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Evaluation of the role, contribution and value of the Memory Technology Resource Room (MTRR) Programme

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Report Authorship

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Foreword

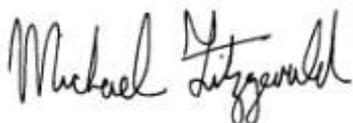
Michael Fitzgerald AND Older People & Palliative Care Strategy

The National Office for Services for Older People & Palliative Care Strategy is delighted to welcome this evaluation of the Memory Technology Resource Room (MTRR) Project. The National Dementia Strategy, published in 2014, and the more recent Developing and Implementing Dementia Policy in Ireland from 2017, outline how a broad range of supports including assistive technology and providing an holistic approach to care are required to optimise the person centered community based model of dementia services.

This evaluation demonstrates the benefits of the Memory Technology Resource Rooms and the key role they play in supporting people with dementia and other memory impairments and their families and carers. The evaluation highlights the role that technology can play in supporting people with dementia to remain independent and to enhance safety in their homes and will support the growing body of evidence in this area. The significant benefit of reduced stress and anxiety for family members and carers as a result of their engagement with the MTRR service is seen through their feedback provided as part of this evaluation. The support and guidance provided on the management of all aspects of memory loss by the MTRR staff is also recognised as being equally as important as the Assistive Technology (AT) equipment aspect of the MTRR service. Indeed it is the combination of both the AT and non-AT aspects of the MTRR service that underlies their success.

This evaluation indicates the local and national requirements to ensure the MTRR become embedded into the local framework of dementia services. Some of the challenges ahead for the MTRR include the demographic changes and the subsequent increase in incidence of dementia and also the fast pace of advances in the world of technology. The current climate of COVID 19 has further highlighted the role the MTRR play in supporting the person with dementia and their families in what is proving to be a hugely stressful time for carers and families and emphasises the need for MTRR to become fully engaged with telehealth while cognisant of the challenges this poses for people with dementia and memory impairments.

To ensure the sustainability and future development of MTRR the service will need to consider and implement the key learning from this evaluation which will enhance and facilitate the goal of supporting people to live well at home for as long as possible.



Michael Fitzgerald

Foreword

Mary Manning, General Manager, National Dementia Office

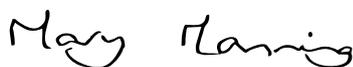
It gives me great pleasure to present this evaluation report of the Memory Technology Resource Room Network. The evaluation findings provide valuable information which support both us in the HSE and colleagues across health and social care to integrate the service in an emerging post-diagnostic care pathway for those living with dementia.

It struck me reading the report how far the network has come in such a short space of time. There is now a Memory Technology Resource Room allocated to each county. The role of Assistive Technology cannot be underestimated for people living with dementia and for their family carers. It can help them to adjust and cope with the condition and manage both cognitive and non-cognitive symptoms. Feedback from those attending an MTRR, as shown in the report, illustrates the impact of the informal setting and input of expert and knowledgeable staff.

The evaluation also shows that the potential of the MTRRs has not yet been fully realised. There is further room for growth so they can increase their impact on the lives of people living with dementia. The evaluation findings provide useful signalling on how we can develop this further.

The National Dementia Office will continue to promote the network and support it being embedded within services across the country, as an important step not only for people newly diagnosed with dementia but also for those who experience changes in symptoms and for families who are supporting and managing the condition at home.

I would like to thank Kevin Cullen, the author of the report and the subgroup of the MTRR network who assisted him during the evaluation period. In particular, I would like to thank Eibhlis Cahalane, Mary McCarthy, Simone McGoldrick and my colleague in the National Dementia Office Emer Begley for providing additional support to the evaluation.



Mary Manning

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We are also indebted to the many hundreds of service users (people with dementia or other memory difficulties, and family members and carers) who provided feedback during 2019 on the MTRR services they visited. This has ensured that their experiences and their 'voices' are central to the evaluation and its conclusions/recommendations.

Report prepared by:

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High Level Summary

This report presents a profile and independent assessment of the progress and impact of the Memory Technology Resource Room (MTRR) programme since its official launch in 2018. The programme funds and supports a nationwide network of twenty-five Memory Technology Resource Rooms (MTRRs). The MTRR concept is based on the Memory Technology Library in Clonmel which was developed as one of the pilot HSE Genio Dementia programme sites funded through a philanthropic source between 2012-2015.

MTRRs showcase a wide range of Assistive Technologies (ATs), and provide assessment and guidance on how different low-tech and higher-tech equipment may be helpful for addressing the needs of people with dementia or people with other memory difficulties and their family members and carers. A substantial body of Irish and international evidence demonstrates the valuable role that memory-oriented and other ATs can play in supporting these groups to live life as fully as possible. As a predominantly Occupational Therapy led programme, the MTRRs also provide an opportunity for an assessment of client's needs and the provision of advice on non-technological approaches and solutions.

Key findings

The evaluation found that the MTRR programme is clearly having a very positive impact on those using the service.

It also found that they effectively contribute to meeting a number of the objectives of the National Dementia Strategy. This includes supporting persons with dementia to better manage the challenges experienced as a result of their dementia and remaining as independent as possible with a good quality of life.

In addition, the evidence presented in the report demonstrates that the MTRR programme is addressing the needs of the people with dementia or other memory difficulties by:

- Raising awareness and providing guidance on assistive technologies
- By providing an occupational therapy assessment and guidance on practical ways to manage the challenges which can be experienced as a result of dementia and live as well as possible.
- The service is highly valued by clients, families and carers.

The evaluation also shows the important role that MTRRs occupy in post-diagnostic support and dementia care pathways by filling a key gap in existing services.

Key Recommendations include

- Ensuring the sustainability and growth of the MTRRs with an emphasis on maximising their reach and impact through specific national and local actions.
- Addressing specific operational issues identified which will ensure standardisation of practice.
- Aligning the MTRRs into relevant dementia services such as cognitive rehabilitation and memory clinics and embedding them within post diagnostic support pathways in each CHO so they are not seen as a stand- alone service.
- Further develop research to inform best practice and improve the understanding of the impact of the programme and the value for money dimension of the service.
- Take into consideration learning's from COVID-19 and the wide spread use of virtual visiting technologies to support people with dementia and those living with memory difficulties at home. Continue to build on this and harness the expertise of MTRR staff to support people to stay connected

Executive Summary

Approach and methods

The evaluation took a wide-angle perspective on the MTRR programme, incorporating both formative and summative dimensions. This report presents findings from the summative component, focusing especially on assessment of the impact and value of the programme to date. The formative aspects included piloting some modified approaches to routine activity and data reporting by the MTRRs as well as some expansions to existing service models that might be useful to consider as the programme evolves over time.

Procedurally, the researchers worked closely with the HSE's National Office for Services for Older People and Palliative Care Strategy and the National Dementia Office along with a sub-group of MTRRs established to support some important elements of the evaluation approach. Methodologically, the evaluation employed a mixed-methods approach, involving both quantitative and qualitative data gathering from multiple sources and perspectives.

The core elements and sources of data included:

- The national MTRR programme routine activity dataset, comprising data on 2,261 referrals and 1,875 appointments for 2019, and feedback from 895 visitors to the MTRRs during that year.
- A survey of the MTRRs across the country to gain a deeper understanding of their place in their local dementia care ecosystems, their operating procedures, and their views on the role and contribution of their service and aspects that might be improved.
- A pilot service expansion exercise in a subset of MTRRs, to examine the potential to improve the routine data gathering and reporting approach and to test the feasibility and value of MTRR-initiated follow-up with clients after a visit.

Findings

The findings of the evaluation address two main aspects: MTRR programme impact and value; and operational issues within the programme.

MTRR programme impact and value

The evaluation shows the MTRR programme has achieved impressive progress since its formal launch in 2018, with 25 MTRRs operating across the country at the end of 2019, and within all 9 CHO areas, and services reaching a substantial number of clients (more than 1,800) in 2019.

An extensive compilation and analysis of data and information from multiple sources and perspectives provides compelling evidence of the impact and value of the programme at a number of levels:

- Clients and their family members and carers overwhelmingly provide very positive feedback on the usefulness of their MTRR visit and the value of the information and advice in helping them manage the challenges of dementia or other memory difficulties.
- MTRR staff emphasise the value of a service offering a consultation in an informal environment, led by experienced OTs with the skillset required to holistically assess a broad spectrum of presenting needs and provide practical advice.

- Clients and staff note the value of both the AT-related dimension of the service and the wider attention to other forms of support for client needs, such as advice on maintaining meaningful occupation and on how to address challenging behaviours where they cause distress. Follow-up of a small cohort of clients after their visit to the MTRR found a significant percentage had gone on to purchase some of the AT equipment demonstrated and discussed, and were finding it useful in addressing their needs.
- Both clients and staff also point to the important role that the MTRR service plays in filling a key gap in existing care pathways, especially in the short-term after initial dementia diagnosis but also as needs change over time and as dementia progresses.

Based on these results, the evidence from the evaluation indicates the MTRR programme is making a significant contribution to the achievement of the objectives of the National Dementia Strategy, both those relating to Assistive Technology (AT) supports for people with dementia and to other components of the support system envisioned. Just two aspects of this are highlighted below - the important addition to dementia care pathways and post-diagnostic supports; and the demonstrable potential for wide reach, at scale, for people with dementia in the community.

Important addition to dementia care pathways and post-diagnostic supports

For people living with dementia, MTRRs play an important role in supporting them and their families and carers in the community. The MTRRs can often be the first port of call after a diagnosis and in these instances offer more than just the show-casing of assistive technology on display. The holistic assessment and practical support provided often comes at a crucial time along the journey for the client and their family. In addition, the MTRRs provide guidance and advice about broader aspects of living well with dementia and addressing more challenging dimensions, such as responsive behaviours and other non-cognitive concomitants of dementia. Early intervention can also increase well-being and enhance quality of life. The responses from people attending MTRRs show the positive experiences for those who engaged with the service.

Demonstrable potential for wide reach, at scale, across people with dementia in the community

Already, the MTRR programme in some CHOs is achieving considerable reach in the numbers of people with dementia in the community (diagnosed or not) they are serving, as well as people with other forms of memory difficulty. With additional resource allocation and other supporting measures through the programme networking function, there is potential to enhance the numbers reached across all CHOs.

Operational issues

The services provided across the 25 MTRRs follow closely the operational policy defined at programme level. Nevertheless, the MTRR experiences so far provide useful insight and suggestions for refinement of the operational policy and model in the next phase of evolution and development of the programme.

One important issue is that volumes of activity, and the associated extent of reach across the target populations, appears to vary considerably across CHO areas. This requires further consideration by the programme in the next phase, and the observed variation is likely linked to a range of factors, including:

- Variation in numbers and locations of MTRRs and staffing capacity at county and/or CHO levels.
- Differences across MTRRs in the length of time since first opening.
- Variation in numbers of referrals received, and challenges to raise awareness and encourage sufficient referrals in some locations.

The MTRRs also identified a range of other aspects where improvements are possible and these warrant consideration in the next phase of development, at programme level and in the MTRR Network. Specific recommendations include:

- Prioritising the marketing and advertising of the MTRRs and enhancing the development of informational resources for utilization at MTRR level.
- Improving the quality of premises for a number of the MTRRs, to ensure fitness for purpose and facilitate delivery of an optimal model of service.
- Ensuring sufficient staffing and geographical coverage in all CHOs and geographical regions within CHOs; encouraging staff continuity; and having an appropriate staffing profile that provides access to experienced staff.
- Continual review and upgrading of AT stock, based on feedback from the network; and the importance of supporting ongoing research to understand client experiences and product effectiveness.
- Consideration to extending the availability of an AT lending capacity (for relevant items) across all MTRRs; other possibilities for consideration include efforts to increase local supply of commonly sought AT items (e.g. in local retail outlets and/or possibilities to sell certain items from the MTRRs); and exploration of the potential to provide or fund some AT items for people with medical cards.
- Continuing to provide training for the MTRR network to facilitate the upskilling of staff and ensure the development of the MTRR service is in line with international best practice.

Finally, the formative component of the evaluation exercise explored some possibilities for expansion of the service model and operational toolkit for the MTRRs in their daily work. These include how client visits are documented and how the data on these is routinely reported, and the potential value of MTRR-initiated follow-up to clients where appropriate. The programme level processes could give further consideration to these aspects in the next phase.

Recommendations

Based on the evidence and analysis from the evaluation exercise, the evaluators make three core recommendations.

Recommendation 1: Ensure sustainability and growth of the MTRRs.

The significant positive impact of the MTRR service is evident. However, efforts at both local and national levels are necessary to ensure sustainability of the MTRRs and to maximise their reach and impact.

At a national level, the MTRR programme should:

- Strengthen links within each CHO at a senior level to facilitate the development of the MTRRs role within each region.
- Include identified targets in the HSE's National Service Plan.
- Ensure MTRRs are acknowledged as an important element of post-diagnostic support and included in establishing care pathways.
- Continue to support individual MTRRs, measure activity, and plan and develop MTRR services.

At a local level, to ensure sustainability and growth the MTRR should:

- Be positioned as a core part of the dementia services in the area.
- Be closely aligned with or become part of other relevant dementia services such as cognitive rehabilitation or memory clinics, embedded within a dementia post-diagnostic care pathway, and not seen as a stand-alone service.

- Address staff turnover to ensure this is minimized; this will be supported by strengthening local support structures for MTRRs in each area.
- Where necessary, source premises that are fit for purpose to provide an optimal service.

Recommendation 2: At MTRR programme level, the MTRR Network should reflect on the results of this evaluation and develop an action programme to address the operational and other issues identified.

The report identifies a range of operational issues as well as opportunities for improvement of various aspects at both programme-level and individual MTRR-level. Many of these are suggestions made by the members of the MTRR network, and some are conclusions arising from additional data gathering and analysis by the evaluation team. Attention to these issues would help standardise practice across all MTRRs, and maximise the volume and capacity of the MTRR service.

- The action programme to address these issues should be aligned with national developments in relation to dementia services, and include a schedule and costings for further development of the MTRR service.
- Specific aspects include documentation, the referral processes, and enhancing the available stock of AT technology.
- Continued fostering and further development of the skill set of the MTRR staff is also important, through external and internal training, mentoring and support.

Recommendation 3: Further develop the research dimension of the programme, to inform best practice and improve understanding of the impacts of the programme and the value-for-money dimension.

The range of potentially useful AT for people with dementia and other memory difficulties continues to grow, and quality of existing products changes over time.

- Expansion of the research dimension of the national programme is important, so that advice around AT is evidence-based and informed by in-depth understanding of how particular ATs (and particular models) work in the real-world and the experiences of clients with these.
- The research scope should extend to examine the impacts and value of non-AT related advice as well, for example around meaningful activities and approaches to addressing responsive behaviours and the non-cognitive symptoms of dementia where they arise.
- The MTRR programme should consider developing and funding a research capacity to address these areas, building on the MTL (Clonmel) team's expertise in this area and bringing other MTRRs into the process over time.

COVID-19 Postscript (and fourth recommendation)

The evaluation process was nearing completion when the COVID-19 crisis arrived. Like many other health and social care services, the MTRR service was severely impacted as was the client base it serves. Although presenting many operational challenges for services, the COVID-19 situation has further highlighted the role MTRRs can play in supporting persons with dementia and their families in what is proving to be a hugely stressful time for them. One aspect is greater recognition of the ever-increasing role that technology plays in all of our lives, and how it can help address logistical challenges in the provision of and access to health and social care services and supports at the frontline. The rapid deployment of platforms for telehealth, telemental health, and virtual visits is evidence of this, and the MTRRs are well-placed to implement these approaches in their operational models as well as to provide support for other health and social care services in getting to grips with this technological aspect in their work. In addition to the opportunities presented by virtual visiting technologies (e.g. through video consultation with clients in their homes), there are important ways to support vulnerable client groups (such as persons with dementia) and their informal family carers through telecare platforms and services.

A **fourth recommendation** of the evaluation, therefore, is to develop a specific line of activity on this theme within the MTRR programme and to link this in with wider developments within HSE such as in the digital transformation programme and in the community and voluntary sector such as initiatives by ALONE and others.

1.0 Introduction

The Memory Technology Resource Room Project funds and supports a nationwide network of Memory Technology Resource Rooms (MTRRS). These MTRRs showcase a wide range of Assistive Technologies (ATs), and provide assessment and guidance on how the different low-tech and higher-tech equipment may be helpful for addressing the needs of people with dementia or other memory difficulties and their family members/carers. A substantial body of Irish and international evidence shows the valuable role that memory-oriented and other assistive technologies can play in supporting these groups and their family carers to better manage the challenges and live life as fully as possible. As a predominantly Occupational Therapy led programme, the MTRRs also provide an opportunity for wider assessment of client needs and provision of advice on non-technological approaches and solutions that may be helpful. This report presents a profile and independent assessment of the progress and impacts of the MTRR programme in the first phase since its official launch in 2018.

1.1 Background and context

The initial concept for the MTRR programme originated in the HSE-Genio Dementia Programme's first set of four demonstration projects on innovative community-based supports for people with dementia. These were in South Tipperary, South Dublin, Kinsale and Mayo. Service innovation in provision and utilization of technologies (assistive technology and telecare) in dementia care was one component of the programmes in all four sites. Local approaches and implementation varied, but all four sites piloted some form of telecare as part of their programme.

The South Tipperary programme - *5 Steps to Living Well with Dementia* - developed a Memory Technology Library (MTL) as part of its approach. The original concept for the MTL was to raise awareness of the potential of assistive technologies to help people with dementia and their families live well at home throughout their dementia journey. Important aspects of the service were to offer a welcoming, person centred consultation that was easy to access, at a time when people needed it. An Occupational Therapist facilitated the discussion, with a good knowledge of the therapeutic benefits and precautions of available technologies, and skilled in supporting persons with dementia. The desired outcome was that the service user would find the advice supportive, useful, and practical to implement.

Operating from premises located on the grounds of South Tipperary General Hospital in Clonmel, the MTL provides demonstration of a range of assistive technologies and a loan facility for some technologies so people with dementia and their carers can try them before deciding on whether to purchase. This model was of considerable interest to other sites, and some (e.g. at Clonskeagh in South Dublin) began to develop a similar service.

1.2 Evidence base on the value of assistive technology for people with dementia

An independent evaluation reported on the technology-related component of these first four Genio demonstration sites (Cullen et al, 2016). It defined 'Telecare' as referring to systems that alert carers when the person with dementia has a need or is at risk; and 'assistive technology' as referring to stand-alone equipment for use by the person with dementia. The study found that telecare could be a very useful addition to the repertoire of supports and solutions for people with dementia and their carers, particularly in addressing safety issues and helping overcome some of the logistical challenges of caring. The evaluation also covered the MTL in Clonmel, and found it was strongly valued by persons with dementia, family carers, and dementia care staff who visited the centre. Assessments of the experiences of clients who availed of the loan facility were also very positive, with many clients reporting useful benefits and intention to acquire devices they had loaned. More recent work at the MTL has trialed a number of GPS systems for people with dementia and their families, and provides valuable insight into the potential benefits as well as the practical difficulties that can sometimes arise (McGoldrick and O'Brien, forthcoming).

A wider scope study on the value case for community-based provision of psychosocial supports for people with dementia in Ireland included a review of the evidence on telecare and AT (Cullen and Keogh, 2018). It concluded that the research literature provides a range of evidence on the contribution of telecare for carers, including reviews (Davies et al, 2013; Poole, 2006; NICE, 2015; Cullen et al, 2015) and individual evaluation studies from Ireland (Keogh, 2010; Graham et al, 2011; Cullen et al, 2016) and other countries (e.g. Woolham, 2005). Systematic reviews have found some evidence for impacts on carer stress and strain, and individual evaluation studies have shown the usefulness for carers of the practical and logistical support provided by telecare. The wider research literature also provides some evidence on benefits of assistive technology for people with dementia, for example, through helping time orientation and prompting or guiding activity and memory, although likelihood of benefit appears to be very individualised; Topo, 2009; Cahill et al, 2007; Carswell et al, 2009).

1.3 Progression to the MTRR programme

The Health Service Executive's (HSE) National Office for Services for Older People & Palliative Care Strategy, in collaboration with the National Dementia Office, sourced Dormant Account funding in 2016 to build on the positive experiences of the MTL and support expansion to other parts of the country. In 2018, the HSE services officially launched a national programme supporting establishment and operation of a network of Memory Technology Resource Rooms across the country, which are funded through the National Office for Services for Older People & Palliative Care Strategy. This national MTRR programme adds another component to the evolving ecosystem of services and supports to help people with memory difficulties continue engaging in daily tasks and thereby make a substantial contribution to maintaining their independence and improving quality of life. The programme funds staffing and equipment stocks to showcase a wide variety of 'assistive technologies' and supports for people with dementia, or other memory difficulties, and their families. The National Office for Services for Older People and the National Dementia Office jointly coordinate and facilitate national networking of the MTRRs from around the country, to share experience and good practice and optimize the impact and value of the programme as it further develops and consolidates.

Role of the Clonmel MTL - past, current and future

The Memory Technology Library (MTL) in Clonmel provided the initial blueprint for the MTRR model and national programme. At the programme design stage, the OT attached to the MTL and the senior OT from South Tipperary mental health services for older people provided advice on suitable types of technologies and operational guidelines for the MTRRs. The MTL continues to have a key role as a central hub for sharing learning and peer support with the wider MTRR Network, and the senior OT is clinical lead for the programme. This includes provision of direction for service development, leading and contributing to various subgroups, and development of resources for the wider network.

The field of Assistive Technologies is dynamic and the technologies are rapidly updating, and the MTL has an essential role in the appraisal of these as they become available. It carries out research and trials new technologies with persons with dementia and their families, and shares this real-world user feedback with the MTRR network to support evidence-informed practice of the wider group. The MTL website is also a resource where handouts and AT product information can be accessed. As well as providing peer support, the MTL has a remit to focus on specific issues in depth, and write guidelines for the MTRR group, such as on Ethics and AT, which benefits the whole service.

The MTL plans to continue to conduct research on user experiences with assistive technology and to expand its approach to facilitate collaboration with the network of MTRRs on this. Approval from the CHO 5 research ethics committee is in place for the MTL and other CHO 5 MTRRs to commence an initial programme of research on user experiences with assistive technologies, subject to funding availability.

1.4 Evaluation of the MTRR Programme

In 2019 the HSE's National Services for Older People & Palliative Care Strategy began preparations for an evaluation of progress of the MTRR programme to examine what impacts were being achieved, with external support from an independent research organization (WRC) already involved in the earlier work under the Genio programme.

Aims and objectives

The overall aim of the evaluation exercise was to document and assess the role, contribution, impact and value of the Memory Technology Resource Room (MTRR) programme. This would help support further development of the programme itself, as well as improve understanding of where the MTRR approach fits in the wider ecosystem of services for people with dementia and other memory difficulties in the community. In this way, it would also examine the contribution of the programme to achievement of the objectives of the National Dementia Strategy, both those relating to Assistive Technology supports for people with dementia and to other aspects of the support system envisioned.

The specific objectives were to:

- Prepare a detailed profile of the MTRR programme at the end of 2019, to include operating procedures of MTRRs and their position in local dementia care ecosystems.
- Examine impacts and value for clients.
- Identify areas for potential enhancement/improvement.

Approach and methods

The evaluation took a wide-angle perspective on the MTRR programme, incorporating both formative and summative dimensions. This report presents findings from the summative component, focusing especially on assessment of the impact and value of the programme to date. The formative aspects included piloting some modified approaches to routine activity and data reporting by the MTRRs as well as some expansions to existing service models that may be useful to consider as the programme evolves over time.

Procedurally, the researchers worked closely with the National Office for Services for Older People and with a sub-group of MTRRs established to support some important elements of the evaluation approach. Methodologically, the evaluation employed a mixed-methods approach, involving both quantitative and qualitative data gathering from multiple sources and perspectives. Table 1.1 presents an overview of the main strands of the approach. Relevant chapters and sections of the report provide more details on specific methods utilized for the different elements of the evaluation.

Table 1.1 Overview of the main strands of the approach

Data source	Aspects addressed	Timeframe	Data	N
National routine dataset	Volume & type of MTRR activity	2019 (full year)	Referrals	2,261
			Appointments	1,875
	Visitor feedback	2019 (full year)	Visitor experience	895
Survey of MTRRs ('ecosystem' survey)	Position in local ecosystem, operating procedures, service assessment	Conducted late 2019 - early 2020	Various features of the MTRRs	18 MTRRs (+ 2 others*)
Pilot of new assessment form (9 MTRRs)	Nature of presenting needs & interventions provided	Late 2019 - early 2020	Aggregate profile of client interventions	107
Pilot of follow-up calls with clients	Usefulness of the service, actions taken on advice provided in visit	Late 2019 - early 2020	Aggregate client feedback	34

*Note: Two well-established memory technology resource rooms that are not currently formally part of the funded MTRR programme also contributed to this part of the study.

Core elements included:

- Collation and further analysis/synthesis of available routine data on the MTRRs (centrally gathered)
- Distribution and collation of a template to support a deeper profiling of the MTRRs across the country, and in a consistent manner, to provide:
 - understanding of their place in the local dementia care ecosystems
 - a more detailed view of MTRR services and operating procedures, and
 - a self-assessment of MTRR services by each local lead.
- Examination of client impact and value based on:
 - routinely gather feedback from visitors to MTRRs
 - additional insight from pilot service development work in a sub-group of MTRRs.

1.5 Structure of the report

The remainder of the report comprises five main chapters. Chapter 2 presents a profile of the MTRR programme across the country and data on the activities of the MTRRs for the full year of 2019. Chapter 3 presents a deeper view of where and how the MTRRs operate on the ground. Chapter 4 examines impact and value of the MTRR programme, drawing on feedback and data from service users and the service leads across the country. Chapter 5 outlines and discusses some operational challenges and opportunities arising for individual MTRRs and the programme as a whole, and suggests possible areas of focus in the further development and evolution of the programme. Finally, Chapter 6 presents an overall synthesis and conclusions on the role, contribution, impacts and value of the programme.

2.0 National coverage and activity profile

This Chapter presents an overview of the national distribution and coverage of the MTRR programme, and profiles the nature and volume of their activities.

2.1 Core features of the national programme

Overall, 25 MTRRs were up-and-running during the evaluation period in 2019. These were geographically spread across the country, as shown in Table 2.1. MTRRs commenced operation at different times over the period covered in the evaluation, so some were more established and others were at earlier stages of operation at the end of 2019. The extent of staff turnover has also varied across the MTRRs.

Table 2.1 MTRRS across the country

CH01	1	Cavan/Monaghan
	2	Donegal
	3	Sligo/Leitrim
CH02	4	Galway
	5	Mayo
	6	Roscommon
CH03	7	Ennis
	8	Limerick
CH04	9	Killarney
	10	Tralee
	11	Cork St Finbarr's
CH05	12	Carlow
	13	Kilkenny
	14	Waterford-Dungarvan
	15	Waterford-St Pat's
	16	Wexford
CH06	17	Loughlinstown
CH07	18	Ballyfermot (and mobile kits)
CH08	19	Drogheda
	20	Dundalk
	21	Navan
	22	Laois/Offaly
	23	Longford/Westmeath
CH09	24	Willow Day Hospital
	25	St Mary's

Some of the MTRRs operate more than one facility across a county (e.g. Galway operates a service at Merlin Park, Loughrea, and Tuam; Roscommon operates a service at Boyle and Athlone), and a number of satellite services in CHO7 utilise mobile AT kits. The wider set of 'MTRRs' also includes three centres developed before the commencement of the formal MTRR programme (Clonmel, Clonskeagh and Mallow), continuing initiatives that began under the Genio-HSE demonstration programme. These centres, while funded separately, are actively involved in the national MTRR programme through attendance at meetings of the national network of MTRRs and provision of practice guidance and advice. Although they are not currently included within the national MTRR programme activity statistics and reporting, the best ways to incorporate them is under consideration.

Core features of the national programme include:

- National coordination and management by HSE Services for Older People & Palliative Care Strategy, with clinical/practice guidance from the MTL.
- Liaison and linkage with National Dementia Office (NDO), and the implementation framework for the National Dementia Strategy.
- Central funding for staffing (approx. 0.4 OT wte per MTRR) and AT equipment costs.
- Centrally-supported procurement and provision of assistive technology stock.
- Shared service model and operational framework comprising both demonstration/advice on assistive technology and support with other aspects of living well with dementia.
- Routine collation and reporting of activity data.
- National networking of the MTRRs, jointly coordinated and facilitated by HSE National Office for Services for Older People and the National Dementia Office - quarterly meetings of the entire MTRR network to share experience and good practice.

2.2 Volume of activity

Table 2.1 presents the centrally gathered statistics on referrals received and appointments conducted in 2019 by the 25 MTRRs funded under the programme.

Table 2.1 Activity levels - Referrals and appointments

	Referrals	Appointments
CHO 1	150	109
CHO 2	310	221
CHO 3	288	275
CHO 4	175	155
CHO 5	258	233
CHO 6	244	244
CHO 7	164	148
CHO 8	537	392
CHO 9	135	98
National	2,261	1,875

Source: national activity dataset (currently excludes Clonmel, Clonskeagh and Mallow)

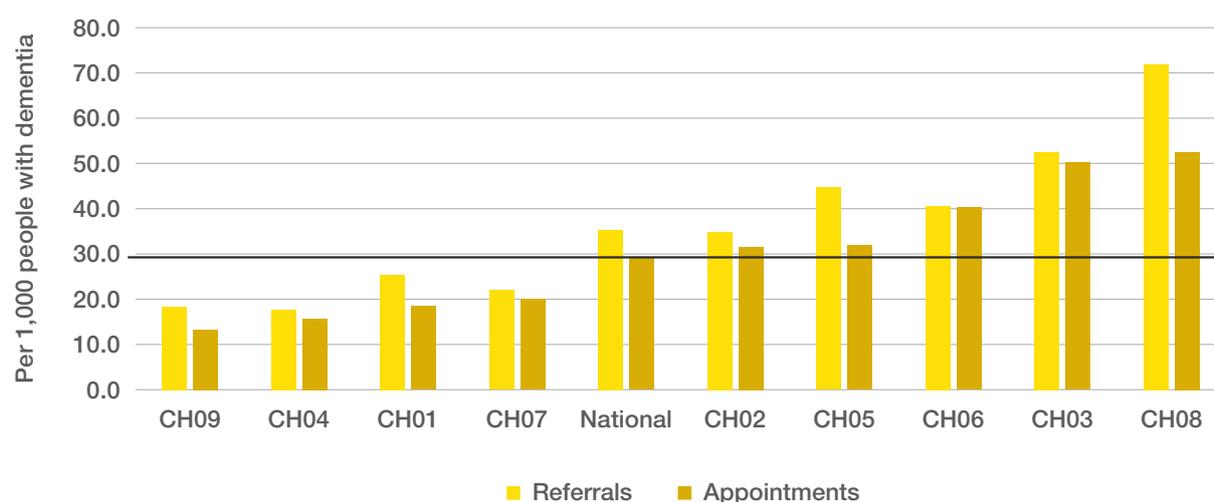
Overall, the MTRRs reported receiving 2,261 referrals and setting up 1,875 appointment visits in this 12-month period. The data shows that more than 80% of referrals received by the MTRRs progress to arranging an appointment visit. Factors such as waiting lists and the potential client's readiness for intervention influence this appointment rate. Like all services, non-attendance for appointments (DNAs) can also be a challenge in some cases. Section 3.2.2

provides further detail about the referral procedures and MTRR-led and/or client-led processes to follow-up on referrals and set up an appointment visit.

Data from the ‘ecosystem survey’ of MTRRs (see Chapter 3), indicates that most clients attend the MTRRs on just one occasion (i.e. have just one appointment) so the numbers of appointments conducted approximately equal the numbers of people with memory problems directly reached by the MTRR services through having an appointment. Most appointments are attended by at least one family member/carer as well as the person with dementia or other memory difficulties, so the overall numbers supported are considerably larger than the number of appointments. Although not included in Table 2.1, many MTRRs also conduct a range of other activities, including group events, and reach a wider range of people and services in these ways.

Figure 2.1 presents the activity data (referrals received and appointments arranged) in a more comparative manner, linking the activity data for each CHO to latest estimates of number of people with dementia in the CHO (Health Atlas 2020). In the absence of an overall estimate of the total numbers of people with relevant memory-related issues, estimated numbers of people with dementia in each CHO and nationally provides a basis for a proxy indicator gauging reach across the population group that might benefit.

Figure 2.1 Indicative patterns of MTRR service reach across CHOs and nationally (2019)



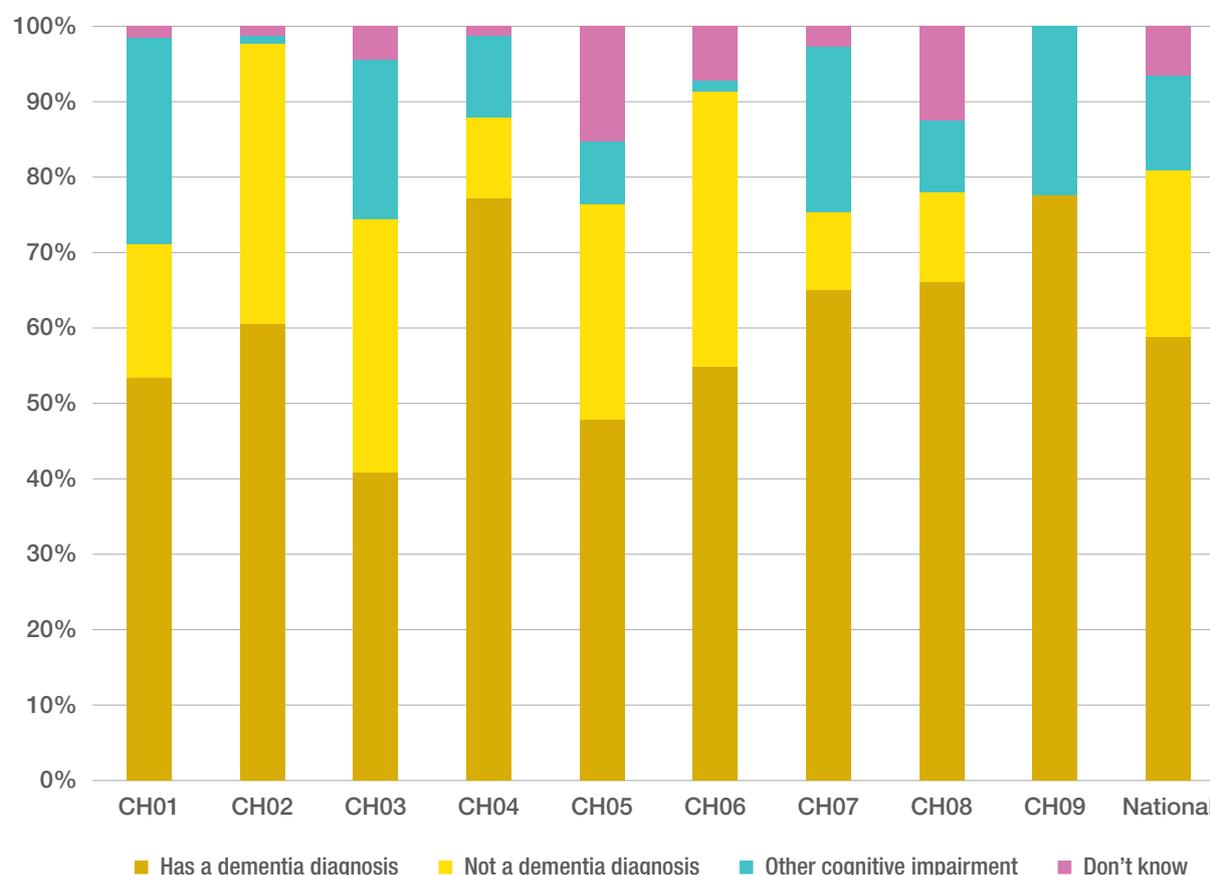
Source: own calculations based on National activity dataset & estimated numbers of people with dementia (Health Atlas 2020). (Note: this chart does not include activity data from Clonmel, Clonskeagh or Mallow)

The data reflects a range of factors, including differences across CHOs in population distribution, numbers and locations of MTRRs across their catchment areas, and historical factors (e.g. having an MTRR outside the national programme, such as those initiated under the Genio demonstration programmes, whose activity data is not included in the national programme statistics). Some of the variation across MTRRs is likely also linked to differences in time since opening, with some MTRRs established since the start of the programme and others more recently, and the lead time required to become visible to and utilized by referring sources.

In comparison to the CHO-level profile in Figure 2.1, data at individual MTRR level shows even greater variability in numbers reached. This likely reflects a range of structural and operational factors that might warrant closer examination and attention as the programme moves forward, and later Chapters explore these themes. Embeddedness of staff within their own organisation and the wider health system locally, as well as the extent and nature of management support, are influencing factors when analysing the referral rates to the MTRRs.

The MTRR programme focuses on supporting people with memory difficulties that affect their everyday lives and functioning, and this includes people with dementia as well as other groups, such as older people with memory difficulties. Figure 2.2 presents a profile of the referrals received by the MTRRs in 2019 according to whether they had a known dementia diagnosis or not.

Figure 2.2 Profile of client referrals - by source of memory difficulties (by CHO)



Source: National MTRR activity dataset (monthly MTRR returns)

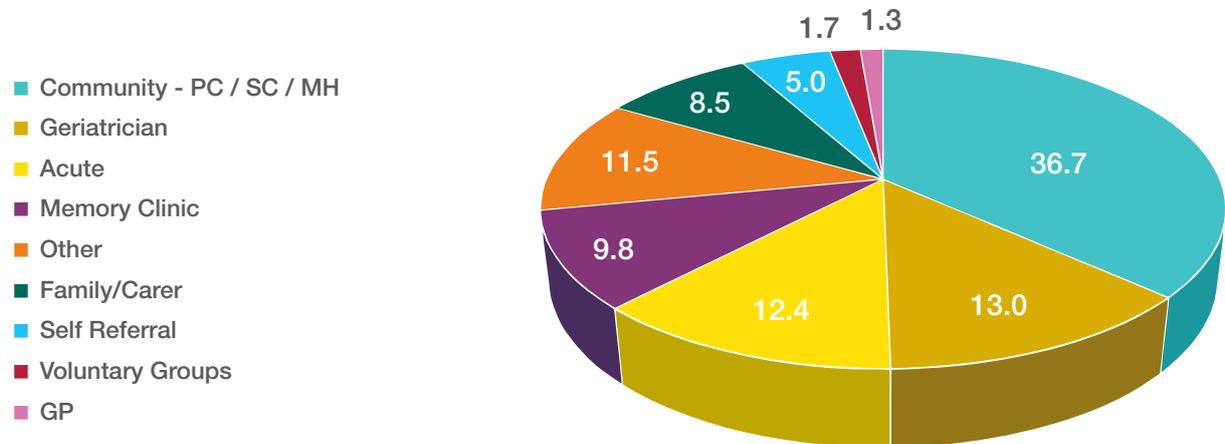
The data indicates that more than one-half of clients (58.7%) had a dementia diagnosis and one-in-eight (12.4%) had another cognitive impairment. A little under one-quarter (22.3%) did not have a dementia diagnosis. It is likely that a significant proportion of these have currently undiagnosed dementia, and some may have mild cognitive impairment not linked with dementia. More generally, Figure 2.2 shows variation across CHOs in the profile of referrals, and data for the individual MTRRs shows even greater variation at that level.

The issues identified in this section are of interest and relevance in the context of further development and fine-tuning of the programme as it consolidates and evolves. However, the aggregate data overall shows a quite impressive level of reach already and the potential to become a substantial component of the community-based dementia care ecosystem. For example, the current reach data presented in Figure 2.1 suggests that in some CHOs the programme was already reaching a significant percentage of people with dementia in 2019.

2.3 Referral sources

Figure 2.3 presents the national profile of the sources of referrals received by the MTRRs in 2019.

Figure 2.3 National profile of referral sources (%) - 2019

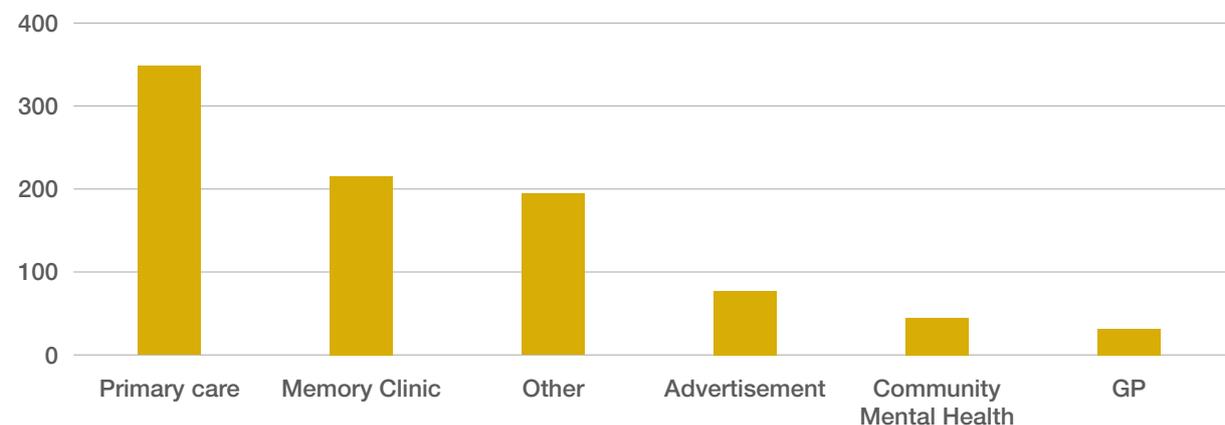


Source: National dataset (monthly MTRR returns)

More than one-third (36.7%) came from community services - primary care, social care, and mental health. Secondary/specialist services collectively made another one-third (35.3%) of referrals received, comprising geriatricians (13.1%), acute settings (12.4%) and memory clinics (9.8%). Family/carer (8.5%) and self-referrals (5.0%) accounted for a little over thirteen percent. More detailed analysis of the data suggests considerable variation in profile of referral sources across the country, including differences in the relative contributions of referrals from generic community/primary care services and more specialist dementia services such as memory clinics. Chapter 3 presents further information on the local contexts of the MTRRs and their varying linkages in the local dementia care ecosystems.

One notable aspect is the low proportion of direct referrals coming from GPs (1.3%). Lack of awareness amongst GPs may be one factor in this, although it is also possible there may be indirect referral pathways from GPs (i.e. GPs sign-posting patients to MTRRs but not formally making a referral directly to the MTRR). However, data from visitor feedback suggests that GPs are generally not playing a significant role through sign-posting (Figure 2.4)

Figure 2.4 How visitors heard about the MTRR (N=895)



3.0 Closer look at where and how the MTRRs operate

The evaluation team carried out a dedicated information gathering exercise to generate a deeper profile and understanding of the MTRR network across the country, including infrastructural aspects, governance and position in local health and social care ecosystems, and service operational models. This ‘ecosystem’ survey distributed a purpose-built data gathering template for self-completion by each MTRR. The returned templates provided a core input to the material presented in this Chapter, complemented with material available centrally to the MTRR programme’s administrative team. For purposes of the evaluation, 18 (72%) of the programme’s 25 MTRRs returned completed templates; the other 7 were undergoing staffing changes or experiencing other constraints that prevented engagement at that time. Two of the non-programme MTRRs also provided completed templates.

3.1 Governance and position in the local health and social care ecosystem

In line with the overall MTRR national programme, the local MTRR approach is primarily an OT-led service. However, specific implementation models vary across the country depending on various local factors. The ‘ecosystem’ survey therefore included an examination of the local governance context for the MTRRs, and their positions in their local health and social care ecosystems.

3.1.1 Governance and positioning

Governance of the MTRRs is through a combination of central programme coordination (including shared operational guidance and reporting arrangements) and features of the local implementation ecosystem. The MTRR Network provides governance guidance based on the ‘Operational Policy’ for the programme. It meets on a quarterly basis and provides an opportunity for peer support for MTRR staff, as well as gathering and monitoring activity and sourcing equipment. The Network has facilitated a number of subgroups which for various workstreams, including one on Ethical Considerations for AT and a Documentation Subgroup.

The National Office for Services for Older People & Palliative Care Strategy facilitates the group, with a senior project manager from the National Dementia Office providing the chair.

At local level, the MTRR staff members report to their designated line manager in the service within which they are located. In most cases this is either within primary/community care occupational therapy or mental health occupational therapy.

3.1.2 Linkages within the local health and social care ecosystem

This theme is very relevant in the context of broader national activities to further develop post diagnostic services and pathways for people with dementia. Aspects of interest include sources of referrals received by MTRRs as well as onward referrals the MTRRs may make.

Data from the national MTRR dataset shows considerable variability across individual MTRRs in the profile of referral sources of clients. To get a better understanding of MTRR linkages and patterns of specific referral sources at local level, the ecosystem survey asked MTRRs to provide an indicative breakdown of the sources for referrals received over a three-month period (September - November, 2019). This showed that variability in patterns of referral sources links in part to the local governance and positioning of each MTRR. However, it also links to operational factors as each MTRR gets off the ground, begins to raise awareness, and develops working relationships with relevant services in their local ecosystem. The information provided

by the 18 MTRRs who returned completed survey templates illustrate the organic development of awareness and evolution of working relationships with local sources of referral, and this takes time and effort. The survey returns also suggest some degree of variation in the dynamism and proactive efforts of each MTRR in its local context. All these factors likely underpin a significant part of the variability in referral rates across MTRRs.

The ecosystem survey also asked MTRRs about outward/onward referrals they may make as part of their service, and found some variability in the manner MTRRs refer onwards. Section 3.3.2 presents some further information on this in the context of MTRRs sending consultation reports on clients to the services that referred them or to other relevant services. Within the formal health and social care system, some MTRRs link in with other colleagues/services to connect relevant clients with them (e.g. for physical health and/or home care needs). Some also link in clients they meet in the MTRR with other services/activities they are involved in during their non-MTRR working time, including a variety of dementia support services operating in the local area.

3.2 Service operating models

The MTRR Operational Policy outlines the modus operandi expected and the role/duties of MTRR staff. Information from the completed templates from the 'ecosystem' survey shows the MTRRs across the country vary in some degree in their operating models, and this offers opportunities for sharing experiences and collectively developing best practice guidelines as the MTRR programme consolidates and evolves. Relevant aspects include modes of access for clients, client engagement processes, and issuing of reports following an appointment.

3.2.1 Access

The bulk of MTRR activity across almost all centres is through visits by appointment, which may be initiated either as self-referrals or referrals from other practitioners/services (Table 3.1).

Table 3.1 Modes of access to the MTRRs (N=18)

Visit by appointment - self referral	Visit by appointment – referral by other services	Telephone consultation/support	Drop-in
18	18	15	2

Estimates by the MTRRs indicate that referrals from other practitioners/services predominate, comprising the large majority of clients in some MTRRs and between two-thirds and three-quarters in most others. The extent of self-referral similarly varies across the MTRRs, ranging from very small numbers in some to between 25 and 35 percent in others. Referrals may come in by post or initiate less formally as a phone call or email from a family member or healthcare practitioner.

Most but not all MTRRs also provide telephone consultation/support. A small number offer drop-in access, and an even smaller number provide home visits ('mobile kit') services in CHO 7). Other forms of access/activity, including hosting groups and carer support meetings and outreach to groups such as memory cafes and older people retirement groups.

3.2.2 Client engagement process

In their first engagement with a client, all MTRRs appear to follow the basic framework outlined in the 'Operational Policy' - when the MTRR receives a referral from another service it then contacts the client to arrange an appointment. On receipt of a referral, most MTRRs telephone the client or family member to explain the service and arrange an appointment (if they are still interested). A few of the busier MTRRs contact referrals by letter, in one case sending out letters in a batch at the end of each month. One MTRR supports a number of primary care services

with AT mobile kits, and some of these bring AT with them on home visits to demonstrate to clients that might benefit.

3.3 Nature of supports provided

The 'Operational Policy' gives an outline of the assessment approach and interventions that MTRRs should provide. It indicates that the client assessment is collaborative and needs based, client-centred and focusing on occupation and assistive technology. Where clients raise issues outside the MTRR remit, they should be signposted to appropriate services.

The Operational Policy lists a number of interventions that may be relevant, including identification/demonstration and advice on relevant AT (and loaning of AT where this is available) and 'advice on memory rehabilitation strategies, engagement in occupations and environmental adaptation and enhancement for the person with dementia'. The policy envisages that the service will provide support for the client and carer both from an emotional and clinical perspective. A common Advice/Prompt sheet is available to MTRRs to record details of the advice given.

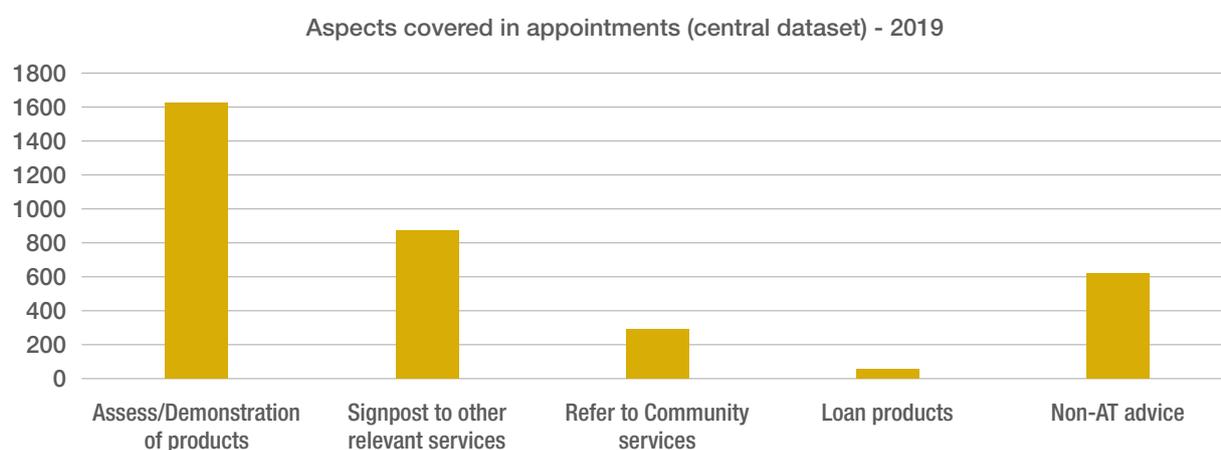
A number of sources provide more detailed information on the nature of the supports provided by the MTRRs, including the central activity dataset, the 'ecosystem survey', and the pilot service extension exercise with a sub-group of MTRRs. Taken together, these indicate the MTRRs follow the core features of the operational policy, with some variation also in certain aspects. The following sections present a profile of the supports provided during a client visit and the nature/extent of follow-up with clients afterwards.

3.3.1 During the visit

Information from the central national dataset

Figure 3.1 presents data from the central dataset on the 'type of appointment'.

Figure 3.1 'Type of appointment' (N=1,875)



Source: National activity dataset

Unsurprisingly, access to and demonstration of products is the most common focus of appointments. Quite common also, although less frequent than AT-related appointments, are signposting to other services and non-AT advice. Closer examination of the dataset shows a considerable degree of variation across CHOs (also MTRRs) in the profile of appointment types according to this classification. However, at least some of the variation may result from differences in interpretation and coding of appointments at local MTRR level.

Information from the ecosystem survey

The ecosystem survey also collated some more detailed information about the AT-related and other services the MTRRs offer.

AT-related service

All MTRRs reported providing a set of core elements of AT-related service: showcasing equipment and provision of information about equipment; practical, hands-on demonstration of equipment to visitors; and assessment of needs and provision of advice and recommendations about equipment.

Most also reported actively helping people to acquire equipment for themselves, usually through provision of information about suppliers and/or where to acquire equipment if they wished. About one-half reported providing some level of troubleshooting-type support to help people use equipment they acquire, although generally not through direct hands-on support (e.g. in clients' homes). Further development of this aspect might warrant consideration as the programme evolves.

Fewer than one-half currently provide an AT lending service and, of those that do, in some cases this was quite limited in scope. However, MTRRs often expressed interest in developing this aspect, and this is discussed in more detail in Chapter 5.

Non-AT related service

All MTRRs also reported providing broader signposting and advice, not restricted to AT-related issues. Most also reported providing some form of general consultations/assessments and/or therapeutic interventions (e.g. cognitive rehabilitation type inputs). Based on the information provided in the ecosystem survey, the nature and scope of these forms of intervention appear to vary to some degree across the MTRRs. More generally, it appears that local 'protocols' for conducting client appointments, and the associated interventions provided, may vary considerably. Although flexibility in this aspect may be appropriate to a degree, it might be useful to consider the possible desirability of developing some additional 'standard operating procedure' type guidance for the MTRRs.

Service expansion pilot

The service expansion pilot conducted by a sub-group of MTRRs encompassed two main components - trialing an enhanced assessment form - 'client visit record sheet' - to provide a more detailed and structured data capture instrument in comparison to the simpler 'advice/prompt sheet' currently used; and trialing of approaches to provision of follow-up contacting of clients by MTRRs, where judged useful and appropriate (Chapter 4 presents findings from this component of the pilot work). For the first component, the sub-group of MTRRs utilised the new form to document client visits over a period of 3 months in late 2019. The form had two main components, aiming to capture client presenting needs and the scope/content of the input/intervention provided in the appointment.

Table 3.2 presents a summary of the overall scope of the appointment/consultation for 107 clients visiting the MTRRs during the period. This shows that a large majority of visits covered both AT-related and non-AT issues, and almost all had some focus on AT issues.

Table 3.1. Scope of the input provided in client visits (N=107)

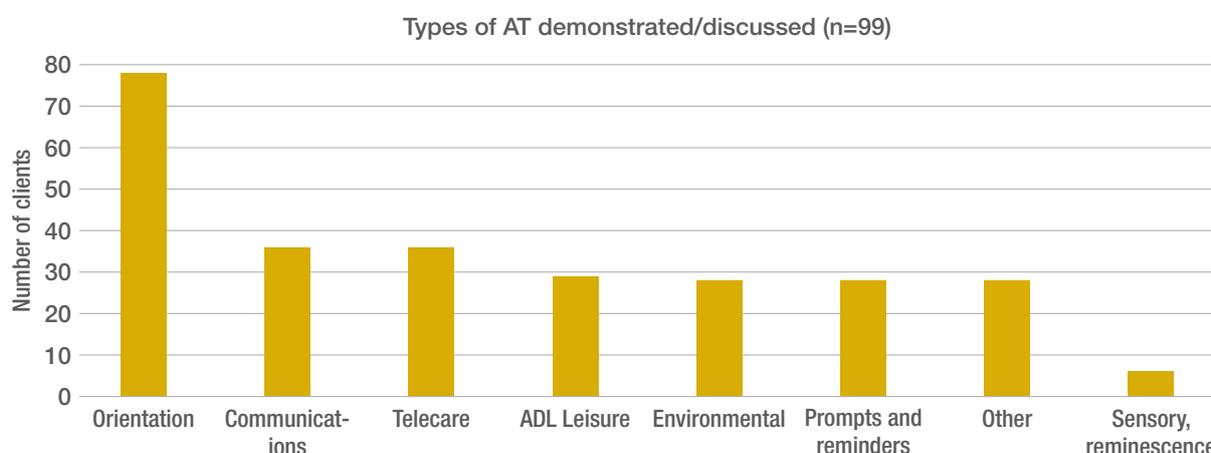
	#	%
Both (AT and non-AT)	88	82.2
AT only	11	10.3
Non-AT only	7	6.5
Missing	1	0.9
All	107	100.0

Source: national activity dataset (currently excludes Clonmel, Clonskeagh and Mallow)

AT demonstrated/discussed during visit

The pilot exercise also provided some useful insight into the extent to which different categories of AT were potentially relevant for addressing presenting client needs and were therefore demonstrated/discussed during the visit (Figure 3.2).

Figure 3.2 ATs demonstrated/discussed during visit (as classified by the MTRRs) (N=99)



Source: service expansion pilot

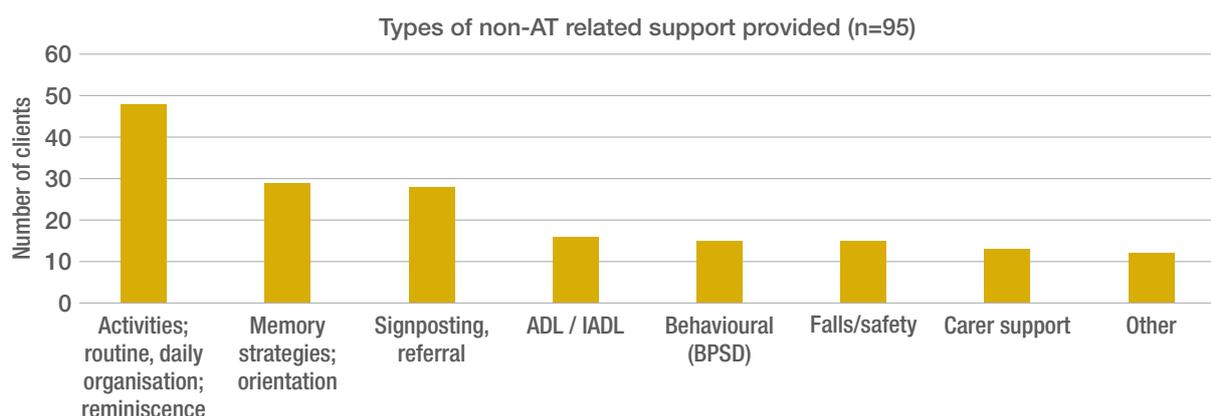
Orientation devices and equipment were most commonly demonstrated/ discussed (e.g. clocks and clock/calendars, and whiteboards and schedule sheets). ATs from quite a range of other categories were also quite commonly discussed, although not as frequently as the orientation category. These included: communications devices (e.g. simple to use mobile phones, big button landlines, picture phones); telecare (especially personal alarms, also passive sensors, GPS locator systems); ADL/Leisure supports (especially easy to use remote controls, also safety kettle tippers and other accessibly-designed household items); environmental devices (especially motor sensor lights); and prompts/reminders (e.g. prompt signs). A smaller number of items fell within the sensory or reminiscence category (e.g. talking photo albums).

The equipment categorisation employed in the pilot exercise followed the same scheme adopted across all MTRRs which is also incorporated in the advice/prompt sheets. However, the returns from the exercise suggest the same AT equipment may quite often fall into different categories. The inconsistency in application of the classification framework may have influenced this finding. Nevertheless, the data in Figure 3.2 provides a useful overall perspective and shows the relevance of the range of AT demonstrated in the MTRRs for the spectrum of client needs presenting in the services.

Non-AT related issues discussed during visit

The pilot exercise also provided some useful insight into the range of non-AT related issues discussed in client visits and the advice/supports provided in response to these (Figure 3.3).

Figure 3.3 Non-AT related issues discussed during visit (N=95)



Source: service expansion pilot

This shows that the OT-led nature of the consultation during the visit allows for coverage of a spectrum of presenting needs and provision of expert advice on many aspects of these. The most commonly mentioned area of support is provision of ideas, advice and guidance for family carers on ways of organising the day and involving the person with dementia in meaningful activities. Also quite frequently mentioned were memory strategies and tips about improving orientation in time and place, especially likely to be helpful for clients at an early stage of dementia or with non-dementia related memory issues. Advice for carers on responding to challenging behaviours also features quite strongly. Recently published Irish guidance on non-pharmacological approaches to supporting people with dementia and their carers emphasises the value of these forms of intervention (McGowan et al, 2019). More generally, the OT-led service quite often picked up on broader ADL/IADL issues and risks around falls/safety, and provided advice on these.

The operational policy suggests that MTRRs might issue a 'discharge report' after a visit if required. Returns from the ecosystem survey show most MTRRs do provide a summary report to clients either before they leave the MTRR or alternatively sent to them after their visit, recapping the main issues discussed and advice provided, and most also send this report or an appropriate version of same to the referring practitioner/service. The returned ecosystem survey templates suggested that there may be considerable variation across MTRRs in the approach adopted, and in the structure and content of the reports issued. Programme-level review and further guidance in this area may be useful.

The modus operandi of the MTRR service centers on the provision of a fairly in-depth consultation during the client visit, and in most MTRRs only a small number of clients visit the MTRR on more than one occasion (for a follow-up visit). This fits with the operational policy which states that 'most consultations are a once-off episode for the client/family'. However, some MTRRs do develop continuity of engagement with clients who might benefit from this, sometimes through repeat visits to the MTRR or through contact with the clients in other service contexts where their paths cross. A small number of MTRRs schedule follow-up phone calls to check in with clients sometime after they first visit. Chapters 4 and 5 address this aspect in more detail, including the experiences from an expansion of this approach in the MTRR sub-group participating in the service expansion pilot linked with the evaluation exercise.

4.0 Impact and value

One of the central aims of the evaluation was to gain insight into the nature and extent of positive impact and value of the MTRR service for clients. Two sources provided direct data for this - feedback from users and the professional perspective/assessment of the MTRR OTs.

4.1 User feedback

Two sources of user feedback provided data for the evaluation:

- centrally-collated data from visitor feedback forms completed locally in the MTRRs across the country
- user feedback from the pilot service expansion examining the potential value of follow-up calls with clients after a visit.

4.1.1 Centrally-collated data from user feedback forms

As part of the routine MTRR programme data gathering at national level, MTRRs submit the available 'MTRR visitor feedback form' information from their centres. This visitor feedback form is modelled on a form developed by the MTL in Clonmel. Although ear-marked for review and updating, it nevertheless provides a useful source of data for purposes of this first evaluation exercise. Relevant questions on the form include visitor ratings of usefulness of the visit and whether they found any technologies during their visit that might be useful for them.

Response to question on 'Usefulness of visit to MTRR'

Data on this question was available for almost nine-hundred MTRR visitors across the country (n=895). Visitor feedback was overwhelmingly positive (Table 4.1), with a large majority (89.8%) rating the visit 'very useful' and almost all the remainder (10.1%) rating the visit at least 'a little useful'.

Table 4.1 Visitor ratings of usefulness of their visit to the MTRR (N=895)

	#	%
Very useful	804	89.8
A little useful	90	10.1
Not at all useful	1	0.1
	895	100.0

Source: National MTRR programme dataset

Exhibit 4.1 presents some examples of the specific comments of clients after their visit. This provides a rich illustration of just how valuable the service was for very many clients, and their family members and carers, and indicates the various ways the service contributed to supporting them and addressing their needs. These included:

- relaxed and welcoming nature of the consultation; unhurried, treating client(s) with dignity and respect
- helping people to get to grips with and begin to manage the trauma that often follows initial diagnosis
- the wealth of practical information, advice and tips for managing things in everyday life - for people with dementia at earlier stages (and with capacity) and people with memory difficulties arising from other causes; and for family carers.

Exhibit 4.1 Examples of visitor comments

Practical nature of the Service

"It made me think of things that would be useful"

"Very informative and great ideas for everyday life"

"When I put everything into practice, I hope it will make me feel better"

"A lot of reminders that will help me as I feel a little lost at times"

Finding helpful assistive technologies

"I found it very useful to help me remember things...I can use the things in the MTRR in my everyday life"

"The phone was amazing and something that is ideal as it's a big problem in our house"

"There were lots of good things to help with everyday living which I didn't know were available"

Reassurance and addressing anxieties

"Just to know about services available"; "Glad to know service is here for me if I need it again"

"I know I have a place to come to, to give me support and help and reassurance"

"I felt relieved to unburden myself of my anxieties, feeling better now"

"It helped to talk about things and bring things out in the open"

"It is a really good resource for patients and their families, we were able to discuss difficulties in a calm and friendly environment, often we don't have this time"

Opportunities and strengths-based approaches

"I really enjoyed it and feel much happier about my problem"

"They helped me identify my strengths"

"Identified strengths"

"Learned things I didn't know about"; "It's given me an opening to a better future"

"I found it very illuminating and helpful and gave me confidence"

"[OT] brought up things I wasn't aware of...a fresh pair of eyes"

Welcoming and relaxed environment

"Informative and relaxing, I'm glad I came."; "I liked the environment and the fact I wasn't disturbed"

"I felt happy in this environment and relaxed"; "It's an easy atmosphere...in every way"

"[OT] is very pleasant and made me feel relaxed and able to ask questions"; "I expected a little and I got a lot!";

"Very, very nice environment and covered a lot of points that I am struggling in"

"Informality of environment put us at our ease"; "Very relaxing and nice environment"

Understanding and expert therapists

"[OT] understood what I was talking about..."

"I got a lot off my chest and [OT] is easy to talk to"

"At least you listened to me..."; "Most helpful appointment I have been to!"

"I feel I am getting somewhere now following diagnosis"

"It was good to speak to someone who understands...my father was at ease all the time, and it was so helpful"

"My father felt respected and dignity was maintained"

"Having someone speak to [her] re memory loss without her getting upset"

Response to the question ‘Found any technologies that might be useful’

The visitor feedback form also asked whether the person visiting had found any technologies that might be useful in their situation. Data on this question was available for most of those completing the form (n=830). The vast majority (98.4%) said they had found potentially useful technology when they visited (Table 4.2). Visitors mentioned a very broad spectrum of specific technologies in this context, covering the full range of ATs included in the MTRR programme standard stock-list.

Table 4.2 Found any technologies that might be useful (N=830)

	#	%
Yes	817	98.4
No	13	1.6
	830	100.0

Source: National MTRR programme dataset

4.1.2 Follow-up feedback

The current operational model across the MTRRs generally comprises an initial appointment by referral, with clients informed they can get back in touch if they have issues that they wish to discuss and/or their needs change. A minority of services schedule a follow-up call initiated by the MTRR to check in on how things are going for the client and offer support as required. In conjunction with the evaluation exercise, the MTRR sub-group piloted a service extension model involving MTRR-initiated follow-up calls to clients that might benefit, scheduled for about 4-6 weeks after their initial appointment at the MTRR. Chapter 5 discusses the practical experiences from the pilot and the conclusions drawn in regard to incorporating MTRR-initiated follow-up as a more frequently offered element of the MTRR ‘standard operating procedure’. As outlined below, the exercise also generated some useful insight into the impact and value of the MTRR services at follow-up.

Of the 34 follow-up contacts available for the exercise, 19 (55.9%) were already scheduled 6-month follow-ups that fell within the evaluation timeframe, and 15 were 4-6-week follow-up calls scheduled for clients visiting the MTRRs during the pilot period (October-December, 2019).

Table 4.3 Client sample providing feedback from follow-up calls (N=34)

	#	%
Evaluation follow-up (4-6 weeks)	15	44.1
Scheduled 6-month follow-up	19	55.9
Total	34	100.0

Source: service expansion pilot

Overall usefulness of visit

Table 4.4 presents the feedback on overall usefulness of the initial visit. The pattern of very positive ratings of usefulness found in the immediate feedback from visitors (section 4.1.1) was also found in this follow-up sample. This indicates that the visit to the MTRR can have a strong carry-through impact and value for many clients. However, larger scale follow-up would be necessary to gain a fuller understanding of what proportion of clients benefit, and in what ways they benefit, in the medium-to longer-term.

Table 4.4 Overall usefulness of the initial visit (N=34)

	Very	A little	NA/missing	Total
#	29	3	2	34
%	85.3	8.8	5.9	100.0

Source: service expansion pilot

AT acquisition and usefulness

Clients gave feedback at follow-up on whether they had acquired any AT following the information or advice received during their MTRR visit. As shown in Table 4.5, two-thirds (66.7%) of clients indicated that they had. In some cases, clients already had equipment for some time (e.g. telecare connections) but had not been using it until prompted to do so at their MTRR visit.

Table 4.5 Acquisition of any AT (N=34)

	#	%
Yes	17	66.7
No	9	33.3
N/A	8	-
Total	34	100.0

Source: service expansion pilot

Some clients had acquired more than one item of AT, and collectively the seventeen clients had acquired 29 items of AT (Table 4.6). Clients reported already using 25 of the items, with 4 acquired but not yet used.

Table 4.6 Number of AT items acquired (N=17)

	#	%
Items acquired and used	25	86.2
Items acquired but not yet used	4	13.8
Total	29	100.0

Source: service expansion pilot

Table 4.7 provides a breakdown of AT categories acquired, as well as ATs clients indicated they planned to get.

Table 4.7 Types of AT acquired (N=17)

	Have	Plan to get
Orientation	12	0
Comms	4	2
Environmental	4	0
Telecare	4	1
Prompts	3	0
ADL & Leisure	2	0
Other	0	1
	29	4

Source: service expansion pilot

AT falling within the general 'orientation' category was the most common type acquired (including items such as clock/calendars and whiteboards), mirroring the pattern found for types of AT demonstrated/discussed in visits to the MTRRs (see section 3.3.1). Finally, just under three-quarters (72.0%) of clients felt that the AT was very useful, and almost all the remainder indicated it was a little useful (Table 4.8).

Table 4.8 Usefulness of AT acquired (N=17)

	#	%
Very	18	72.0
A little	6	24.0
Not at all	1	4.0
Total	25	100.0

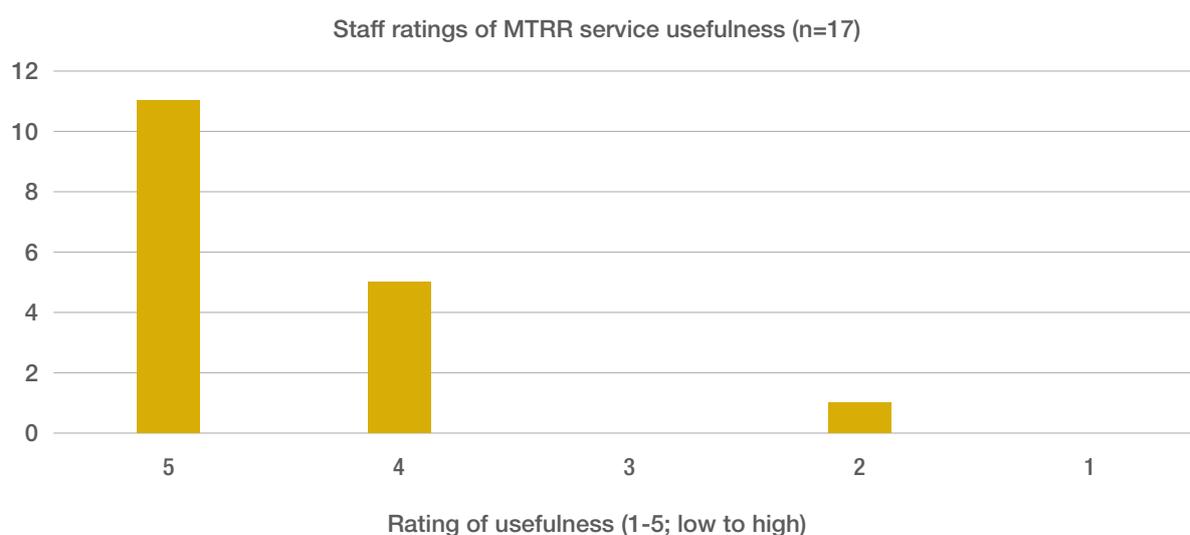
Source: service expansion pilot

The follow-up consultations also indicated a variety of challenges that clients may experience in acquiring AT that meets their needs, as well as in setting up the AT when they get it and in dealing with suppliers when issues arise. For example, in some cases clients had acquired a recommended item but were unsure how to set up and use it (e.g. motion sensors and carer alerting system), or a client had deteriorated further and family needed advice on how to effectively utilize equipment (e.g. whiteboard) considering the changes. Sometimes clients had purchased a particular model (not necessarily the one demonstrated at their MTRR visit) and wanted the supplier to exchange for a different model that might be more suitable. Other cases showed the value of the possibility to try out equipment on loan; for example, a family who had tried out one model of clock on loan decided ultimately to purchase a different model based on their experiences. These experiences suggest the value of having a lending dimension to MTRR services and the usefulness of follow-up calls to provide continued support for some clients.

4.2 Staff perspective on role and value of the MTRR service

The 'ecosystem' survey gathered overall assessments by the local MTRR service leads of how useful their MTRR has been for meeting the support needs of the people with dementia and carers who visit. Figure 4.1 presents the quantitative results, based on data from 17 MTRRs providing information for this phase of data collection. Staff ratings were very positive, with 16 (94.1%) of the 17 giving ratings of 4 or 5 on the five-point scale, and just 1 (5.9%) giving a low rating. In the latter case, the service was in fact rated as being very valuable but the overall usefulness was rated low due to the small numbers of visitors so far.

Figure 4.1 MTRR staff ratings of MTRR service usefulness (N=17)



Source: service expansion pilot

The survey also asked about reasons for the ratings and many OTs mentioned the holistic approach of the MTRR service in addressing client needs as a key feature and major value. The assistive technology focus was a very important element of this, but other aspects of the approach were also highlighted (Exhibit 4.2).

Exhibit 4.2 OTs' perspective on contribution and value of MTRR service

<p>Holistic approach</p>	<p><i>...the range of advice and support offered in an empathetic and informative 1½ hour session</i></p> <p><i>Carer's needs are also addressed... MTRR visit allows carers to express their needs in a safe environment where they will not be judged if they admit they are finding it difficult.</i></p> <p><i>...a qualified, registered health care professional can offer a holistic assessment of someone's needs, offer guidance concerning any necessary aids and equipment and make pertinent onward referrals.</i></p>
<p>Awareness and advice about potentially useful AT</p>	<p><i>Awareness of technologies that exist and that may be appropriate at that point in time or in the future.</i></p> <p><i>Demonstration of these technologies is very useful for carers and/or people with dementia/memory difficulties to help in the decision-making process. Technologies that may not be of assistance can be discussed and ruled out to save people financial loss.</i></p> <p><i>Loaning service well received, people have gone on to purchase item and implement strategies advised...</i></p>
<p>Important new component in community-based post diagnostic support</p>	<p><i>...the contribution as a community resource post diagnosis has been valuable to people with dementia as well as to those making the diagnosis that they refer onto something practical and open.</i></p> <p><i>...the people I have met at the MTRR just value having a place to go sit down and talk to someone be it about a new dementia diagnosis or caring for someone now experiencing advanced stage dementia.</i></p> <p><i>Meeting the GAP in services post diagnosis when the person and family often feel hopeless and don't know what to do or where to turn for support.</i></p>
<p>Accessibility of the service</p>	<p><i>Reassurance - can come back, not waiting to be seen if required</i></p> <p><i>...the short wait times - some people are waiting years to see an OT, have access to me in 1-3 weeks.</i></p> <p><i>That it has a self-referral/family referral element this is very unique service.</i></p>
<p>Value of a dedicated, OT-led service</p>	<p><i>Education component of visit is very important to help families/carers better understand the symptoms. One to one approach is very beneficial, each situation is unique to that person, family and environment.</i></p> <p><i>A visit... can cause anxiety for some. It is easier for visitors to open up once a therapeutic relationship has been established... invaluable component... needs therapist experienced in skilled interview process.</i></p> <p><i>From our training we know when to refer the person on to another service i.e. Financial Abuse - SW or Mobility/Transfers - Primary Care OT/Physiotherapy.</i></p>

<p>Practical, actionable advice</p>	<p><i>I feel many people go away from the visit with new ideas.</i> I teach them about having a tool box of skills and practical activities to help encourage a person to maintain their skills...</p> <p>Discussing <i>how to grade and adapt activities</i> so the person can stay involved in activities they enjoy.</p> <p><i>From here, people have commenced at the choirs, at the exercise class, at the Dance class or Art class</i> or taken part on the walks, maybe been the most beneficial part of the whole experience!</p>
<p>Accessible, friendly and non-threatening consultation</p>	<p>Carrying out the <i>consultation in a friendly, non-threatening environment</i>.</p> <p>By <i>sitting down in a relaxing and calm environment</i> people get an opportunity to share their own experience, story, current issues, ask questions, ask for advice or share their fears for their future. All of this helps to establish where we go next - for some people it may be something as simple as looking for a simplified remote control and for others it may be requesting more help at home - and looking at how we can do this or pointing this person in the right direction.</p> <p>That we are <i>not doing cognitive assessments on them</i>. A number of people coming into me have been shaking with anxiety or write things on their hands to remember; however, the minute I explain the service & that this is a relaxed environment - I can physically see the person relax & begin to trust me.</p>

Exhibit 4.2 presents an overview of some of the answers from the OTs across the country, loosely grouped according to the overarching themes emerging:

- Holistic approach
- Awareness and advice about potentially useful AT
- Important new component in community-based post diagnostic support
- Accessibility of the service
- Value of a dedicated, OT-led service
- Practical, actionable advice
- Accessible, friendly and non-threatening consultation.

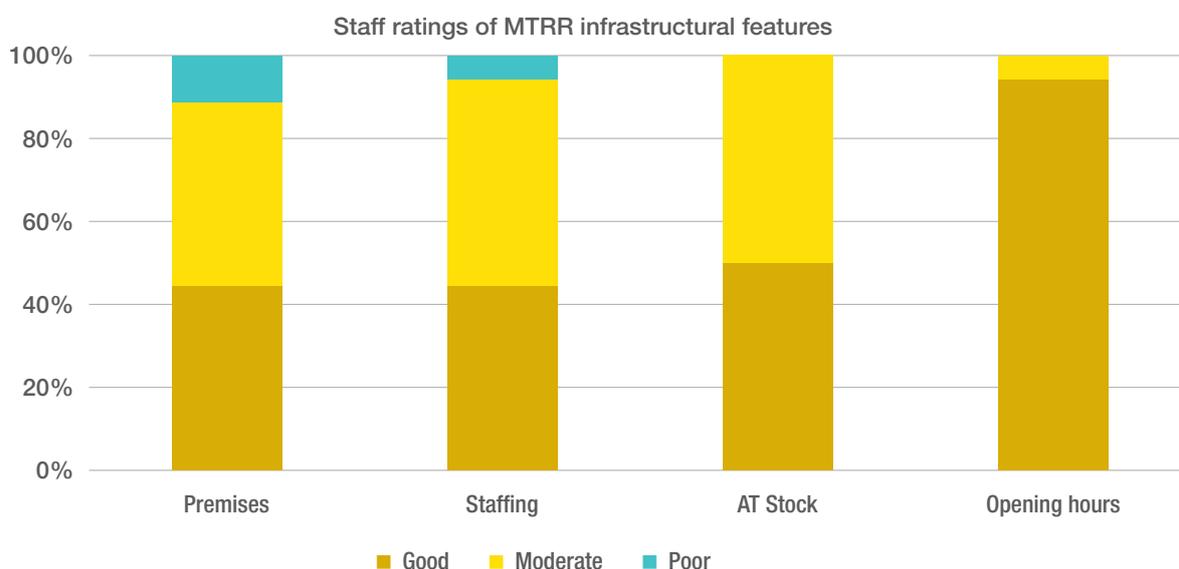
5.0 Operational challenges and opportunities for improvement

The 'ecosystem survey' included questions about operational challenges, if any, experienced by MTRRs as well as on opportunities for service improvement. This Chapter presents the main results from this part of the survey, and also summarises the experiences from the pilot service expansion exercise in a sub-group of MTRRs.

5.1 Assessment of infrastructural arrangements

One set of questions focused on adequacy of infrastructural arrangements for the MTRRs and their operations, covering premises, staffing, AT stock, and opening hours. Figure 5.1 presents an overview of MTRR ratings on these dimensions.

Figure 5.1 Ratings of MTRR infrastructural arrangements (N=18)



Source: Ecosystem survey of MTRRs

Overall, the MTRRs tended to give moderate-to-good ratings across the various dimensions, with the most positive ratings for opening hours. The other three dimensions showed more variation, with substantial numbers of MTRRs giving only 'moderate' ratings and, in a few cases, some gave 'poor' ratings.

5.1.1 Premises

The most common location for MTRRs is in Primary Care Centres, although some operate from facilities located on the grounds of hospitals of different types, including acute and community/long-stay. Other locations include a day care centre and a demonstration apartment in a housing facility for older people.

For adequacy of premises, 8 (44.4%) MTRRs gave 'good' ratings, 8 (44.4%) gave 'moderate' ratings, and 2 (11.1%) gave 'poor' ratings. A number of factors contribute to less optimal ratings. One important aspect is that MTRRs vary in whether they have dedicated (fixed) premises or share premises with other services, and whether they can leave their set-up and equipment in situ or have to set up de nouveau for each opening session. Lack of space is a more general issue for some MTRRs, especially those operating from very small rooms not really fit for purpose.

These factors may affect the operations of the MTRRs in various ways, and sometimes pose significant constraints and challenges. Examples mentioned include:

- not possible to fit out the space to imitate a home layout
- furnishings not soft and inviting
- limited/unsuitable possibilities to display AT stock
- having to set up and clear away equipment each time
- difficulties for visitors to find the MTRR on bigger campuses and/or in bigger buildings.

5.1.2 Opening hours and Staffing

MTRRs vary to a certain degree in staffing allocations and opening hours. A mix of the centrally-determined resource allocation framework for the MTRR programme overall as well as local factors influence this. A 'typical' profile might be for an MTRR to open 2 days a week, with a centrally-funded complement of 0.4 WTE OT (staff grade) to cover this.

Almost all MTRRs rated current opening hours as 'good'. For adequacy of staffing, 8 (44.4%) MTRRs gave 'good' ratings, 9 (50.0%) gave 'moderate' ratings, and 1 (5.6%) gave a 'poor' rating. Factors influencing less optimal ratings included:

- insufficient staffing allocation for some MTRRs to cater for increasing demand and workload; on the other hand, a few MTRRs appear to have some challenges to promote sufficient demand for the available staff time allocation
- lack of administrative staff support was widely reported, especially an issue for the busier MTRRs
- linked to the above, difficulties to conduct much needed awareness-raising and service promotion
- challenges to cover wide geographical areas in large counties.

5.1.3 AT stock

The MTRRs across the national programme mostly have a common range and stock of assistive technology equipment. For adequacy of their AT stock, 9 (50.0%) MTRRs gave 'good' ratings and 9 (50.0%) gave 'moderate' ratings. Although they judge the current range and stock of AT reasonably appropriate for the most part, a number of areas for improvement were suggested:

- The standard AT stock requires monitoring and ongoing review/updating to keep pace with technological change, and new products need testing before procurement
- More up to date and better models required for some items (e.g. more recent products for GPS tracking, better quality movement sensors), and replacement of some items now discontinued (e.g. some of the original phones and clocks)
- Increased quantities of some items would be useful, for example to enable more MTRRs provide lending services allowing clients to try out equipment before deciding whether to purchase and utilize
- Having a wider range of some categories of equipment (e.g. phones, pill reminders), including innovations like Alexa
- Funding for telecare subscriptions so MTRRs can demonstrate this.

5.2 Other suggestions for improvement

As well as the infrastructural issues outlined in section 5.1, respondents to the ecosystem survey identified a range of other ways the MTRR programme as a whole and/or their own MTRR service could improve. Some of the more frequently occurring aspects were:

- national and local awareness raising and promotional campaigns to increase referral rates; targeted efforts towards particular groups (e.g. GPs) could be part of this
- expansion of the service scope across the MTRRs, including offering return visits and provision of home visits; more use of kit systems might be considered for this
- better synergies with other services, including providing programmes like CST on site and/or embedding the MTRRs within a broader umbrella service; e.g. an appointment slot after a memory clinic visit or a booth outside memory clinics
- enhanced sharing of experiences and good practice between MTRRs
- review of the MTRR programmes shared templates (referral form, prompt sheet, etc.), and improving consistency of approach in key areas (e.g. discharge report, referral processes)
- more centrally produced information/fact sheets; improve these (e.g. phone numbers of suppliers)
- value of having senior/experienced OTs in post wherever possible, and provision of appropriate support for newly trained OTs taking up posts in the service and for OTs operating in more isolated MTRRs
- consider the possibility to have AT for sale in MTRRs; provide ATs free of charge for people with medical cards; link with local shops to stock all popular AT items.

5.3 Conclusions from the pilot service expansion exercises

The formative evaluation component of the evaluation exercise included piloting of two forms of service expansion for consideration for possible inclusion within the service scope of the MTRR programme:

- refinement and elaboration of the client session documentation/reporting process (new client assessment template - 'client visit record sheet')
- introducing a follow-up phone call from the MTRR to clients who might benefit, at an appropriate time period after their initial visit (follow-up phone calls).

A sub-group of 9 MTRRs participated in this part of the evaluation. Although the primary purpose of the exercise was to pilot these new approaches and gauge their feasibility and potential value, they also provided some useful additional material for the summative evaluation (incorporated in Chapters 3 and 4 of this report).

5.3.1 New client visit record template

This new client visit record template built on the current Advice/Prompt sheet utilized across the MTRR programme. The template aimed to capture a richer picture of client presenting needs and more details on the supports/interventions provided. This might be useful for consideration for utilization, in whole or in part, in the routine activity reporting by all MTRRs as the programme evolves.

Although more time-consuming than the existing approach using the Advice/Prompt sheet, experiences in the pilot indicated the new template was feasible to use, and it can provide additional and more consistently structured and reported data. However, it would be important to ensure that any updating of the approach based on the Advice/Prompt sheet was not too onerous to utilize in the day-to-day work of the MTRRs, and that any changes to the routine data reporting were carefully thought through to ensure maximum value for any additional effort required. This is something that the wider MTRR Networking process might give consideration to in the next phase.

5.3.2 Follow-up calls with clients

The current operational policy for the programme envisages the service mainly as providing a once-off visit/consultation at the MTRR for persons with dementia/memory difficulties and their carers/families, and data from the ecosystem survey indicates that the majority of visits are once-off (i.e. first and only visits). At the time of the evaluation exercise, a small number of MTRRs included scheduled follow-up for clients as part of their approach, but the majority left any follow-up to the discretion of clients (they could get back in touch with the MTRR if they felt a need to). One MTRR in the pilot sub-group already provided follow-up calls with clients (at 6 months after the initial visit) but the others did not.

The sub-group and evaluators gave a lot of consideration to the pros and cons of trialing follow-up calls as part of the exercise. Issues included the practical feasibility within the staff time allocation available under the MTRR programme, as well as more fundamental considerations around the scope and purpose of the MTRR service (originally envisaged as primarily a once-off engagement) and the possible downsides of making the engagement with clients more formal/longer-term than appropriate for them. An important aspect of the latter is that clients may come to the MTRR at a point after diagnosis when they are not sure what supports are available in the wider dementia care ecosystem and what would be most helpful for them and their situation. Visitor feedback data and MTRR staff experiences suggest that the informal dimension of the engagement is especially valued by many clients, so consideration of the appropriateness (or not) of a follow-up call in each case was important. Some clients might benefit a lot, but for others it would not really be indicated as a useful expansion of the intervention.

In the light of these considerations, MTRR staff in the pilot were selective in offering clients follow-up calls as part of the service and conducted these with just some of the people who visited their services during the period covered by the evaluation. This was augmented by the follow-up calls scheduled for completion during the evaluation period for clients of the MTRR providing 6-monthly follow-up on a regular basis.

The MTRRs involved in the pilot gained valuable hands-on experience of this type of extension to the MTRR services and this can be brought to the wider MTRR Network for discussion and consideration. It might be useful for the MTRR Networking process to establish a project on this for the next phase, to consider the potential value of incorporating some form of follow-up as part of the service scope for clients where this may be indicated and of potential value.

6.0 Summary and conclusions

Each MTRR showcases a wide variety of Assistive Technology (AT) equipment and allows a 'hands-on' experience to facilitate learning about the products with support and advice from a professional. The evidence from the evaluation indicates the MTRRs are a source of empowerment, education and support to people living with dementia and other memory difficulties and their family members, and also for health and social care workers and members of the public who visit. A core contribution is in facilitating visitors to make informed choices or decisions regarding purchasing of AT equipment. Additional and important aspects of the service include: sign-posting clients and families to other relevant services; providing a safe environment for client and families/carers to discuss any challenges they are encountering in their day to day lives; helping to improve safety at home; and more broadly improving the person's quality of life and reducing carers stress.

The detailed evidence and analysis presented in Chapters 3, 4 and 5 support a number of overall conclusions. These address programme impact and value, and operational aspects for further consideration in the next phases.

6.1 MTRR programme impact and value

The evaluation shows the MTRR programme has achieved impressive progress since its formal launch in 2018, with 25 MTRRs operational across the country at the end of 2019, and within all 9 CHO areas, and services reaching a substantial number of clients (more than 1,800) in 2019.

An extensive compilation and analysis of data and information from multiple sources and perspectives provides compelling evidence of the impact and value of the programme at a number of levels:

- Clients and family members/carers overwhelmingly provide very positive feedback on the usefulness of their MTRR visit and the value of the information and advice in helping them manage the challenges of dementia or other memory difficulties.
- MTRR staff emphasise the value of a service offering a consultation in an informal environment, led by experienced OTs with the skillset required to holistically assess a broad spectrum of presenting needs and provide practical advice.
- Clients and staff note the value of both the AT-related dimension of the service and the wider attention to other forms of support for client needs, such as advice on maintaining meaningful occupation and on how to address challenging behaviours where they cause distress.
- Both clients and staff also point to the important role that the MTRR service plays in filling a key gap in existing care pathways, especially in the short-term after initial dementia diagnosis but also as needs change over time and as dementia progresses.

Based on these results, the evidence from the evaluation indicates the MTRR programme is making an important contribution to the achievement of the objectives of the National Dementia Strategy, both those relating to Assistive Technology supports for people with dementia and to other components of the support system envisioned. Just two aspects of this are highlighted below - the important addition to dementia care pathways and post-diagnostic supports; and the demonstrable potential for wide reach, at scale, for people with dementia in the community.

6.1.1 Important addition to dementia care pathways and post-diagnostic supports

For people living with dementia, MTRRs play an important role in supporting them and their families and carers in the community. The MTRRs can often be the first port of call after a diagnosis and in these instances offer more than just the show-casing of assistive technology on display. The holistic assessment and practical support provided often comes at a crucial time along the journey for the client and their family. In addition, the MTRRs provide guidance and advice about broader aspects of living well with dementia and addressing more challenging dimensions, such as responsive behaviours and other non-cognitive concomitants of dementia. Early intervention can also increase well-being and enhance quality of life. The responses from people attending MTRRs show the positive experiences for those who engaged with the service.

6.1.2 Demonstrable potential for wide reach, at scale, across people with dementia in the community

Already, the MTRR programme in some CHOs is achieving considerable reach in the numbers of people with dementia in the community (diagnosed or not) they are serving, as well as people with other forms of memory difficulty. With additional resource allocation and other supporting measures through the programme networking function, there is potential to enhance the numbers reached across all CHOs.

6.2 Operational issues

The services provided across the 25 MTRRs follow closely the operational policy defined at programme level. Nevertheless, the MTRR experiences so far provide useful insight and suggestions for refinement of the operational policy/model in the next phase of evolution and development of the programme.

Another important issue is that volumes of activity, and the associated extent of reach across the target populations, appears to vary considerably across CHO areas. This requires further consideration by the programme in the next phase, and the observed variation is likely linked to a range of factors, including:

- Variation in numbers/locations of MTRRs and staffing capacity at county and/or CHO levels.
- Differences across MTRRs in the length of time since first opening.
- Variation in numbers of referrals received, and challenges to raise awareness and encourage sufficient referrals in some locations.

Specific operational issues for attention

The MTRRs identified a range of other aspects where improvements are possible and these warrant consideration in the next phase of development, at programme level and in the MTRR Network. Important issues for attention include:

- Prioritising the marketing and advertising of the MTRRs and enhancing the development of informational resources for utilization at MTRR level.
- Improving the quality of premises for a number of the MTRRs, to ensure fitness for purpose and facilitate delivery of an optimal model of service.
- Ensuring sufficient staffing and geographical coverage in all CHOs and geographical regions within CHOs; encouraging staff continuity; and having an appropriate staffing profile that provides access to experienced staff.
- Continual review and upgrading of AT stock, based on feedback from the network; and the importance of supporting ongoing research to understand client experiences and product effectiveness.
- Consideration to extending the availability of an AT lending capacity (for relevant items) across all MTRRs; other possibilities for consideration include efforts to increase local supply of commonly sought AT items (e.g. in local retail outlets and/or possibilities to sell certain items

from the MTRRs); and exploration of the potential to provide or fund some AT items for people with medical cards.

- Continuing to provide training for the MTRR network to facilitate the upskilling of staff and ensure the development of the MTRR service is in line with international best practice.

Finally, the formative component of the evaluation exercise explored some possibilities for expansion of the service model and operational toolkit for the MTRRs in their daily work. These include how client visits are documented and how the data on these is routinely reported, and the potential value of MTRR-initiated follow-up to clients where appropriate. The programme level processes could give further consideration to these aspects in the next phase.

6.3 Core recommendations

Based on the evidence and analysis from the evaluation exercise, the evaluators make three core recommendations.

Recommendation 1: Ensure sustainability and growth of the MTRRs, with an emphasis on maximising their reach and impact.

The significant positive impact of the MTRR service is evident. However, efforts at both local and national levels are necessary to ensure sustainability of the MTRRs and to maximise their reach and impact.

At a national level, the MTRR programme should:

- Strengthen links within each CHO at a senior level to facilitate the development of the MTRRs role within each region.
- Include identified targets in the HSE's National Service Plan.
- Ensure MTRRs are acknowledged as an important element of post-diagnostic support and included in establishing care pathways.
- Continue to support individual MTRRs, measure activity, and plan and develop MTRR services.

At a local level, to ensure sustainability and growth the MTRR should:

- Be positioned as a core part of the dementia services in the area.
- Be closely aligned with or become part of other relevant dementia services such as cognitive rehabilitation/memory clinics, embedded within a dementia post-diagnostic care pathway, and not seen as a stand-alone service.
- Address staff turnover to ensure this is minimized; this will be supported by strengthening local support structures for MTRRs in each area.
- Where necessary, source premises that are fit for purpose to provide an optimal service.

Recommendation 2: At MTRR programme level, the MTRR Network should reflect on the results of this evaluation and develop an action programme to address the operational and other issues identified.

The report identifies a range of operational issues as well as opportunities for improvement of various aspects at both programme-level and individual MTRR-level. Many of these are suggestions made by the members of the MTRR network, and some are conclusions arising from additional data gathering and analysis by the evaluation team. Attention to these issues would help standardise practice across all MTRRs, and maximise the volume and capacity of the MTRR service.

- The action programme to address these issues should be aligned with national developments in relation to dementia services, and include a schedule and costings for further development of the MTRR service.
- Specific aspects include documentation, the referral processes, and enhancing the available stock of AT technology.
- Continued fostering and further development of the skill set of the MTRR staff is also important, through external and internal training, mentoring and support.

Recommendation 3: Further develop the research dimension of the programme, to inform best practice and improve understanding of the impacts of the programme and the value-for-money dimension.

The range of potentially useful AT for people with dementia and other memory difficulties continues to grow, and quality of existing products changes over time.

- Expansion of the research dimension of the national programme is important, so that advice around AT is evidence-based and informed by in-depth understanding of how particular ATs (and particular models) work in the real-world and the experiences of clients with these.
- The research scope should extend to examine the impacts and value of non-AT related advice as well, for example around meaningful activities and approaches to addressing responsive behaviours and the non-cognitive symptoms of dementia where they arise.
- The MTRR programme should consider developing and funding a research capacity to address these areas, building on the MTL (Clonmel) team's expertise in this area and bringing other MTRRs into the process over time.

6.4 Strengths and limitations of the evaluation

As with all research and evaluations, the approach adopted has strengths and limitations, and these should be considered when interpreting the results.

A core strength is the extensive, mixed methods approach adopted, including a range of quantitative and qualitative data sources, and perspectives from a range of stakeholders - service users, MTRR leads, and the wider MTRR Network. A large volume of activity and user feedback data was available, complemented by new data generated in a range of ways as part of the evaluation methodology. Triangulation of data and perspectives, from different data sources and at different levels of granularity, helps to give confidence in the robustness and meaningfulness of the results and conclusions.

A limitation of the approach is the level and depth of information on the medium-to-longer-term value clients derive from their visit to an MTRR and the information and advice they receive. It would be useful to generate a fuller understanding of the extent to which, and how, clients act on the information/advice; how beneficial this proves to be for them, if and when they do; and how this translates into measurable impacts on outcomes such as quality of life and wellbeing of people with dementia or memory difficulties and their family carers. Further evaluation and research on these aspects would be useful.

6.5 COVID-19 Postscript (and fourth recommendation)

The evaluation process was nearing completion when the COVID-19 crisis arrived. Like many other health and social care services, the MTRR service was severely impacted as was the client base it serves. Although presenting many operational challenges for services, the COVID-19 situation has further highlighted the role MTRRs can play in supporting persons with dementia and their families in what is proving to be a hugely stressful time for them. One aspect is greater recognition of the ever-increasing role that technology plays in all of our lives, and how it can help address logistical challenges in the provision of and access to health and social care services and supports at the frontline. The rapid deployment of platforms for telehealth, telemental health, and virtual visits is evidence of this, and the MTRRs are well-placed to implement these approaches in their operational models as well as to provide support for other health and social care services in getting to grips with this technological aspect in their work. In addition to the opportunities presented by virtual visiting technologies (e.g. through video consultation with clients in their homes), there are important ways to support vulnerable client groups (such as persons with dementia) and their informal family carers through telecare platforms and services.

A fourth recommendation of the evaluation, therefore, is to develop a specific line of activity on this theme within the MTRR programme and to link this in with wider developments within HSE (such as in the digital transformation programme) and in the community and voluntary sector (e.g. initiatives by ALONE and others).

6.6 Summary

The evidence presented in this report shows the MTRRs are making a valuable contribution to addressing the needs of persons with dementia or other memory difficulties living in the community, and their families and carers, in two important and inter-linked ways:

- raising awareness and providing guidance on assistive technologies that may be helpful.
- providing a broader occupational therapist assessment and guidance on practical ways to manage the challenges and live as well as possible with dementia or memory difficulties.

The evaluation found the MTRR programme is clearly having a very positive impact and effectively contributes to meeting a number of the objectives of the national dementia strategy. The COVID-19 crisis has further highlighted the importance of practically-oriented services such as the MTRRs, and this can only increase with the projected growth in prevalence of dementia alongside the policy objective to support people live well at home for as long as possible.

By definition, the MTRRs have a central focus on technology, which plays an ever-increasing role in all our lives, including the client base served by the MTRRs. Both purpose-designed assistive technologies and more general-purpose technologies can enable and support persons with dementia to better manage the challenges and remain as independent as possible with a good quality of life, and help families and carers to more effectively provide care and reduce carer stress and burden. The evidence from the evaluation shows that this aspect of the MTRR service is working very well. The majority of people visiting the centres report increased awareness of assistive technologies that may be helpful in their situation, and many go on to acquire these technologies and find them useful in addressing their needs.

When clients visit an MTRR, the demonstration and discussion of assistive technologies often leads to consideration of other aspects of client and family and carer circumstances and needs, and to provision of expert advice on how these can be addressed and managed. The evidence from the evaluation shows that this dimension is also highly valued by clients and families and carers. Commonly mentioned areas of need and guidance include practical and timely advice on meaningful occupation for persons with dementia, and on ways families and carers can better address behavioural changes and reduce the distress these can cause.

From a broader ecosystem perspective, the evaluation also shows the important role that MTRRs occupy in post-diagnostic supports and dementia care pathways. In some parts of the country, the MTRRs are already well-embedded in their local ecosystems in these regards, but in other areas there is a need to better recognize the MTRR role and give more attention to embedding the MTRR as part of the mainstream dementia supports ecosystem in the locality.

The report provides a number of recommendations to further consolidate and enhance the role and contribution of MTRRs across the country. These are readily actionable and achievable, and implementation would help ensure sustainable development and reach of MTRR services across all parts of the country. This would further extend the demonstrable positive impacts and benefits to larger numbers of people with dementia and their families and carers.

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