



Ten months longer at home, thanks to emergency location

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SUMMARY

Mrs M is an active 77 year old living with vascular dementia. Her use of the new St Bernard Location Service has helped keep her safe and out of residential care. The service reduces stress on people with dementia, their families and the emergency services by quickly finding people who have left home and become lost. It can be integrated into any social services' telecare arrangements rapidly and easily. It therefore has the potential to postpone the need for residential care and to save costs.

Mrs M is an active 77 year old living in a small town in Scotland. She has vascular dementia but appears to have no insight into the condition or the difficulties that this can cause. Social services and the police became involved with Mrs M after it became apparent that she was placing herself at risk by wandering from her home and getting lost. Mrs M is more than able to travel by public transport, and while she tended to only embark upon local journeys which she could manage, there had been occasions when she had ended up much further afield. (Aided by free bus travel available to all over 60 years old in Scotland).

Mrs M has a very supportive family and all of her children were keen to explore ways in which the risks posed by their mother's tendency to leave home could be minimised in as least a restrictive way as possible. Given this they were happy to take advantage of the opportunity to pilot the St Bernard Location Service in November 2008.

AVOIDING RESIDENTIAL CARE

Since this time the Service has helped to locate Mrs M on a number of occasions and ensured her safety. Social services feel that it is extremely likely that without this service Mrs M may well have needed to be placed in some form of residential care, something her family very much wanted to avoid if at all possible. Finally feedback from Mrs M's family suggests that the St Bernard Location Service has helped significantly reduce the anxiety they had been experiencing with regard to their mother and they are delighted that she could stay in her own home for at least an extra 10 months.

The St Bernard Location Service uses GPS (Satnav) technology to determine where someone is, if they get lost. They carry a small device which incorporates a mobile phone. Every few minutes the device reports its position to a central

computer system which then finds the address and postcode of the location. It can also display the position on a map or even an aerial photograph which can be accessed via the web. If there is an alarm such as the user pressing a panic button or leaving a safe area, the system will alert carers by text message , e-mail or through telecare, warden or nurse call systems using the new Localink remote trigger.

INTEGRATES WITH SOCIAL SERVICES

The Service is designed around the needs of social care. Introduced by Halliday James Ltd, a company that specialises in helping people with cognitive problems, the focus is not the technology, but on a service to provide social care practitioners with a simple and cost effective way to use emergency location within their own organisations.

It does this in a number of ways:

- The St Bernard Location Service is flexible and can work as easily for a single user as it can to provide an organisation wide service with hundreds of users. It is possible to create secure groups and sub organisations to restrict information on a "need to know" basis, just one of the features to maintain privacy and offer an ethically based service.
- Halliday James Ltd offers a fully managed service where the care organisation can phone or e-mail and the location device and alerts will be configured for them. This allows the Service to be used immediately with a minimum of training. Alternatively, if a larger service is envisaged, staff can be trained to administer it.
- Several payment arrangements are available to align with different funding sources. Of particular interest is the weekly rental package with a four week minimum charge, which will allow organisations to trial the Service without major commitment and also to assess whether it is suitable for an individual.
- The St Bernard System will integrate with existing support systems such as telecare or warden/nurse call installations. The Localink trigger can work with a user's telecare hub so that the location device appears as a normal sensor to the monitoring centre.
- The St Bernard Location Service is person-centred in that there is a choice of different GPS location devices which can be chosen and configured to suit the needs and abilities of the individual. These range from passive devices that need no intervention from the user, through simple devices with a panic button which can incorporate limited mobile phone functions, to PDA/Smartphones which can be used for a wide range of other applications.

GEOFENCES

There is a wide range of alarms and alerts that can be set up to manage the risks identified for an individual. For example panic buttons, geofences (safe and unsafe areas), going above a certain speed (has someone got on a bus?), low battery etc. The system can also monitor factors affecting performance such as losing GPS signal or patterns of battery charging.

Dr Enrique Aguado, Business Development Manager at Halliday James Ltd said "GPS and other location technologies are still developing but they have reached a stage when emergency location can become part of mainstream social care. The key, as we have found with the St Bernard Service, is not so much the technology but the organisational and operational aspects of implementation. We are now not just in the position of being able to provide a reliable service, but we can help social care professionals incorporate it into their own organisations."

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NOTES FOR EDITORS:

1. The identity and home town of Mrs M has been withheld but members of the family are prepared to be contacted by the press.

2. One of the most worrying features of dementia is the process which until recently was called "wandering". The person with dementia will leave their home, sometimes at night and sometimes inappropriately dressed. If it happens too often then there will be considerable pressure put on the family to place the person in a more secure care establishment.

More recently it has been recognised that the process of walking like this satisfies a need that the person has and to restrict it can be detrimental. The concept of "safe walking" has emerged which allows the person to walk as they wish, in appropriate circumstances, yet remain safe. This has benefits in improving general health and in particular in reducing the risk of the person falling, which is a major cause of hospitalisation and complications.

3. There are currently 700,000 people in the UK with dementia and this is likely to double in the next 30 years. There is an increasing number of younger people with dementia and the incidence of alcohol related dementia is expected to rise significantly.

4. A survey in 1998 suggested that up to 40% of individuals with dementia become lost at some point during their illness and 5% get lost repeatedly over many months. Over 70% of those who get repeatedly lost are admitted into institutional care as a means to manage the risks of their illness. This accelerates deterioration in physical condition and creation of high levels of anxiety which are often treated with medication.

FURTHER INFORMATION

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