



Technology to Care

A WORKFORCE LEARNING STRATEGY

to Embed Electronic Assistive
Technology (eAT) in Social Care

www.technologytocare.org.uk

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Definitions

The following terms used in this document are defined as follows:

Assistive Technology (AT)

Any item, piece of equipment, product or system that is used to enhance, maintain or improve the lifestyle and choices of individuals and that may be offered to people as part of a range of social care services that assist in developing / maintaining independence and promoting quality of life.

Electronic Assistive Technology (eAT)

Assistive technology devices that are electronically powered and promote independence and wellbeing. Some eAT devices are self-contained and may assist a person to carry out everyday activities or access information online. Other eAT devices may be linked to a specific service with an external centre where data, gathered and transmitted through eAT, is monitored ready to provide a response when an agreed trigger point arises.

Telecare

Telecare involves the use of personal and environmental sensors in the home to enable an individual to remain safe and independent, for example personal alarm, smoke detector, fall detector. This equipment provides continuous, automatic and or remote monitoring of care needs and either triggers human responses or shuts down equipment to prevent hazards. There will be regional and national differences and similarities across the UK in terms of telecare monitoring and response services.

Telehealth

Telehealth involves the remote monitoring of an individual's health at the point of care or at a distance from an appropriately trained professional. Digital images and physiological signs are some of the types of information transferred via mobile or telecommunications equipment to assist in the diagnosis or monitoring of a health condition.

Telehealthcare

The Joint Improvement Team, Scotland (2008) define telehealthcare as the point where telecare and telehealth converge in the provision of technology-enabled and integrated service delivery. It can be used to describe a range of care options available remotely by telephone, mobile, broadband and videoconferencing. The use of this term across the UK is variable.¹

¹ Joint Improvement team (2008), *Seizing the Opportunity: Telecare Strategy 2008–2010* Edinburgh

Individual

The person (adult, child or young person) receiving support or care. ²

Carer

A carer provides unpaid care and/or support and could include family members, partners, neighbours or friends.³

The social care workforce

Paid workers involved in the provision of social care services to support the well-being and independence of individuals. This may include providing advice, information, care and support in a range of different ways to adults, children or young people. The workforce consists of a broad spectrum of roles including workers who deliver direct care and support, operational and strategic managers.

² Health and Social Care National Occupational Standards 2012

³ Health and Social Care National Occupational Standards 2012



Contributors

This strategy and associated *eAT and Social Care: Knowledge and Skills Sets*¹ have been informed by desk based research and a wide range of stakeholder input, including an e-survey and face to face consultation and engagement events across the UK. Feedback on the knowledge and skills sets was received from some 140 participants who attended a series of 10 workshops across the UK during summer 2013.

A network of eAT Champions established to support this work contributed to many workshops and provided feedback at several points during development. The Champions included representation from local authority commissioners, telecare services managers, care and support service providers, occupational therapists, health, housing, and third sector workers. Individuals who use services also contributed to the development of the documents.

A Task Group was also drawn together to steer this work, to ensure consistency of approach and consensus across the UK. Members included representation from a range of employers and sector skills bodies from Scotland, Northern Ireland, England and Wales. These were:

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Trevor Taylor, The Cedar Foundation, Northern Ireland

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In response to feedback received, the group further adapted the draft strategy and knowledge and skills sets originally developed by Dr Malcolm Fisk, Dr Gina Sands, Nikki Holliday, Darren Awang, Dr Gillian Ward, Emma Rose-Hayes and Simon Fielden of Coventry University.

Thanks are due to all contributors for their time and expertise.

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¹ *Technology to Care: Knowledge and Skills Sets to Embed Electronic Assistive Technology (eAT) in Social Care (SfC&D 2014).*



About Skills for Care and Development

Skills for Care and Development (SfC&D) is the Sector Skills Council for those working in social work and social care for adults, children and young people, and for those working in early years, children and young people's services. SfC&D works as a partnership to fulfil its remit across the UK, the partner agencies being:

- Care Council for Wales (CCWales) www.ccwales.org.uk
- Northern Ireland Social Care Council (NISCC) www.niscc.hscni.net
- Scottish Social Services Council (SSSC) www.sssc.uk.com
- Skills for Care (England) (SfC) www.skillsforcare.org.uk
- Skills for Care and Development (SfC&D) www.skillsforcareanddevelopment.org.uk

The SfC&D partnership represents more than 60,000 employers with a workforce of over 1.87 million.



Executive Summary

Technology is playing an increasingly important part in the provision of care and support. This Workforce Learning Strategy has been developed by Skills for Care and Development (SfC&D) to support employers as they equip the workforce to utilise technology effectively to promote person centred approaches and independence, choice and well-being in the lives of the people they support.

An ageing population, integrated public services, person centred approaches and digital innovations are amongst the key drivers for change in health and social care services in the UK.^{1 2 3} This Strategy has been developed to consider the future needs of the workforce specifically in relation to the role that eAT can play in improving the delivery of care services.

In particular, the Strategy is intended to support employers across the UK to address the learning needs of their workforce in relation to eAT and to invest more confidently in eAT related training.

A number of initiatives informed the direction of the Strategy, including a review of policy across the UK and a mix of research methods to analyse learning and development provision and its effectiveness in addressing workforce needs. Consultation and engagement events around the UK involved eAT champions, individuals, telecare service managers, care and support providers, occupational therapists, health, housing and third sector workers. The detail of the Strategy was shaped by a steering group of representatives to ensure consistency and consensus across the UK.

The Strategy is aimed primarily at employers and managers within social care services, with an emphasis on action to raise workforce awareness around eAT. It is part of a long term ambition to embed knowledge and skills about eAT in working practices across social care.

Whilst the Strategy is addressed primarily to employers, it is highly relevant to other stakeholders such as suppliers/manufacturers and learning providers who also have an important role to play in achieving change.

THE VISION

By 2019, individuals will be supported by a confident, knowledgeable and skilled social care workforce, working creatively with Electronic Assistive Technology to support their well-being, choice and independence.

1 HM Government (2012) Health and Social Care Act 2012. London. The Stationery Office

2 Health Technology Board <https://www.innovateuk.org/healthcare> [accessed on 4/12/13]

3 Christensen, K., Doblhammer, G., Rau, R., Vaugel, J. (2009) Ageing population: the challenges ahead, *The Lancet*, vol 374, issue 9696, 1196-1208

Key messages and recommendations

The Strategy makes the following recommendations that will work towards realising the vision:

For employers

- Employers ensure that skills and knowledge for eAT are integrated in their systems and processes that guide service delivery
- Employers ensure that learning needs in relation to supporting the use of eAT are identified and addressed for individual workers and for the workforce as a whole
- Employers promote to their workforce the positive contribution eAT can make to the independence, well-being, lifestyle and opportunities of individuals, by developing and/or making available inspiring case studies to raise the confidence of employees in eAT
- The eAT Knowledge and Skills Sets⁴ become the foundation for learning and development activities relating to eAT
- When purchasing products and services from manufacturers, trainers and eAT providers, employers ensure that learning activities are mapped to the eAT Knowledge and Skills Sets and meet learners' needs for all practical and ethical aspects of supporting individuals to use eAT.

For other agencies

- The eAT Knowledge and Skills Sets become the foundation for learning and development activities relating to eAT (as above)
- Suppliers/manufacturers of eAT products and services consider workforce learning needs in relation to their technology provision and the eAT knowledge and skills sets
- The SfC&D partner agency in each nation ensures that eAT is considered for inclusion when national induction frameworks are next reviewed
- The SfC&D partner agency in each nation clarifies how eAT maps onto their career pathways, continuing professional development and progression routes
- eAT National Occupational Standards (NOS) are developed to ensure eAT is recognised as an area of competence and embedded in practice
- Gaps in accredited qualifications and learning in relation to eAT are addressed at all levels

Implementation

An Implementation Plan sits alongside this Strategy. The Plan translates the key recommendations into actions for employers and others who have key roles to play in workforce learning and development. The eAT Knowledge and Skills Sets and a toolkit of templates and checklists complete the suite of resources now available to support employers as they equip the social care workforce to embed eAT in social care across the UK.

⁴ *Technology to Care: Knowledge and Skills Sets to Embed Electronic Assistive Technology (eAT) in Social Care (SfC&D 2014).*



Introduction

New electronic technologies are playing an ever greater part in everyday life for us all. Most of us have a mobile phone that we wouldn't be without. Many of us shop online, travel by satnav, talk by video link to friends or family far away, and download apps for practical or leisure use. We may also arrange for lights or heating to come on while we're out, set alarms to detect intruders, or arrange for TV programmes to be recorded while we're busy doing something else.

People who need care and support can and should enjoy the same benefits that this changing world of technology brings to us all; some already do. Many are also finding that more specific technology-based systems or devices have an increasingly important part to play in supporting their safety, well-being and independence. This is true not only for independence in a practical sense but also for enabling greater participation in family, social and economic life. Technology can bring substantial benefits in terms of reducing isolation and improving people's motivation and well-being. Such benefits apply to people of all ages. Individuals can now enjoy a much wider range of choices because of electronic technologies, and these in turn can help to nurture more personalised approaches to care and support.

Technology is therefore playing an increasingly important part in the provision of care and support. With this impressive potential, it is crucial that technology is used effectively and safely, both when it is proposed as part of the way support is delivered and when someone simply chooses to use it by their own decision. In both circumstances the use of technology may need to be supported by the social care workforce. As technology becomes part of the way people are supported, the workforce must become confident, knowledgeable and skillful about technology and the contribution it can make.



ONE-BUTTON MOUSE

Caroline, 46, has cerebral palsy. She has a physical disability and uses a wheelchair. Caroline has full use of one hand but found it nearly impossible to use a computer with just this. Using an assistive smaller 'one button' mouse and a mini keyboard she can now use the computer independently. Caroline says, "I feel more independent and I don't need to rely on staff to do things for me on the computer, I can do them myself". Caroline now uses her computer for facebook, skype, email and she is the editor of a Quarriers magazine created by and for people supported.

(Achieved through a Go4IT Assessment, Quarriers Go4IT Digital Inclusion Service)

This Workforce Learning Strategy (the strategy) has therefore been developed by Skills for Care and Development (SfC&D) to support employers in the task of equipping the workforce to utilise technology effectively to support people's independence, choice and well-being.

Note: Different terms can be used to describe some of these technologies, such as assistive technology (AT), or electronic assistive technology (eAT). In this document the term electronic assistive technology (eAT) will be used as being the clearest and most accurate for the scope of technology it aims to cover.



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IN TOUCH

Sara, 61, has a learning disability. Originally from India, she came to Quarriers in Scotland to get support in controlling her epilepsy. She now uses email and skype to keep in touch with family and old school friends in India on a daily basis.



The Vision

THE VISION

By 2019, individuals will be supported by a confident, knowledgeable and skilled social care workforce, working creatively with Electronic Assistive Technology to support their well-being, choice and independence.

The vision is and needs to be ambitious. The challenges in achieving the vision are substantial.

Current use of eAT and current levels of knowledge, skills and understanding are varied, depending on organisation, staff team and job role. Therefore universal *awareness* of eAT (its use, function and potential) is fundamental to the vision of this strategy. The strategy's aim is to get social care workers engaged and excited by the opportunities that eAT can offer in their work with individuals.

This awareness constitutes the first step towards the vision, in terms of improving *confidence* and knowledge about eAT across the workforce. It includes an *understanding* of the changing nature of technologies and innovations that can benefit individual service users, the workforce and the sector. Leading on from this, it is envisioned that all the workforce will be able to show an understanding of how eAT is relevant to their own job role.

There is a consequent need to develop the *skills* of the workforce, to keep pace with developments and innovations in technologies used. This supports national drivers around the sustainability of assistive technology, telecare (and telehealth) across the UK. Skills development should be flexible, recognise prior learning and nurture the continued professional development of each social care worker.

Social inclusion and *person centred approaches* are pivotal to the Strategy. It acknowledges that not all individuals supported by social care staff will choose to access or use eAT, or have the means or opportunities to do so. It will be important to continue to work in ways that fully respect each individual's choices, notwithstanding the aspiration to promote the benefits of eAT and support access to eAT as part of social care provision.

Fundamentally, the workforce must be supported to use eAT in a way which is consistent with *social care values* and ethics. This means acknowledging and addressing fears about inappropriate use of eAT (such as using eAT as a mechanism for reducing or withdrawing other support which may be required). Therefore all eAT workforce development activity must be consistent with each UK nation's Code of Practice/Code of Conduct for Social Care

“Technology has opened up a whole new world of opportunity and independence for the adults we support”
Social Care Project Manager

Workers^{1 2 3 4}. This makes it more likely that individuals receiving care and support and the workforce itself will together embrace eAT and its potential, and will ensure that eAT truly is here for good in social care.



BI-LINGUAL SERVICE

Local authorities in North Wales are collaborating to provide a telecare call monitoring service. They provide a bilingual service and response as “it is essential that individuals can express themselves and be understood when they are in need or in a crisis. We see examples when individuals with dementia forget their English and can only converse through Welsh, their first language.” North Wales Regional Telecare Strategic Manager.

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- 1 Care Council for Wales (2002) *Code of Practice for Social Care Workers and Employers of Social Care Workers*. Cardiff. Care Council for Wales.
 - 2 Northern Ireland Social Care Council (2002) *Code of Practice for Social Care Workers and Employers of Social Care Workers*. NISCC
 - 3 Scottish Social Services Council (2009) *Codes of Practice for Social Service Workers and Employers*
 - 4 Skills for Care & Skills for Health (2013) *Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England*.
www.skillsforcare.org.uk



Purpose and Focus of the Strategy

This five-year UK wide Workforce Learning Strategy aspires to address the learning needs of the social care workforce who support and promote the well-being and independence of individuals through the use of Electronic Assistive Technology (eAT). It also refers to other workforce imperatives: integrating eAT into workforce policies, job descriptions, career development opportunities, etc.



Spotlight: UK and beyond

A number of UK projects have influenced the direction and implementation of telehealth, telecare and assistive technology at scale. The Whole System Demonstrator paved the way for driving forward the need to establish and sustain the use of technology to support health and social care provision.^{a,b} DALLAS (Delivering Assisted Living Lifestyles at Scale) funded by the Technology Strategy Board and UK government is a three year project involving services, citizens and manufacturers working together to embed, raise awareness and sustain the use of technology in the homes and lives of the UK population with long term conditions.^c Strong European connections are growing and this is evident through the Ambient Assisted Living (AAL)^d programme the European Innovation Partnership on active and healthy ageing.^e

- a *Scotland's Digital Future: A Strategy for Scotland (2011)* <http://www.scotland.gov.uk/Resource/Doc/981/0114237.pdf> (accessed 09/01/14)
- b Steventon, A., Bardsley, M., Billings, J., Dixon, J., Doll, H., Hirani, S., Cartwright, M., Rixon, L., Knapp, M., Henderson, C., Rogers, A., Fitzpatrick, R., Hendy, J., Newman, S. (2012) *Effect of telehealth on use of secondary care and mortality: findings from the whole system demonstrator cluster randomised trial*, *BMJ* 344, e3874
- c DALLAS (Delivering Assisted Living Lifestyles at Scale) http://www.imerseyside.nhs.uk/Innovations/delivering_assisted_lifestyles_living_at_scale.aspx [accessed on 4/12/13]
- d Ambient Assisted Living Joint Programme <http://www.aal-europe.eu> [accessed on 2/01/14]
- e European Innovation Partnership on Active and healthy Ageing http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing [accessed on 02/01/14]

The focus of the Strategy is to ensure employers can support the increasingly widespread use of eAT in delivering services to individuals of all ages, specifically by:

- Supporting employers to address the learning needs of their workforce in relation to eAT
- Enabling employers to invest confidently in eAT related learning
- Driving up the quality and availability of eAT-related learning provision

The Strategy addresses the challenges and opportunities that eAT brings. Recognising that there is a broad range and huge diversity of electronic equipment, the focus is on how to educate the workforce to understand the principles of how to work with, utilise and maintain the technology effectively. Ensuring that such knowledge, skills and understanding become embedded in the workforce's ability to plan for and provide care, guidance and support is essential.

The Strategy, with its accompanying Knowledge and Skills Sets, provides direction for the learning and development of the whole workforce, from workers who deliver direct care and support to operational and strategic managers. Developed specifically for the social care workforce, the strategy will have relevance to other parts of the workforce including early years, housing and health.

Whilst the Strategy is addressed primarily to employers, other stakeholders such as suppliers and manufacturers also have an important role to play, working alongside employers to train and develop the workforce.

The widening availability of eAT devices within individuals' daily lives results in necessary changes in the nature of social care services. This includes the need for an increased confidence and knowledge of eAT amongst the workforce. Some of this increased confidence and knowledge will come through social care staff using modern technologies (mobile phones etc) *for themselves*.

However, the vision of a future where individuals are more empowered by eAT, and of a social care workforce with increased knowledge and experience of eAT, requires access to appropriate and relevant learning opportunities in all parts of the UK. In addition to being accessible (in terms of location and format), the learning opportunities must be affordable, and of high quality.

As well as helping the workforce to keep up with technological and service developments, the Strategy also recognises the need for continuing professional development (CPD) and an infrastructure that enables the workforce to progress in their careers.

The Strategy is accompanied by a suite of knowledge and skills sets¹ which aim to guide employers in developing the knowledge, skills and confidence required by their workforce to utilise and maintain eAT effectively as part of the provision of high quality care and support.

¹ *Technology to Care: Knowledge and Skills Sets to Embed Electronic Assistive Technology (eAT) in Social Care (SfC&D 2014).*



The eAT Context

In recent years there have been substantial developments in the way eAT impacts on social care provision. All social care services in the UK operate within a society where electronic and digital technologies are part of everyday life for ever increasing numbers of the population. All social care services need to support individuals to access and use IT devices in general and specific eAT solutions in particular, to enjoy the benefits that these can bring. Examples are home/environment controls, navigation aids and online information services, all of which have both a general and a specific place within social care. Some services have fully embraced the opportunities for independence and well-being that these technologies and devices can afford, while for others the potential has still to be recognised.

At the same time, there have been substantial developments in social care services that rely specifically on electronic technology to support individuals. Doughty et al (1996) defined these as the three generations of telecare.¹ The first and second generations are characterised by simple pull-cords and triggers that can be activated by individuals, and linked sensors that can, for instance, monitor the temperature of the home or detect falls. The expansion of third generation technology, where installed and mobile devices are connected via Wi-Fi or Broadband, provides the opportunity for more innovative services. These include the functions built within or downloaded to mobile and smart phones, tablet PCs and interactive TV.

Associated social care services, meanwhile, are moving from those responding to 'alerts' in situations of urgent need, to ones that involve remote and sometimes regular interactions with or monitoring of individuals.

The pace of change is rapid as new and innovative technological solutions are being developed. However, it is essential to recognise that there is a diverse mix in terms of access to the digital world. There are large parts of the country that do not have access to broadband, 3G or 4G, and there is a proportion of the UK population who are digitally excluded, whilst others choose not to embrace new technologies. What's clear is that e-AT has the potential to revolutionise the way people of all ages and with different needs can live their lives and can enable them to enjoy a life that is more full, more rewarding and more independent than they would otherwise have.

¹ Doughty, K., Cameron, K., and Garner, P. (1996) Three Generations of Telecare. *Journal of Telemedicine and Telecare*, 2(2), pp71-80.



BRAINWAVES

Sometimes because of accidents or injury people lose the ability to move, speak and do things for themselves. This could be due to a stroke or a head injury. In extreme cases it may result in 'locked in' syndrome, where the person is totally paralysed and yet conscious enough to hear people and be aware of their surroundings. At times like this, digital assistive technology has the potential to help people communicate, control home devices like the television and even open the front door.

BACKHOME (2012–2015) is a research project focusing on how we help people who are severely limited functionally. Funded by the European Commission within Framework 7, this project is developing an assistive technology system for people with acquired brain injury that can be easily used in the home environment. It aims to do this by bringing together academics, industry and service users. The partners in this project are from Spain, Austria, Germany, England and Northern Ireland.

The technology uses brain waves in a Brain Neural Computer Interface technology – or BNCI for short. This is based on developing systems that allow people to control devices around them at home through the use of brainwaves rather than, for example, controlling a computer mouse through hand control. So a computer can be controlled without any physical movement at all – only brainwaves.

The user has a soft cap placed on their head. This has a number of electrodes on it. These sit on top of the head to pick up brainwaves and transmit them to a computer.

BackHome is the first European research project aimed at delivering the ambitious but critical step of bringing BNCI systems to mainstream markets and ensuring that they can be operated by people without specialist technical skills in their own homes.



ALERTS

Mr Davies is in his late 50s. He has a physical disability and 'locked in syndrome' and cannot verbally communicate. He can use eye movement to communicate and has some limited movement in his right arm. Mr Davies has the capacity to make decisions and is aware of his surroundings. However his wife, who is also his main carer, expressed her distress about an occasion when her husband fell forward in his chair while she had left the room to make a drink, and he was unable to call her or attract her attention.

An assessment identified the need to assist Mr Davies to be able to communicate with his wife and to provide reassurance for Mrs Davies about being able to respond to her husband's needs. A skilled and knowledgeable telecare worker identified possible solutions and worked with the couple to test these out. It was established that Mr Davies could use his arm that had some movement to press a pendant placed on the other arm.

The pendant was linked to a wrist-worn pager or pillow alert device that would alert Mrs Davies that her husband had pressed the pendant. This worked wherever Mrs Davies was in the house or garden.

The solution was reviewed after being installed. Mrs Davies fed back that it had reduced her anxiety as she knew her husband could alert her at any time. It provided Mr Davies with the means of some communication with his wife and a second pendant enabled him to call the monitoring centre in an emergency. This supported Mr Davies to communicate his needs and reduced his wife's stress, thereby supporting her in her caring role.

Torfaen Local Authority



Imperatives for Change

Across the UK, a range of policies and strategic initiatives are driving forward the use of eAT in social care. This section summarises key drivers in each nation.

Drivers in England

Policy in England is moving towards the delivery of services which can offer individuals greater control over their lives, promote quality of life, focus on prevention and early intervention and low level support from social care and health, when possible. AT, telecare and telehealth have an obvious role to play and this is supported in the strategy setting out the vision for the *Adult Social Care Workforce*¹ and Skills for Care's workforce development strategy *Capable, Confident, Skilled*.² These have been followed by the Three Million Lives initiative that sought to ensure that three million people are linked into telecare and telehealth services by 2017.³

The Care Bill 2013⁴ places emphasis on the need to reduce and prevent care and support needs and use of eAT has a role to play in this. The Bill promotes individual wellbeing, and advocates that needs, views, feelings and wishes should be considered in all aspects of an individual's wellbeing from physical and mental health, through dignity and respect, to control over daily needs, access to employment, education, social and domestic needs and the suitability of accommodation. eAT is part of the jigsaw of services and opportunities that are seen to offer a route to these. The Bill also requires the promotion of integrated care and support across local authorities, health and housing services and other service providers to ensure the best outcomes are achieved for the individual. It strengthens the rights of carers and places a duty on Local Authorities to provide information and guidance to prevent people coming into the statutory services if possible. eAT is seen as an important way of supporting carers, providing a preventative tool for families to retain their well-being.

Drivers in Wales

The Welsh Government is seeking to transform social services in Wales. The 2011 policy document *Sustainable Social Services for Wales*⁵ firmly places citizens' voices at the centre of care and support and identifies the need to develop a responsive and sustainable system within a changing context. It drives forward the development of early intervention and preventative services and outlines priorities for the incorporation of technologies, recognising their importance in relation to the development of new service models for social care.

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- 1 Department of Health (2009) *Putting People First: Working to Make It Happen: The Strategy for the Adult Social Care Workforce in England*. London: Department of Health.
 - 2 Skills for Care (2011) *Capable, Confident, Skilled. A Workforce Development Strategy for People Working, Supporting and Caring in Adult Social Care*. Leeds: Skills for Care
 - 3 3 million lives, <http://3millionlives.co.uk/> [accessed on 4/12/13]
 - 4 HM Government (2013-14), Care Bill (HL)
 - 5 Welsh Assembly Government (2011) *Sustainable Social Services for Wales: A Framework for Action*. Cardiff: Welsh Assembly Government

Particular attention is given to telecare and the desirability of its integration with community equipment and telehealth services.

*The Social Services and Well-Being (Wales) Bill*⁶ introduced in January 2013 provides the legislative foundation to deliver the commitment to sustainable social services. The Bill sets out how the delivery of care and support will be centred on citizens having greater control within a more integrated system of care across Wales.

Achieving digital inclusion of citizens is central to the Welsh Government's vision for the future *Delivering Digital Inclusion: A Strategic Framework for Wales (2010)*⁷. The aim of the strategic framework for digital inclusion is to ensure that people benefit from the opportunities of the rapidly evolving technological change across our society, including future public services and support.

As a bilingual nation, the importance of respecting and valuing individual's language needs is recognised as central to providing good quality, meaningful services. A strategic framework for Welsh language services within health and social care aims to improve the quality of care and people's experience of Welsh language care among front line services.⁸ The provision of eAT must also embrace this commitment and consideration given to the use of the language of communication in relation to assessment, equipment and telecare support services.

Drivers in Scotland

Scotland's Digital Future (2011) is the current overarching national strategy.⁹ Its wide ranging scope includes sections on delivery of public services and digital participation. In line with this, NHS Scotland's eHealth Strategy (2011) prepares to integrate health and social care IT systems to improve the frontline delivery of services.¹⁰

A series of strategic documents have championed the vision of using technological advances to shape different approaches to prevention, enablement, personalisation and self-management in Scotland.^{11 12 13} The *National Review of Telehealth in Scotland*¹⁴ and the *National Telehealth and Telecare delivery plan (2012)* reaffirms the national imperatives for change around an ageing population and global reconfiguration of health and social care services. The delivery plan outlines a number of initiatives and work streams to deploy telehealth and telecare across Scotland. Integration of services, person-centred care, carer/user involvement, partnership working (health, social care, housing and industry) and interoperability are

6 Welsh Government (2013) Social Services and Well-Being (Wales) Bill

7 Welsh Assembly Government (2010), *Delivering Digital Inclusion: A Strategic Framework for Wales*. Cardiff. Welsh Assembly Government.

8 Welsh Government (2012) *More than just words: A Strategic Framework for Welsh Language Services in Health, Social Services and Social Care*. Cardiff. Welsh Government.

9 *Scotland's Digital Future: A Strategy for Scotland (2011)*
<http://www.scotland.gov.uk/Resource/Doc/981/0114237.pdf> (accessed 09/01/14)

10 eHealth Strategy for NHS Scotland (2011)
<http://www.scotland.gov.uk/Publications/2011/09/09103110/0> (accessed 09/01/14)

11 Scottish Government (2012) *A National Telehealth and Telecare Delivery Plan for Scotland to 2015: Driving Improvement, Integration and Innovation* (online)
<http://www.scotland.gov.uk/Publications/2012/12/7791/2> [accessed on 4/12/13]

12 Scottish Government (2011) *Future delivery of Public Services* (online)
<http://www.scotland.gov.uk/Publications/2011/06/27154527/0> [accessed on 4/12/13]

13 Scottish Government (2011) *E-health strategy 2011–2017* (online)
<http://www.scotland.gov.uk/Publications/2011/09/09103110/4> [accessed on 4/12/13]

14 Audit Scotland (2011) *A review of Telehealth in Scotland* (online) http://www.audit-scotland.gov.uk/docs/health/2011/nr_111013_telehealth.pdf [accessed on 4/12/13]

emphasised as key drivers to implementation and sustained use of services.

*Digital healthcare in Scotland*¹⁵ represents fertile ground whereby innovative partnerships with industry, academia, health and care can work together to share and create new knowledge and expertise in the field. A Digital Health Institute¹⁶ has recently been established to foster innovation in services and products with a long term goal of using digital technology to tackle the increasing demands on the health and care system in Scotland caused by an ageing population. The Living it Up initiative is building health awareness and developing ways of responding to local needs in rural (and sometimes remote) areas.¹⁷

Education and skills development is a pivotal work stream of the national delivery plan to raise public and professional awareness around the contribution that technology can make, as well as supporting the skills and competencies of the workforce. Recent work includes a competency framework for staff and the roll out of a Professional Development Award in telehealthcare for employees in the sector.

A clear message is evident from all of these documents that the technology alone does not provide all of the answers, but rather it plays a role in determining the right solution for individuals to enable, empower and facilitate change in their lives. In this respect, work done by the Institute for Research In Social Services (IRISS)¹⁸ and the Joint Improvement Trust (JIT)¹⁹ have developed a strong suite of evidence based resources to support this approach. At the same time, local organisational initiatives such as Quarriers' G04IT²⁰ have demonstrated the difference that digital inclusive technologies can bring to support improved individual outcomes.

Drivers in Northern Ireland

In Northern Ireland, the *Transforming Your Care* review of health and social care “concluded that Case for Change is unassailable. It highlights the pressures currently faced by our health and social care system and the demands that will be placed upon it in the future. If we continue to deliver services as we currently do, they will not meet the needs of our population and will not be sustainable for the years to come. Therefore, changes are needed to meet future health and social care needs...”²¹

It pointed, at the same time, to the need for further integration between those services and a ‘clear commitment to maximising the technological potential to service provision’ (DHSSPSNI, 2011). The recommendations set out in the review included the need to ‘maximise the opportunities provided by telehealth’ around the needs of patients with long-term conditions and the need for ‘new workforce skills and roles to support the shift towards prevention, self-care and integrated care that is well-co-ordinated, integrated and at home or close to home’.

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- 15 Scottish Development International (2012) Digital Healthcare in Scotland (online)
<http://www.sdi.co.uk/-/media/SDI/Files/documents/ict-and-electronic-technologies/Digital%20Healthcare%20in%20Scotland.pdf> [accessed on 4/12/13]
- 16 Digital Health Institute <http://www.dhi-scotland.com> [accessed on 9/12/13]
- 17 Living it up <https://connect.innovateuk.org/web/dallas/living-it-up> [accessed on 4/12/13]
- 18 Institute for Research In Social Services (IRISS) <http://www.iriss.org.uk/> [accessed on 9/12/13]
- 19 Joint Improvement Trust (JIT)
<http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/> [accessed on 9/12/13]
- 20 Quarriers G04IT <http://www.quarriers.org.uk/what-we-do/g04it/> [accessed on 9/12/13]
- 21 DHSSPSNI(2011) Transforming your care: a review of health and social care in Northern Ireland (online)
Available at: <http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf>

Other key drivers in Northern Ireland include *Quality 2020* a 'strategic framework and plan of action that will protect and improve quality in health and social care over the next 10 years'.²² A focus of the strategy is the provision and delivery of the right education, training and support to deliver high quality services.

More recently the Health and Social Care Board (2013) affirmed that 'appropriate investment in training and skills is vital to support the workforce'.²³

In Northern Ireland the Cedar Foundation is involved in a European partnership 'BACKHOME (2012–2015)'. This is a research project focusing on how to help people who are severely limited functionally. It is based on developing systems that allows people to control devices around them at home through the use of brainwaves rather than controlling a computer mouse with hand control. For further information, see **SPOTLIGHT: BRAINWAVES**.

Common themes

Clearly, there are common themes emerging across the UK nations which must inform this Strategy:

- a shared aspiration to empower individuals and carers through greater personalisation of social care services;
- an emphasis on well-being, prevention, independence and reducing the need for on-going care services;
- responding to the needs of an ageing population and other demographic factors;
- an increasing emphasis on integrated services and strong partnerships, eg between social care, housing and health services and between the statutory, independent and voluntary sectors.
- a huge shift to a more digital society reflected in changes to the way public services, including social care, are delivered.

If we are to respond to these imperatives and the challenges of tackling new technological developments then the need to provide staff with the right skills and knowledge is not only important but essential.

Given the common themes and imperatives across the 4 UK nations, this strategy is ambitious. The pace of technological change and service development makes it essential that the strategy is pursued with vigour. Much must be achieved by 2019 and work will continue after then. To fail to make the changes will put in jeopardy the ability of social care services to respond effectively to the needs and choices of many individuals – whether they are direct users of social care services or carers.

22 DHSSPSNI(2011) *Quality 2020. A 10 year strategy to protect and improve quality in health and social care in Northern Ireland* (online)

<http://www.dhsspsni.gov.uk/quality2020.pdf>

23 Health and Social Care Board (2013) *Transforming Your Care: Vision to Action, post consultation report*. Belfast: HSCB



The Current Picture for Learning and Development

The Skills for Care and Development (SfC&D) employer survey (2012) found that 91% of respondents had no formal qualification in AT or eAT and that only 11% of managers believed that their staff had sufficient AT related learning and support.^{1 2}

Many of the learning opportunities available in the UK are listed on the FAST website.³ These range from short half day courses to degree courses. In summary, the different types of learning programmes potentially available are:

Supplier and manufacturer led learning

Many of the learning opportunities currently provided to the workforce are through eAT supplier/manufacturer training. The SfC&D (2012) survey found that 69% of (social care) respondents sourced training in this way.

In-house learning

Some service providers have developed their own 'in-house' training and/or rely on mentoring by experienced staff. Others have drawn on external providers with the inputs tailored to the organisation's requirements. The SfC&D (2012) survey found that 53% of respondents had used this approach.

External/independent learning programmes

There is an increasing number of external and independent learning programmes available specifically for eAT throughout the UK. Many include the option of, or are provided through, distance learning. The SfC&D (2012) survey found that 32% of respondents had engaged with or supported staff for such external training. These learning opportunities comprise:

- The pursuit of AT-related units at different levels within Qualifications and Credit Framework (QCF) and Scottish Credit and Qualifications Framework (SCQF) vocational qualifications in Health and Social Care (HSC). These embody the principles of lifelong learning and guide individuals, employers, organisations and educational institutions to provide education at different levels and to support progression. Widening participation to education and acknowledging prior and experiential learning are central to the qualification frameworks. Contained within each level are the necessary knowledge and skill requisites to develop confident and successful workers.

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- 1 Skills for Care and Development (2012) *Assisting Employers with the Workforce implications of assistive Technology: Survey Findings*. SfC&D. (This included the findings of the Circle report undertaken for Skills for Care in relation to the adult workforce in England)
 - 2 Circle (2012) *Workforce Development for Assisted living technology: understanding roles, delivery and workforce needs* (online)
<http://circle.leeds.ac.uk/files/2012/08/Workforce-Development-for-Assisted-Living-Technology-14-June-2012.pdf> [accessed on 13/01/14]
 - 3 See <http://fast.isledev.co.uk/services/trainingcourses.php>

Further details of the HSC qualifications applicable in each part of the UK can be found at the websites of the SfC&D partners listed at page 6.

- **Generic short courses** (from 2 hours to 2 days) provide a basic level knowledge of eAT and of telecare and telehealth – with some such courses being available online.
- **Intermediate courses** aimed, in the main, at operational staff (e.g. installers and staff at telecare and social alarm monitoring centres).
- **Specialised short courses** aimed particularly at those working within eAT fields (including managers and commissioners) and offering more advanced learning relating, for example, to service management and the implications of eAT for specific disabilities or health conditions.
- **Advanced level courses** focusing on AT that are available for those who wish to obtain Foundation and Master's degrees – some accessible through distance learning.



E-LEARNING HUB

A new framework and resources hub has been developed by Skills for Care, England, to support those involved in commissioning, design or delivery of assisted living technology (ALT). “When I first viewed the ALT e-learning modules, I was impressed with how user friendly it is to use and the course certainly meets our needs. Our aim is to use the hub as an induction for new staff” Kusham Chadha, Training Officer (Adult Health & Social Care), Slough Borough Council.

The Learning and Development Framework provides workforce guidance for assisted living services. The framework is supported by an online resource hub which includes eLearning and guides to enable face-to-face learning, allowing organisations to use the right learning approach for their workforce. www.skillsforcare.org.uk/assistedtechnology

Analysis of provision

Despite some progress, gaps in learning and development provision remain. A large proportion of the workforce requires a basic knowledge of eAT. Many of the requirements relate to knowledge of the technologies – with the SfC&D (2012) survey reporting 97% of employers who felt that such knowledge was quite or very important.⁴ There is therefore a clear need to increase the availability of introductory courses. In so doing it is important that courses are made available in accessible and flexible ways that enable staff to dip in and out in order to suit their needs.

Learning resources need to be developed around mobile technologies such as smart phones and tablets. This in turn places a requirement on the social care workforce to have some digital literacy. Individuals using services may also require training, whilst others may be able to contribute to delivering training for the workforce.

The quality of provision is also a key consideration. A specific opportunity for course development may relate to the potential incorporation of QCF and SCQF qualifications (in Health and Social Care) into learning programmes that are specific to eAT. Course provision must be complemented by the support and learning opportunities in the workplace, for example through mentoring, shadowing experienced colleagues and peer review.

⁴ Skills for Care and Development (2012) *Assisting Employers with the Workforce implications of assistive Technology: Survey Findings*. SfC&D

For the workforce requiring more specialist knowledge and skills (such as those carrying out assessments), courses relating to eAT are few and are offered by a mixed range of providers. The Professional Development Award in Telehealthcare in Scotland represents a key development that could be replicated in other UK countries.



PROFESSIONAL DEVELOPMENT AWARD IN TELEHEALTHCARE

The Professional Development Award in Telehealthcare SCQF/QCF level 6 is a Work Based Learning qualification accredited with the Scottish Qualification Authority. This national qualification was designed to support the social care workforce knowledge and skills development in the telehealthcare sector. The award is suitable for learners who have prior knowledge and skills in telehealthcare service delivery; for those who wish to enhance their career prospects in a Telehealth care role; and to support their continuing professional development (CPD) requirements.

The Award consists of one mandatory unit entitled 'Working in Telehealthcare' and one optional unit that closely relates to the employees job role e.g. 'response', 'call handling', 'installation, maintenance and repair'. The award has been mapped against the National Occupational Standards for Health and Social Care and can also be used by candidates to progress onto further studies to support their CPD.

For the workforce with responsibility for strategy, policy and management tasks, some learning needs are met through 'one-off' courses. Such courses may also be relevant to social workers, occupational therapists, rehabilitation officers and others. The availability of university-based courses could usefully be extended. Attention is required, however, to ensure that the courses have shared understandings of eAT and are meeting a consistent standard that is commensurate with the needs of the social care workforce.

From the point of view of the providers of training and learning opportunities, a business case for course development needs to be made. It is recognised that resources will be limited. This means that whilst members of the workforce need to be funded to take advantage of courses, there is also a requirement for inclusion of eAT in other courses for social care and health. This would result in a reduction in some of the need for *specific* provision of learning opportunities around awareness raising, some of the more operational or strategic issues relating to eAT and the implications for service reforms. Course development must, therefore, involve relevant professional bodies so that courses leading to professional qualifications (and those that assist with CPD) include proper attention to eAT.

The future landscape of learning for eAT: a summary

By 2019, there should be a rich landscape of eAT-related learning opportunities for the social care workforce at all levels. These should begin as part of induction, integrate core learning for social care and allow for continuing professional development through progression into specific eAT roles and higher education. Learning programmes should lead to, or be incorporated into, accredited qualifications wherever possible. They should be delivered through flexible and cost effective programmes, including those using e-technologies themselves. Learning opportunities should continue to be offered by a range of agencies including social care employers, eAT suppliers, training providers and HEIs. Consistency and quality should be achieved through the shared foundation of the eAT Knowledge and Skills Sets and relevant National Occupational Standards.



Recommendations for Change

In summary, we need a skilled UK social care workforce with a vision to make a real difference and to support people to see eAT as a means to a fulfilled life. This will require concerted action from employers, learning providers and national bodies. In particular, there is a need to build on the current provision of learning opportunities and qualifications, improving their quality, increasing their accessibility and ensuring their consistency.

This Strategy therefore makes recommendations for change as set out below:

Recommendation 1

Employers ensure that skills and knowledge for eAT are integrated in their systems and processes that guide service delivery

Recommendation 2

Employers ensure that learning needs in relation to supporting the use of eAT are identified and addressed for individual workers and for the workforce as a whole

Recommendation 3

Employers promote to their workforce the positive contribution eAT can make to the independence, well-being, lifestyle and opportunities of individuals, by developing and/or making available inspiring case studies to raise the confidence of employees in eAT

Recommendation 4

The eAT Knowledge and Skills Sets¹ become the foundation for learning and development activities relating to eAT

Recommendation 5

When purchasing products and services from manufacturers, trainers and eAT providers, employers ensure that learning activities are mapped to the Knowledge and Skills Sets and meet learners' needs for all practical and ethical aspects of supporting individuals to use eAT.

Recommendation 6

Suppliers/manufacturers of eAT products and services consider workforce learning needs in relation to their technology provision and the eAT knowledge and skills sets

¹ *Technology to Care: Knowledge and Skills Sets to Embed Electronic Assistive Technology(eAT) in Social Care (SfC&D 2014).*

Recommendation 7

The SfC&D partner agency in each nation ensures that eAT is considered for inclusion when national induction frameworks are next reviewed

Recommendation 8

The SfC&D partner agency in each nation clarifies how eAT maps onto their career pathways, continuing professional development and progression routes

Recommendation 9

eAT National Occupational Standards (NOS) are developed to ensure eAT is recognised as an area of competence and embedded in practice

Recommendation 10

Gaps in accredited qualifications and learning in relation to eAT are addressed at all levels



Implementation

To ensure the Recommendations for Change become a stimulus for action, an Implementation Plan has been developed alongside this Strategy. The Plan takes the ten recommendations and sets out operational objectives for each, along with proposed actions for employers and other agencies who have key roles to play in workforce learning and development in relation to eAT

Some of the recommendations and many of the objectives in the implementation plan refer to 'eAT Knowledge and Skills Sets'. These were developed alongside the Strategy and are set out in the document *Technology to Care: Knowledge and Skills Sets to Embed Electronic Assistive Technology (eAT) in Social Care*¹.

A toolkit of further resources has also been produced and is freely available. All are offered to support employers as they equip the workforce to realise the vision of this Strategy and embed eAT in social care across the UK.

¹ *Technology to Care: Knowledge and Skills Sets to Embed Electronic Assistive Technology(eAT) in Social Care (SfC&D 2014).*



Appendix 1

Useful links

Below are links which may be useful for further information:

Enabling Technology – SCOPE

looks at steps that can be taken by commissioners and producers of eAT, as well as providers of key digital services, to maximise the enabling potential of technology for the 11 million disabled people in the UK.

Potential for Change – Carers UK

a national opinion poll exploring attitudes towards health and care technologies, including telecare.

DART Project – Edinburgh College

mentions the new functional role and job title of the Assistive Technologist

<http://www.mickshouse.info/index.html>

provides a powerful example and case study of how telecare can support a person to live independently in their own home.

See also: **<http://www.bespoken.me/forum/topics/mick-used-to-be-the-problem>**

<http://www.bespoken.me/forum/categories/people-s-stories/listForCategory>

the Bespoken website allows users to share their stories and experiences of using AT and eAT.

<http://www.hftsmarthouse.org.uk/>

The Virtual Smart House shows some of the technologies that a person with a disability may use around their home to improve their independence and increase their safety. It also includes stories from individuals of their experiences of using eAT.

<http://www.telecare.org.uk/>

Telecare Services Association (TSA) is the industry body for telecare and telehealth services.

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