it too – unlike with a call!' ¨

R1 Redbridge

ii) Health & care outcomes

The project was able to demonstrate tangible and positive health and care outcomes through the set of interventions described above. While the rapid and brief nature of the Pilot precluded the gathering of more substantive evidence, the testimonies of the partner care organisations' leaders, managers and front-line staff and service-users have highlighted significant gains to the quality and efficacy of care service provision at a time of crisis.

However, while interviews and surveys have itemised health gains, particularly with regard to the effects on mental health and wellbeing of service users, the intervention has not significantly engaged healthcare professional teams and practitioners working in community settings. Discussions with project participants have identified interest from local health providers, for example with three enquiries about possible participation in the project having been received from local healthcare therapy teams by Redbridge's Adult Care team within the last few days of the Pilot. In the next phase of the scaled implementation we aim to draw on the support of AHSNs and local health agencies to pro-actively engage health professionals, alongside our participant social care agencies to apply and test the software's potential to digital and remote models of integrated health and social care for people with learning disabilities – enabled by the toolkit's person-centred solution.

iii) Economic outcomes

The TechForce19 Pilot project has provided an intense and challenging opportunity for the participating companies to co-develop, trial and test a novel solution for the care of people with learning disabilities facing challenges from isolation. This has driven our teams to engineer and implement swift solutions and gain immediate insights around our product and service offers. The participating businesses have benefited from this fast progress, strengthened our collaboration capabilities and provided insight into the types of innovative tools and practices that these unprecedented circumstances demand. Additionally, we have developed and tested supply and co-production relationships with the three companies and public service provision with which we have undertaken the brief scaled implementation trial, which incorporates progress in our business with these clients for the RIX and Multi Me businesses.

iv) Efficiencies in services

The RIX Multi Me toolkit represents a uniquely person-centred solution to the COVID-19 emergency. As such the tool has demonstrated some of the well evidenced and documented efficiencies that characterise a genuinely personalised health and care provision. Critically, managers and directors of the services with which we have worked have perceived the evident

potential of our software and the user-led tools and approaches to contribute to the efficiency of the services they provide. This was particularly demonstrated in the work we undertook in response to feedback from providers on the need to streamline the capability for remote monitoring of the wellbeing of their service users. The consortium team swiftly prototyped and demonstrated a solution within the Pilot's short time-frame and used a focus group to review the tool and draw further feedback input from our partners. This element of our Pilot project is described in the Case-Study below (Appendix 2). The comments solicited from our participants in the Focus Group and it's the two surveys undertaken with participants demonstrate the positive enthusiasm of our partner organisations for the solutions we are co-developing and refining on the Stay Connected initiative. The views subsequent shared about organisations' aspirations on the next steps for our work together captured the same positivity about the potential of the RIX Multi Me toolkit to improve efficiency and the quality of their services going forwards. The organisations' leaders recognised the value of the adaptations to the software for their business systems. A focus group attendee summed up positive thoughts about the tool afterwards in their survey returns,
'I can see a lot of benefits for management teams and staff groups, especially if experiencing staff turnover - a great way to support handovers too.'

Wellbeing FG1

A second senior attendee declared how the customisation work aligned with his business needs,
'Excellent for strategic management. I have been concerned that Multi Me engagement for senior management is a bit 'all or nothing' but this would really help them to check in and focus their 'deep dives' into the content.

Wellbeing FG2

6) Learning from the project

a) Case studies

- **Redbridge service user and service provider case study**
- **Wellbeing dashboard focus group case study**

Please see the Appendices 1 & 2 at the foot of this report for these two case studies

b) Potential improvements or changes for the solution over the coming months

We anticipate the following improvements over the coming months:

- More swift and efficient remote onboarding with added instructional resources to support staff users get onboard and gain confidence with the system with development of further schemes of work and step by step resources for trainer in-house trainers to cascade skills within organisations
- Provision of materials to guide users on a range of selected use-case pathways, based on the range of popular applications of the software demonstrated by the Pilot partner organisations, with creation of templates, case studies and guides.
- Refinement of the Wellbeing Monitoring dashboard in further consultation with partners
- Development of simple features to assist with transitions in and out of lockdown
- Simplification of software user interfaces and navigation in response to user feedback at the expense of suppliers, Multi Me and RIX Research & Media

Further impact to be demonstrated in the coming months (1, 3, 6months and beyond) with the current deployment and how this could be evidenced.

We expect to continue implementation and hopefully two cycles of scaling with the four partner care organisations. We will provide ongoing support to maintain these organisations' current scale of delivery, while we seek the support for further scaling and co-production to refine the toolkit, and the resources for remote training and support. As we continue to engage staff and supported users and evaluate the effects of further adoption we expect to evident the following **Impacts** that reflect the declared aspirations and ideas of the participating organisations' managers and team leaders:

- Improved and more accurate remote monitoring of people's health and wellbeing
- Integration of health and care passport and care and support plan tools
- Extended engagement of local healthcare professionals working in the community
- Wider engagement of family and peer supporters in the support network
- Communication materials to explain the product and its goals for professionals, families, community organisations and people with learning disabilities

These impacts will be evidenced through continuation of our evaluation methodologies scaled to match the funding we are able to secure.

7) Next steps

a) Proposal for continuation of deployment of the services and kit used for the TechForce19 within the current contract - 1 month, 3months, 6months

As we conclude the rapid Pilot, we note the evidence from the software analytics shared above that affirms our perception that partner organisations' swift implementation is gathering momentum and has a steady trajectory for growth. RIX and Multi Me have secured the commitment of Ashcroft, Havencare, MacIntyre Care and Redbridge Adult Service team to continuing with the deployment of our software subsequent to the end of the COVID-19 crisis at their own cost. Each of these organisations are in specification and contract discussions with us to prepare a post TechForce19 Project plan for scaled adoption of the software and the approach that we are developing together.

These quotes from the survey of each of our partners at the end of the Pilot in response to a question about how they see the Next Steps capture some of their ambitions:

Multime is such an important tool for us all to use and to engage with our users. It will still be vital after Covid-19 as it offers a different way to work with our students P11 Macintyre No Limits

This would have been good to roll-out sooner in lockdown, but it could now support the unlock of the lock down process. Services will change and support may not be there as much as it was before, thus isolating members further. So, this could be invaluable as a tool.' P24 Redbridge

I'm really looking forward to starting to write up the support plan within Multi Me and getting a real feel for the system. P36 Havencare

I can see huge benefits to using Multi Me in future transitions and for this to be used from day one to ensure information is communicated effectively. P39 MacIntyre Adults

It would be good to have a community of people using it and could be such a game changer in the caring environment P40 Ashcroft

We perceive that there remains a learning and development opportunity that exists with these organisations to complete the refinement of a solution for digital care that can provide for continuity of quality, personalised care for learning disabled people in their communities
We also note the continuity of the isolating impacts of the COVID-19 crisis for health and care service users with learning disabilities and the lack of certainty as to how transition from lockdown might occur over the coming 6 months.

We therefore plan to support the ongoing adoption and scaling of the RIX Multi Me toolkit's deployment with our care-provider partner organisations and continue to explore and examine the required specification of software and training to work in these changing environments. We will

continue to refine and amend our system in dialogue with all stakeholders and we aim to extend evaluation so as to understand the detailed user and organisational issues involved in making the remote person-centred care system as effective as possible.

We have a key aim to extend engagement by community health care teams with the toolkit and its users. We hope to work with AHSNS and their networks to design and facilitate this process. We wish to secure advice and support from the relevant AHSNs to assist with the engagement of local healthcare providers, CCGs etc. in the areas where the toolkit is being implemented and trialled. This is the Southwest of England with Havencare, Kent, Surrey & Sussex with Ashcroft and potentially both Merseyside and Oxfordshire with Macintyre Care.

We additionally propose to work with UCL Partners AHSN in the context of the Redbridge setting. We would like to engage our research and implementation activity with Care City CIC and engage with their expertise and the innovation hub network to pursue scaling of adoption with our Adult Care Service partner from the local authority in Redbridge. This provides opportunity to explore a regional whole system model that is driven from public health and care services, alongside voluntary and educational community organisations. The next phases of scaling with our three partner care organisations Ashcroft, Havencare and MacIntyre and their respective AHSNs will simultaneously enable us to model flexible national and regional deployment that is driven by commissioned provider organisations and actively linked in with local healthcare providers.

Lastly, we aim to work with the Public Records Standard Body (PRSB) as a project partner to co-produce an evidence-based Standard for digitally-enabled remote person-centred care for people with learning disabilities. This will address the innovative deployment of supported citizens' personal and social media and support networks that are founded on the advocacy and agency of service users and their immediate carers and supporters. This process will engage PRSB to:

- Review and contribute to the emerging digital person-centred remote care standard
- Consult and gain feedback from their extensive network of health and care professionals and patient, carer and citizen organisations
- Engage with the information collected and shared and the implications for the adoption of this innovative approach through surveys, webinars and tweetchats
- Advise on alignment with other standards that will enable interoperability
- Advise on alignment with current 'about me' and community mental health work
- Identify other use cases that may benefit from a similar approach
- Provide an independent report and recommendations

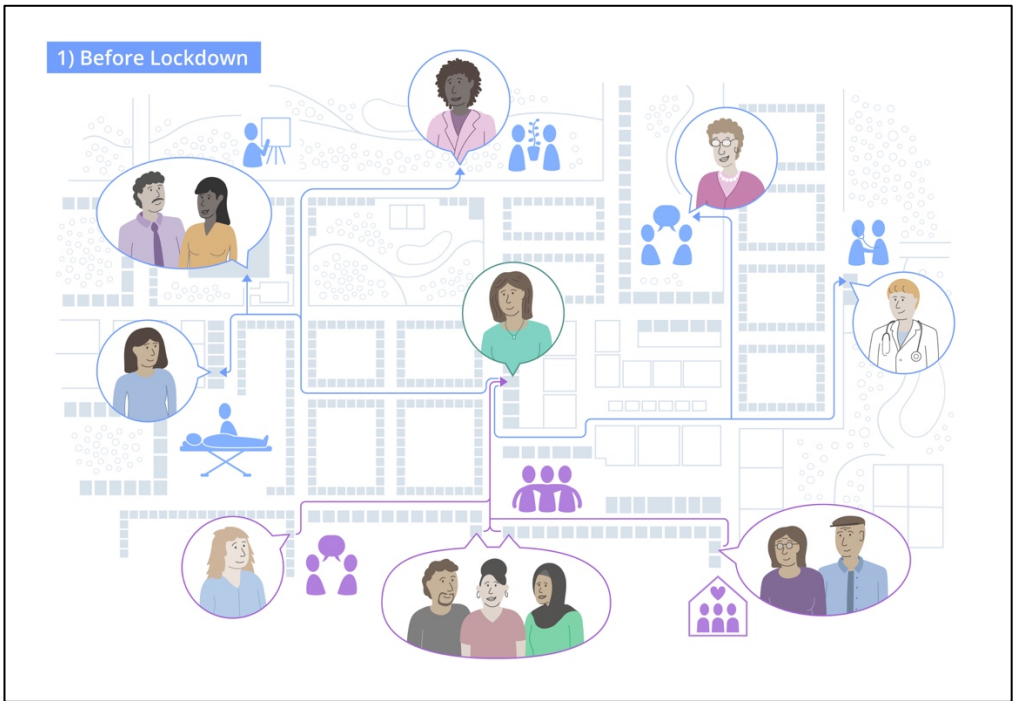
b) Proposal for further development and/or scaling of the solution

i) Overall scaling strategy

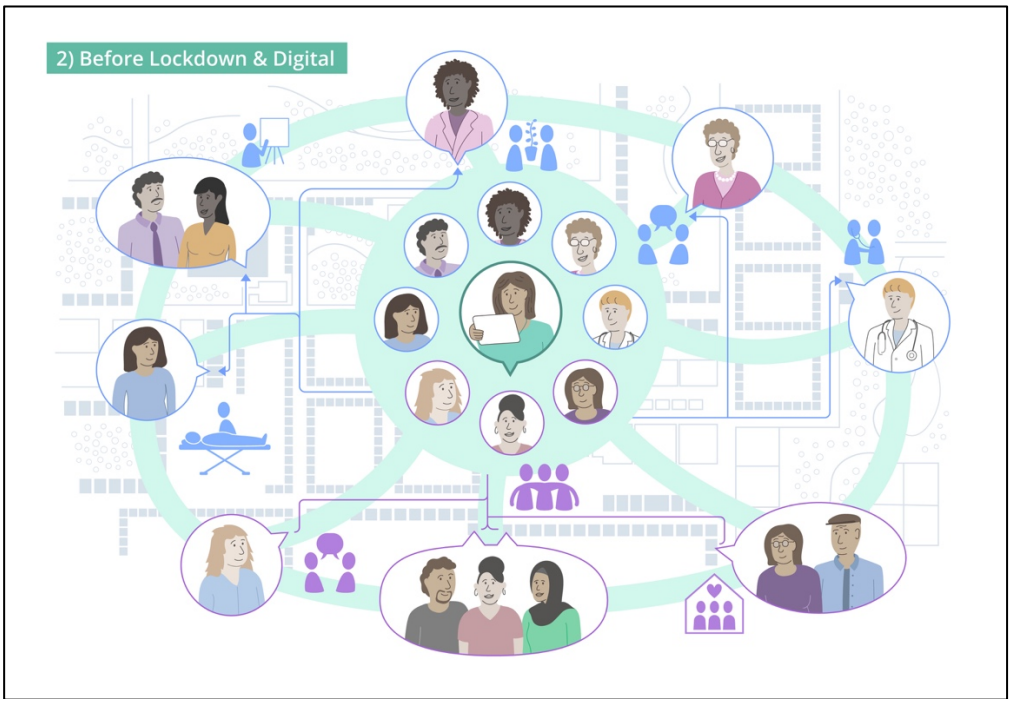
The overall strategy is to continue the Project's journey through the transition to new and challenging circumstances with partner organisations who are committed to extend usage of the software and scaling of its implementation. We will develop with them models for remote support for staff teams to engage with the digital care capabilities of the software with the people they support. The deployment through upcoming phases of social restriction and relaxation will provide valuable learning that we aim to complete within the contract window to October 2020.

From October we will continue with Partners' services on a commercial product and service supply basis. We will also pursue further funds from Research Councils to progress and continue research of long-term scaled adoption and the toolkit's integration with health services. Such a project would work with on wider scale dissemination of the standard and the approach to apply, test and further refine the Standard with accompanying practice guidelines and case studies.

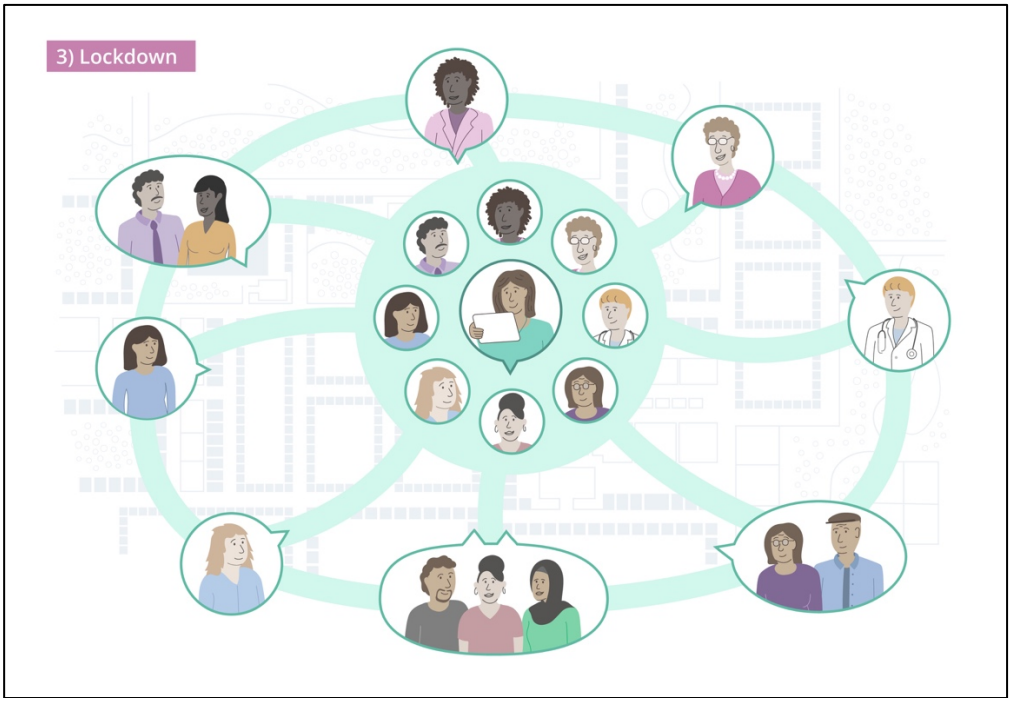
Continuity of Care and Support with a person-centred digital support network



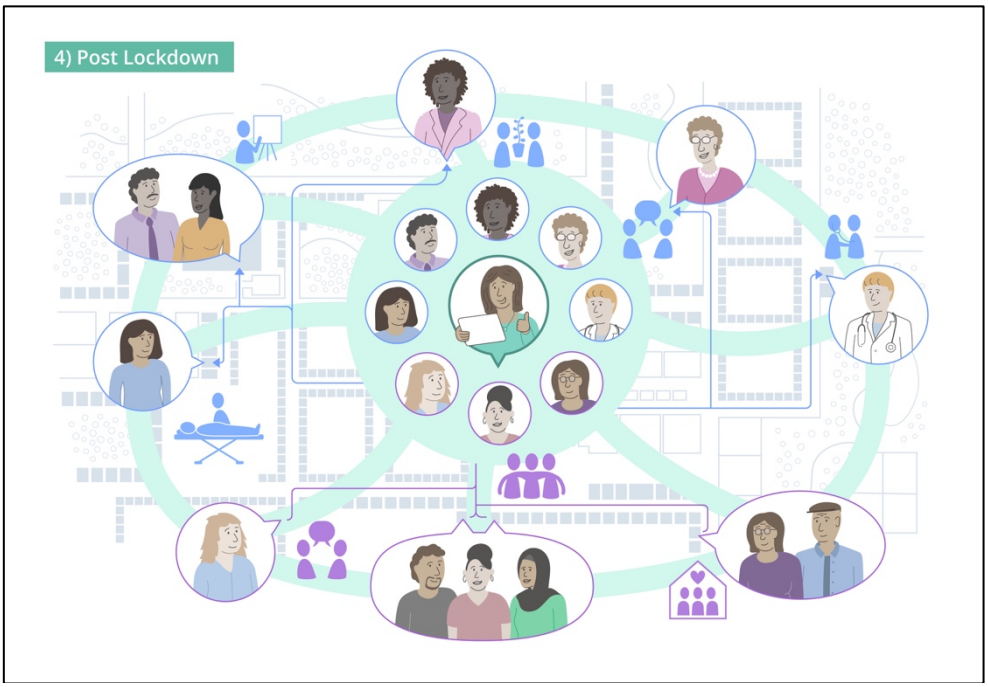
Care prior to COVID-19 based on a set of face to face activities in centres across the community alongside meetings, appointments and home-visits.



Some organisations such as Uniting Friends and Abingdon & Witney College, established digital support networks with service users prior to the lock-down. These engaged with and complemented face-to-face service provision.



During the COVID-19 crisis the online digital support network has been seen to compensate for the loss of face-to-face care provision and provide a means for personal care and support packages to be maintained without loss of quality.



The remote digital support network for people with learning disabilities in the community will provide consistency and continuity of care as we transition from lockdown and through any subsequent phases of distancing and isolation.

We have responded to the Covid-19 crisis with a bringing together of our tools and working practices. We have partnered with 4 organisations that bring diverse perspectives on adult health and social care in the community for people with learning disabilities. Over a rapid pilot project we have learned about the circumstances and the use of the software as a solution.

We propose a 6 month programme of work through to completion of the TechForce19 contract in October '20 with the aim to model, implement and scale a flexible solution for the digital social care of people with a learning disability that can maintain continuity and quality of social care in and out of lock-down, distancing and isolation for this population. The objective is to establish and trial a blended model of person-centred health and care provision that enhances provision in periods when contact is fully sanctioned and maintains quality and efficiency of support whenever public health circumstances change and distancing measures are in place.

The challenges of the Covid-19 crisis have accelerated adoption of digital solutions and our project has advanced specific tools and methods for person-centred remote care and support for people with learning disabilities in their communities that can scale. The TechForce19 funding has sponsored us to model a digital Support Network that can scaffold and facilitate distanced care provision for this vulnerable population at scale by enabling them to capture their daily lives and their feelings in self-made multimedia and share this info with their personal support networks.

'It has helped people we support to stay connected and ensure they can put all of their important information in a safe place. I can see huge benefits on using it for new transitions.' P38 MacIntyre

ii) Costs – for different options

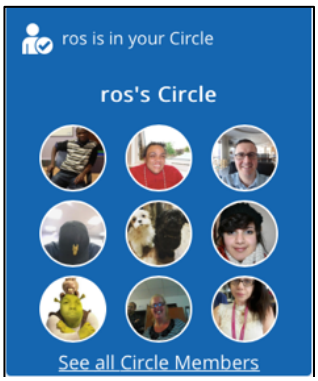
RIX Multi Me Phase Two – Budget for one month	**£**
Staff costs – RIX/UEL	10,447
Contract staff costs – Multi Me, KIM Software, E Learning Team	11,420
Software provision and customisation	3,120
Total expenditure	**25,000**

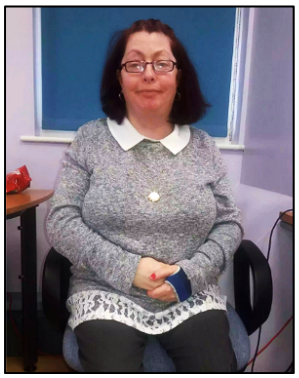
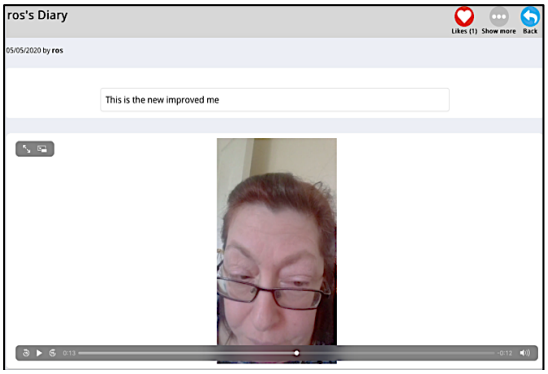
RIX Multi Me Phase Two – Budget for three months	**£**
Staff costs – RIX/UEL	17,359
Contract staff costs – Multi Me, KIM Software, E Learning Team	19,012
Software provision and customisation	13,960
PRSB and Care City engagement	12,000
Total expenditure	**62,339**

RIX Multi Me Phase Two – Budget for six months	**£**
Staff costs – RIX/UEL	35,270
Contract staff costs – Multi Me, KIM Software, E Learning Team	38,461
Software provision and customisation	27,921
PRSB and Care City engagement	24,000
Total expenditure	**125,652**

Appendix 1 : Redbridge Adult Care Services Case Study

Ros is a resident of Redbridge who has mild learning disabilities and is supported by the Borough's Adult Care Services to live independently in the community. Her key Care worker, Sue works at the Woodbine Day Opportunity centre, which Ros normally attends. Sue was re-deployed on the Telephone Welfare Call Centre and Woodbine was closed. Ros received calls from Sue and subsequently connected online with her from her home, using the Rix Multi Me toolkit on her tablet device. Below are quotes from the video material posted by Ros in her daily diary on the system and quotes from Ros and Sue about the experience.

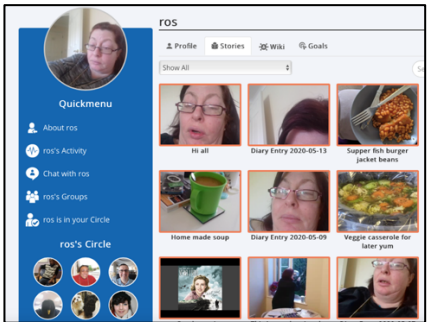


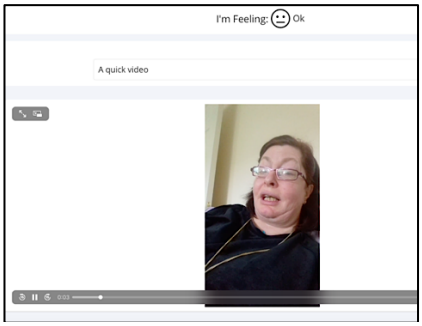



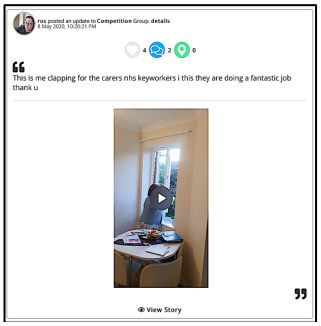
'Good morning all, its Wednesday… I am dressed and look I even put a jewellery on. I haven't worn jewellery for at least 6 weeks. And look, my dear, at least I'm looking a little bit better. And by the way I am perfectly fine and I'm ok' *Ros (from her first video Diary entry)*

'At the moment [the software] is being used so the staff can see that the service users are OK and also it's a good way for us to communicate with other people. It's a valuable tool for me at the moment because of not being able to see the rest of my people.
It is very easy to use it. I'm able to do videos or whatever on my own without having anybody there with me.' *Ros (interview)*

'Just talking to somebody on the phone, you don't always get that full picture. So, having those key things photos, video, just that daily contact with Ros and I are chatting over the RIX Multi Me toolkit - I really think it's benefited Ros's welfare and for me, knowing that she's actually all round OK …it just gives you such a good picture of people's lives during this time. Far better than just contact over the telephone… It just gives that whole all round image of how people are living during this time.'
Sue (interview)







'Hi all, I have just done 5 laps round the garden. It's very cold out there and very windy, but at least I have done it. I will catch up you all later. Bye missing you already, love you all. '
Ros (from later video diary)

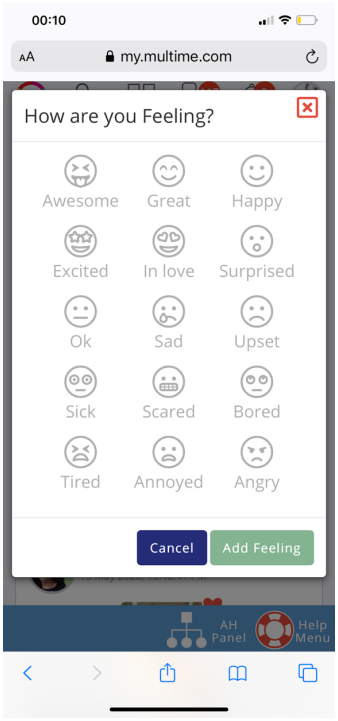
Appendix 2 - Wellbeing Dashboard Focus Group Case Study

This case study draws upon the data from the Wellbeing features meeting, the surveys pre and post meeting and the informal user 'chat' responses during the meeting.

The RIX MultiMe toolkit has a variety of functions which allow users to document and present their emotions and feelings through rich media. The Diary tool allows for users to share this content in chronological order within a timeline. The project Partners provided feedback to the project team that whilst this rich content was valuable, it was hard to quickly identify users experiencing 'negative' emotions such as boredom or frustration. The Partners explained how a support manager may need to regularly review the emotional wellbeing of 100 plus individuals. Historically this has been completed through written reports, generated by the supporters / carers. Not the individuals.

This approach does not provide immediate feedback, nor is the feedback collatable, easily track-able or person centred. Rather, the feedback is an interpretation of how a person may be feeling. As such, no systems exist to monitor the changes of wellbeing and emotions over a period of time. The Partners shared a desire for person-centred Wellbeing data that would provide a systematic and an easily accessible dataset with which to proactively and dynamically calibrate support and care.

I think this is information we are always looking for - we want to safeguard our students, so I can only see it as a benefit. If they didn't want to fill it in, they wouldn't have to. Currently I see all sorts of negative behaviours that I know are really just a call for some of my time and attention. This would be a positive - self -reflective way of doing that.



Senior manager – MacIntyre No Limits

Critically, emotional wellbeing is regarded by the social care partners as a marker and early indicator of an emerging issue or change. Early warning of this change and early intervention strategies offer the chance for better quality care and reduced care costs over a time frame. This is because it may require less resources to support an individual through a small and emerging issue, rather than missing or delaying this support. A small issue, missed, may evolve into a significant issue which may demand more time, resources and therefore increase cost of care.

Based on this feedback from our partners, we conceived of an adjustment to the choice of existing 'stickies' that we provided for users to post in their timeline. We incorporated a new set of emotion stickies that could be selected and added into the Diary timeline by users.

The choice of stickies would provide quantitative data around wellbeing. This could then feed into a Wellbeing Dashboard that would allow for supporters to monitor current emotional status and give a sense of changing emotional and wellbeing status over a period of time.

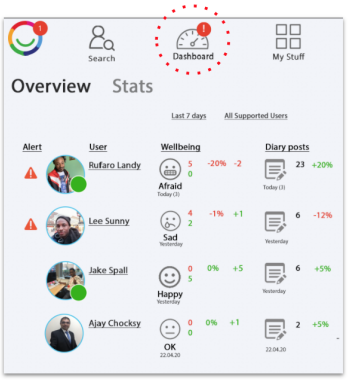
'I love that it is from the point of view of the people we support.'
Supporter from a partner organisation

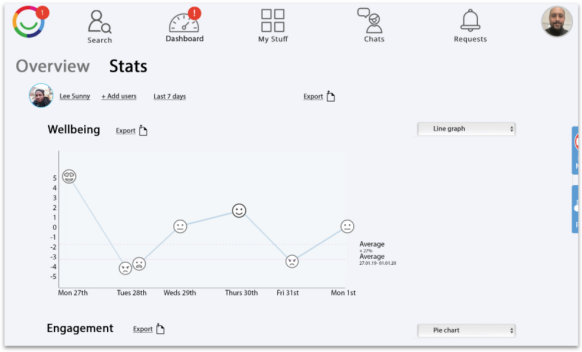
We recognised that extending the choice of the existing stickies choices (to include emotions stickies) was a small adjustment to the software and so completed this within 5 days of the beginning of the pilot. We tracked user's engagement with these new stickies and noticed that without training or support, individuals were naturally using these new emotion stickies in their Diary posts to supplement rich media posts. Supporters and managers reported that users engaged readily with this software change. The ability to quickly post an emotion sticky increased engagement frequency and provided a signpost around the user's emotional state.

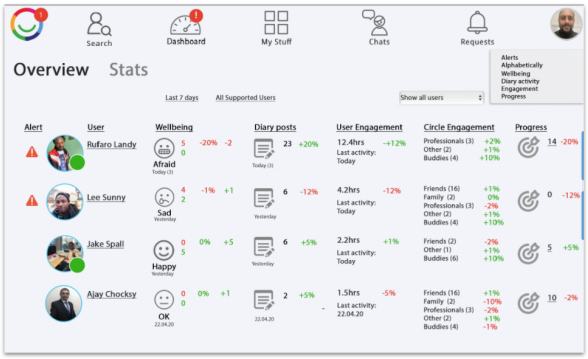
On day 7 of the pilot we convened a focus group of senior managers and supporters from the Partner organisations. We shared the emotion stickies enhancement with them. In addition, we shared our concept of the user's emotion stickies driving the Wellbeing dashboard data. Our hypothesis was that user generated emotional wellbeing 'markers' would support supporters and managers to:

- Help with planning of care / organisation of team / resources
- Help staff identify emotions / problems sooner and can be more proactive
- Help staff to see patterns and triggers in individuals behaviour
- Help staff provide better support / care
- Help strategic management of care and support based on the feeling of individuals
- Help improve transitions / staff / shifts
- Provide evidence rather than existing 'guesswork' of an individual's emotional wellbeing

We collated the responses of the focus group, using a pre and post survey, in addition we used the video conference 'chat' facility to capture informal points of view.







In our evaluation survey we asked: **Would these proposed software changes help managers to monitor the emotional health of the supported users?** All users who participated in the focus group responded in the affirmative. 72% responded that the ability to access such a Wellbeing dashboard would be helpful or very helpful.

'I like the dashboard It will help support people to explore their own feelings and for staff to see changes'

The partner organisations provided useful feedback on the issues and challenges that they faced. These issues were widely confirmed by consensus from all partner organisations.

The main challenges, preventing access to this wellbeing information from supporters was identified through our focus group and following dialogues. It should be noted that these are not direct quotes, but interpretations of points raised across all partner organisations.

- *I don't really know which individual to call/work with first. - I don't know what their state of wellbeing is when I arrive at work.*

- *Existing systems are not person centred. I can find out about the changes to an individuals wellbeing, but I have to go through someone else's notes. This takes time and also means I have to interpret someone else's view on how they 'think' an individual is feeling.*

- *I have paper-based notes and I can't see patterns easily unless I read through all of my notes. No one else can see patterns in wellbeing unless I share my written notes with them. Even then, it's not easy to see the patterns for one user - let alone the other 99 users I support.*

- *I know how people are feeling today, but I don't have a sense of how their mood has changed over a period of time. Mood changes are key to signposting the organisation and planning of support. We just don't have this information.*

- *Me and my team can be slow to react because we don't know about a problem.*

- *Wellbeing status is hard to get/see with existing tools. Wellbeing status tools are largely paper-based and not user-centred.*

- *I don't have enough time to check the wellbeing status of my 100 individuals using traditional methods on a daily basis.*

'I can see a lot of benefits for management teams and staff groups, especially if experiencing staff turnover, great way to support handovers too'

Because we rapidly deployed the stickies emotions during the project, we were able to take real-world feedback from users and supporters. Users responded by actively using the stickies. Supporters reported users naturally engaging with this new enhancement. Very quickly we were able to identify adjustments and improvements to the emotions stickies via our partners active participation in this co-production process. Stickies have been requested to show emotions pertinent to the health crisis such as 'bored' and 'anxious'. In addition, user requested that stickies could reflect ethnicities and skin colours to better represent the individuals. This iterative process should be extended - users have a clear view on how the stickies could be further customised for individual users.

With a sound understanding of the positive take-up of the emotions stickies by users, we convened a second meeting with partners to review the Wellbeing dashboard. Our challenge to partners was to prioritise what data should be made available in the Wellbeing dashboard. We explored how this data would contribute to delivering higher quality care which is more responsive and presents an opportunity to reduce overall care and support costs.

The next phase of our work is to prioritise the data types in the dashboard, to identify what Wellbeing information will provide the most powerful set of data to transform care. An insight from a care manager also describes the anticipated value of engaging users in the co-production of their care and support planning through heightened awareness of their own wellbeing status.

'It could change how we involve people in learning about / tuning in to their own changing emotions and lead to loads of discussion about how they want to be supported in response to their emotional state.'

The Wellbeing dashboard would need to be developed with the most pertinent data that would enable service transformation. In addition, staff would need to be supported to use the dashboard to help them make decisions such as the order in which they make phone calls to check up on users or the frequency or duration of care and support activities that are planned during the week.

In addition, the Wellbeing dashboard could be used to aggregate data across specific groups, departments and organisations. This could allow for the benchmarking of teams or care organisations as a way of engaging in professional development discussions, challenge and improvement discussions as well as identifying trends at an early stage.

In this sense, the Wellbeing dashboard can provide data, provided by individuals - which can lead to organisational change and improvement in care at a local, regional and national level.

Excellent for strategic management. I have been concerned that MultiMe engagement for senior management is a bit 'all or nothing' but this would really help them to check in and focus their 'deep dives' into the content.

Appendix 3 Contact details for Care Organisation participants

MacIntyre
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