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Improving Adult Care Together

UKRI Economic and Social Research Council

The Health Foundation

“Good support isn’t just about ‘services’ – it’s about having a life.”

UK Centre for Implementing Evidence in Adult Social Care

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The Scottish Facilitator Project

1. Facilitator Project Overview

2. Findings from Literature on Technology Implementation in Care at Home

3. Findings from Stakeholder Engagement on Technology Implementation in Care at Home.

4. Findings from Engagement with Staff and People Accessing Care

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The IMPACT Facilitator Project – *Background and Aims*

- **Background:**
- A pilot year for IMPACT's Facilitator model, based around the placement of an individual change agent or 'knowledge broker' and guided by a Theory of Change produced with host organisations.
- Topic selected by the Scottish Assemblies held by IMPACT to ensure that the theme aligned with what stakeholders wanted to see developed.
- The selected topic of **Technology Implementation in Care At Home,** and the site chosen by IMPACT was **Baillieston Community Care in Glasgow**.

Aims:

- **To evaluate the Facilitator model and adjust for the next development phase to ensure lasting changes are made.**
- **To investigate and learn what works and doesn't work in technology implementation, in care at home services, using collaborative and co-productive processes.**
- **To inform the use of evidence in practice, and inform the sustainability and scalability of future policy and projects.**

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Parallel Project: The Care Technologist Project

- TEC-funded project which began as a Scottish Care collaboration with Glasgow School of Art 'Future of Care' thought project.
- First Test of Change was a 6-month pilot in Aberdeen. Now in its second phase: a 12-month trial across three locations and both care at home and care homes.
- Running in parallel to the IMPACT Scottish Facilitator, and acts as a demonstration of technology implementation in practice. Both projects can inform one another.

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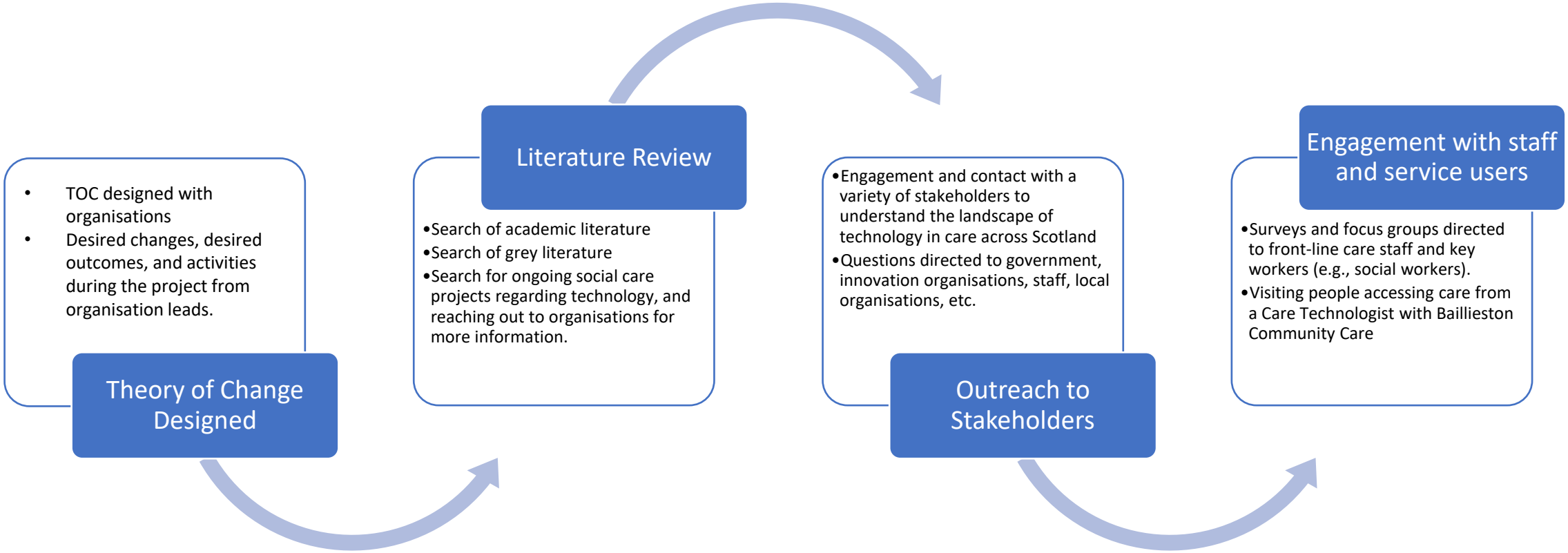
The IMPACT Facilitator Model Process: 'Knowledge Brokers'



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The Literature Review

One of IMPACT's core beliefs is that evidence comes in a number of different forms, including research, grey literature, practice knowledge, and lived experience.

The Facilitator Project is designed as a learning project, for which the knowledge gained may scaled and used to inform policy and other projects. Firstly, a literature review of grey literature and academia was conducted.

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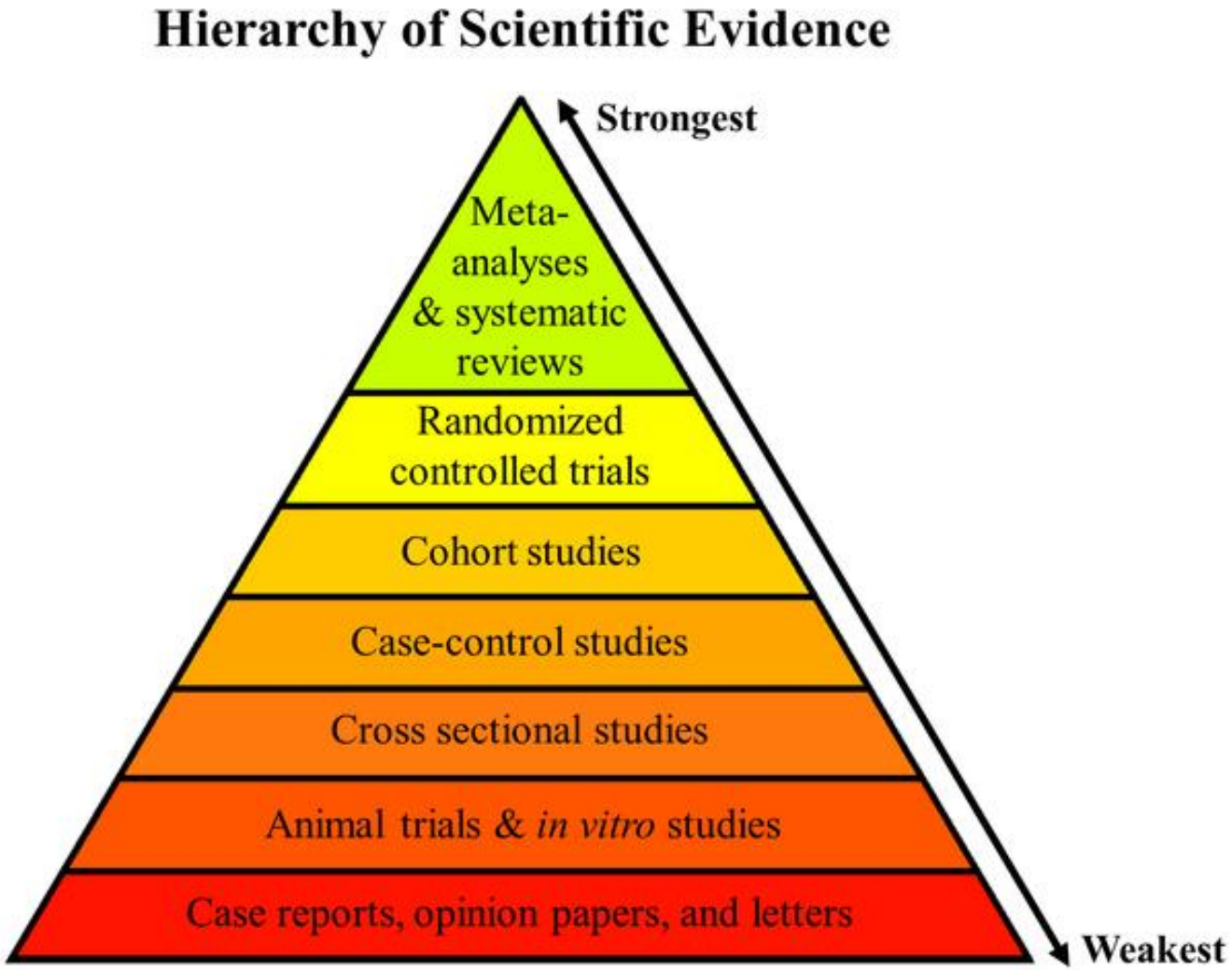
Findings from Literature Review



- Intervention examples like Rapid Response Alarms have good feedback in England (Watson et al., 2020), other studies examining some specific systems.
- Variable devices and interventions used geographically, but many without empirical assessment or accessible information about them from councils (reviewed by: Gibson et al., 2014).
- More reviews on other aspects of technology in conjunction with medical conditions, and some qualitative examinations of views of groups, often in literature around technology acceptance.

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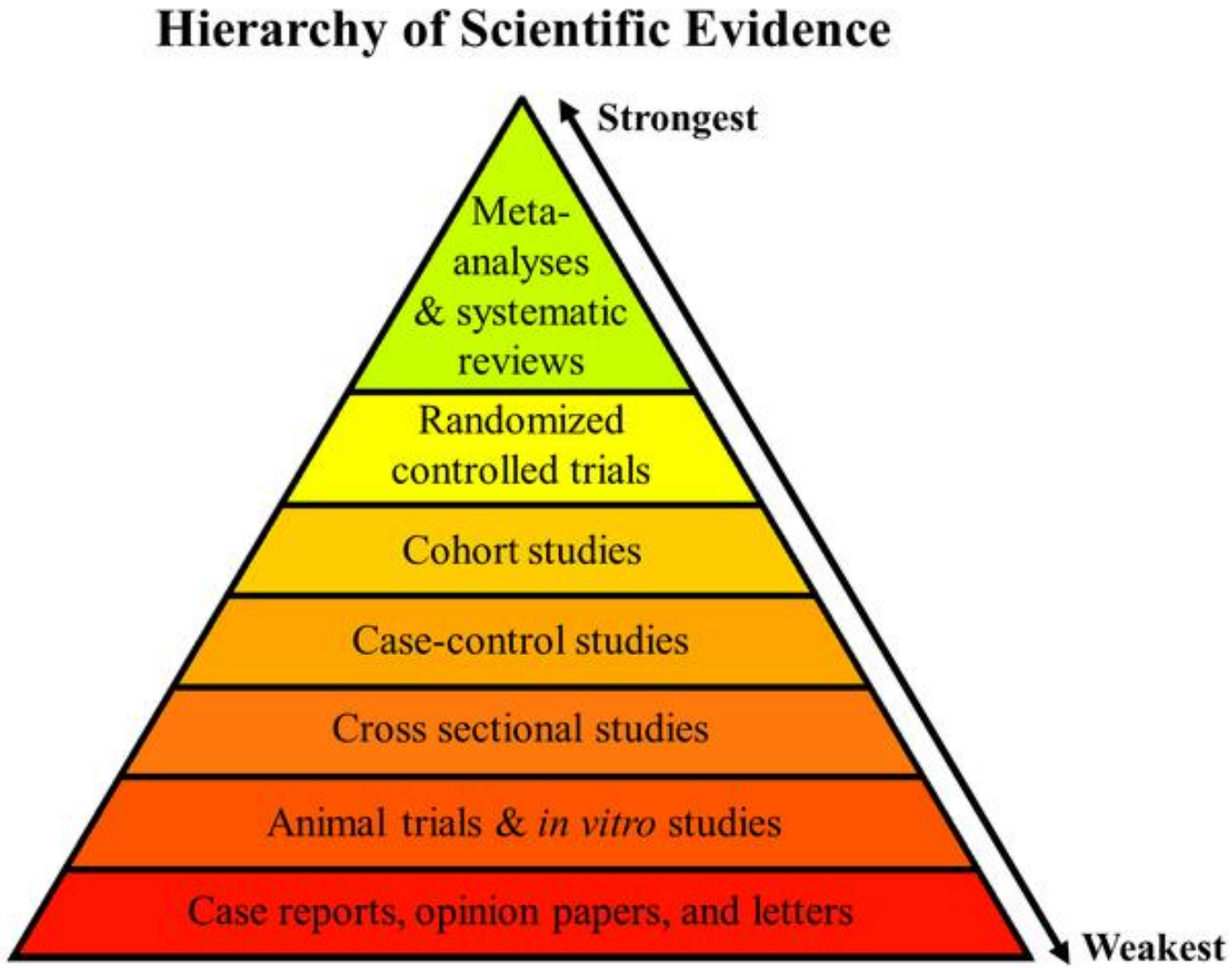
Findings from Literature Review



- **Many areas considered in reviewing background evidence, e.g., technology acceptance, accessibility of current technology, and current implementation strategies in relation to implementation science.**

- **There are few published robust studies, randomized trials or large-scale systematic studies of the efficacy telecare and assistive technology, and even fewer of these evaluating Scottish systems.**

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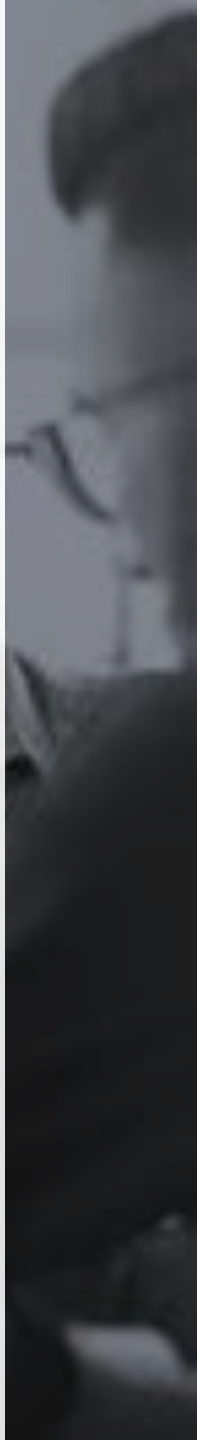
Findings from Literature – *What does this tell us for the future of technology implementation?*

A database dedicated to storing information on technology and telecare research, and pilots, is needed for progress rooted from current practice and research (Gathercole et al., 2021). The more information that we are able to share about successful and unsuccessful trials or practices, the better.

Suitability of current practices are geographically variable (e.g., WSD; Steventon et al., 2013; Gathercole et al., 2021) so evaluation of the current situation is tricky.

Adequate training for staff for any technological innovation is essential for prolonged uptake into practice, as well as continued support after initial implementation(Kapp 2013; Matheson et al., 2019). Having infrastructure in place prior to implementation for this or incentivisation would motivate uptake (e.g., Lennon et al., 2017).



Understanding the Landscape: Talking to Stakeholders

Looking at the current landscape of technology implementation in care at home means understanding the knowledge that individuals working in a variety of roles in the sector have. Their practice knowledge and their experience are all important contributors to comprehending how the system falls into place for the people in it. We have been reaching out to a number of stakeholders, in the form of short interviews or focus groups, to understand Scotland's technological landscape.

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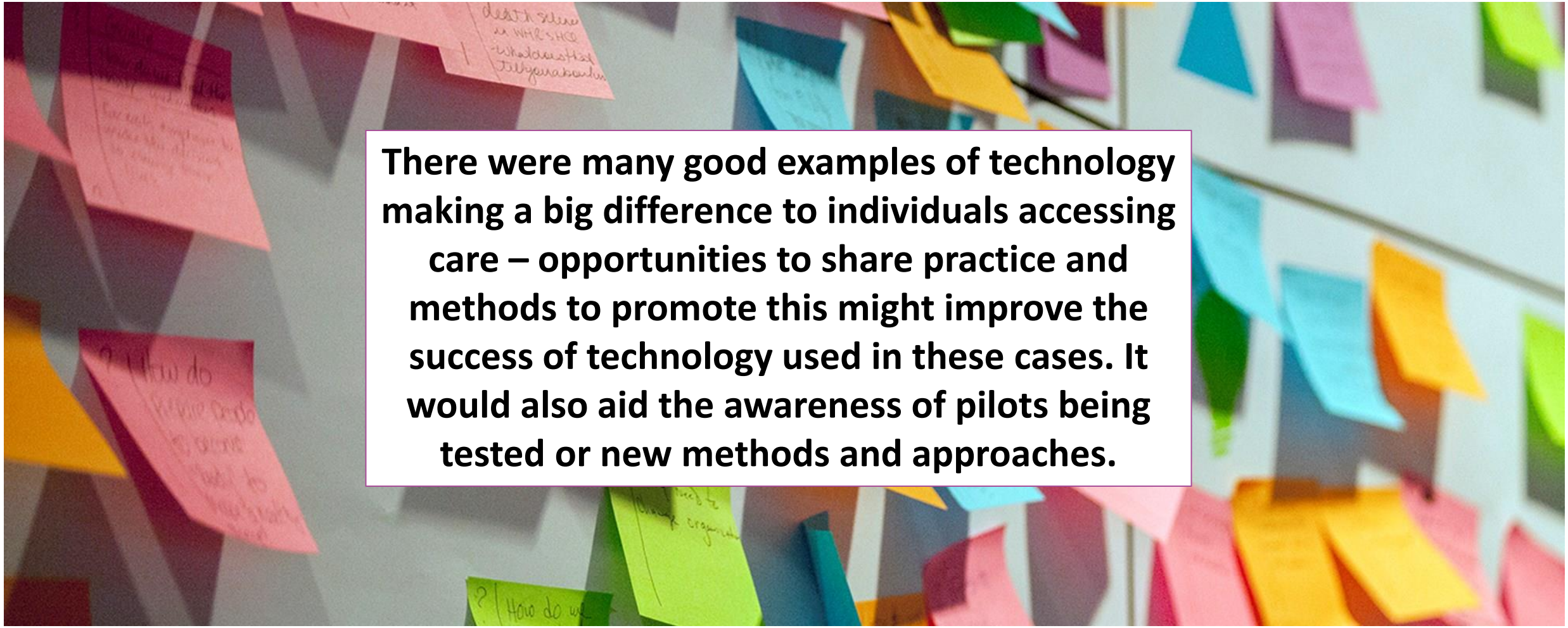
The Wider Landscape of Technology Implementation: What We Heard from Outreach to Stakeholders



There were many good examples of technology making a big difference to individuals accessing care – opportunities to share practice and methods to promote this might improve the success of technology used in these cases. It would also aid the awareness of pilots being tested or new methods and approaches.

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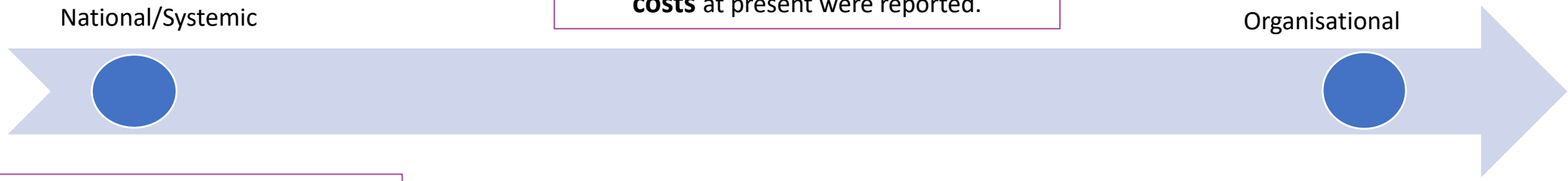
The Wider Landscape of Technology Implementation:
What We Heard from Outreach to Stakeholders

Again, we heard more about the importance of effective communication and information sharing, for practices and ongoing developments. Concerns of being 'out of the loop'.

There were **concerns of a reductionist approach** from authorities: i.e., removal of finances or provisions due to technological solutions, as **heavy scrutiny of unit costs** at present were reported.

It was reported that many small care organisations do not use technology because they do not have enough capacity to do so..

National/Systemic



Organisational

Regulations and policy are still acclimatising with the rate of technology use and trial in many areas, however, there are currently **no technology standards or practice guidelines in place.**

Inconsistency between assessment procedures hinders implementation of technology nationally.

Representation of the independent sector and third sector were considered important, particularly in a strategic context, for change to occur. That way, these organisations are actively able to **feedback what is and isn't working**.

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Other Aspects of Technology Implementation – Technological Suitability Across Contexts

- Assessment and quality control of technology used has not yet been factored in.

- Enabling more effective communication between teams was suggested to be an important facet of technological development.

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Understanding the Views of Staff and People Accessing Care

A crucial element of all IMPACT's work is incorporating practice knowledge and lived experience, and in the Scottish Facilitator Project this was one of our central goals for understanding what works and doesn't work in technology implementation. We have been reaching out to people accessing care through the resident Care Technologist to ask about their experiences and preferences with technology, and reaching out to staff through surveys to ask about their thoughts and beliefs around technology in care at home.

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Service User Perspectives

Glitches or **occasional things that go wrong** are frustrating and considerations for **avoiding these would be preferred**.

The **benefits of having guidance** on use and a dedicated person to install and carry out the installation process was emphasised

Technology such as **voice-activated commands** allows devices to be fully turned off rather than on standby, saving money but also **perceived to decrease the risk of falls or injury** for those with mobility issues

The ability to **control own space** and maintain some level of independence was empowering

Monitoring devices, particularly ones that are on-person and invasive, are seen as undesirable.

Active involvement in own care.

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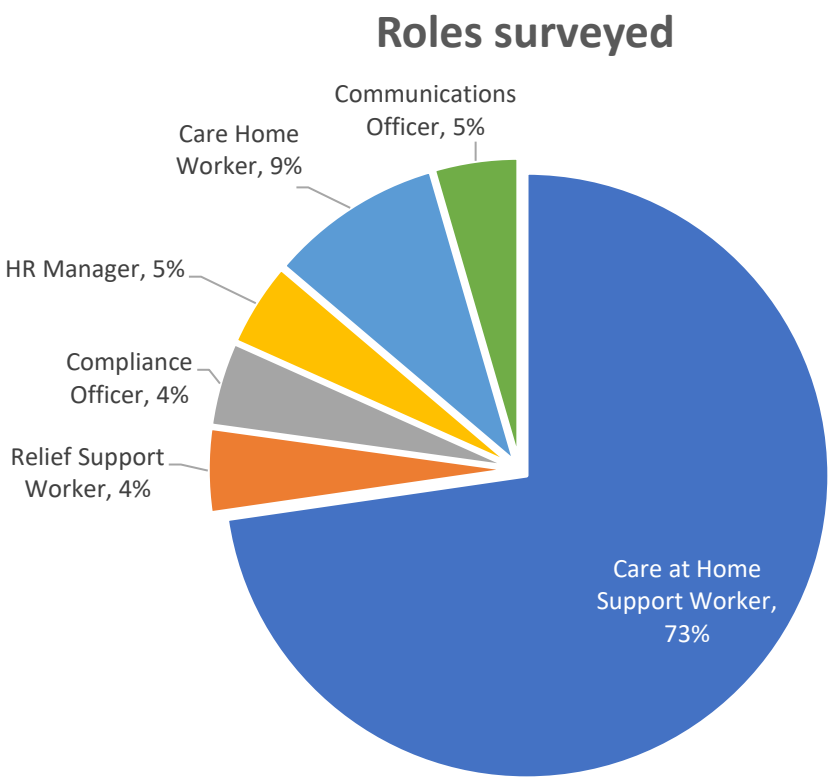
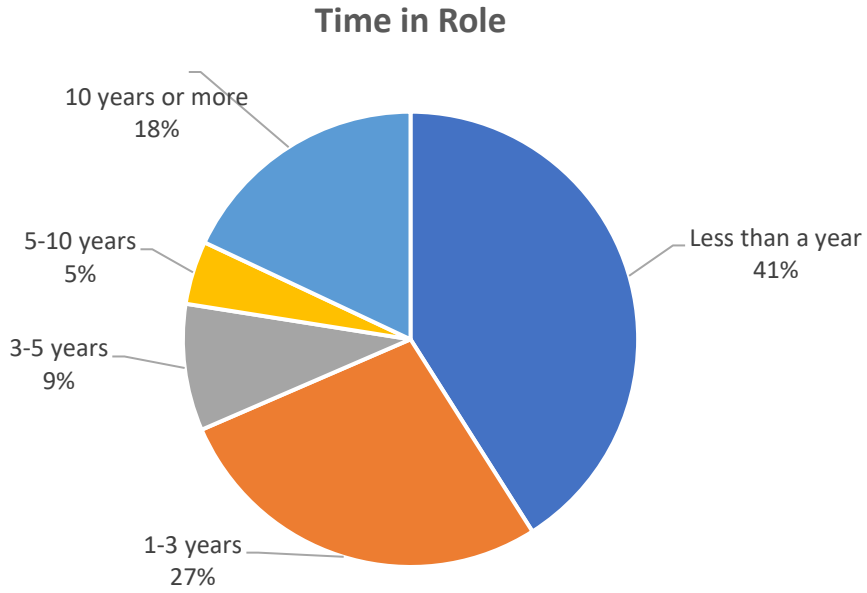
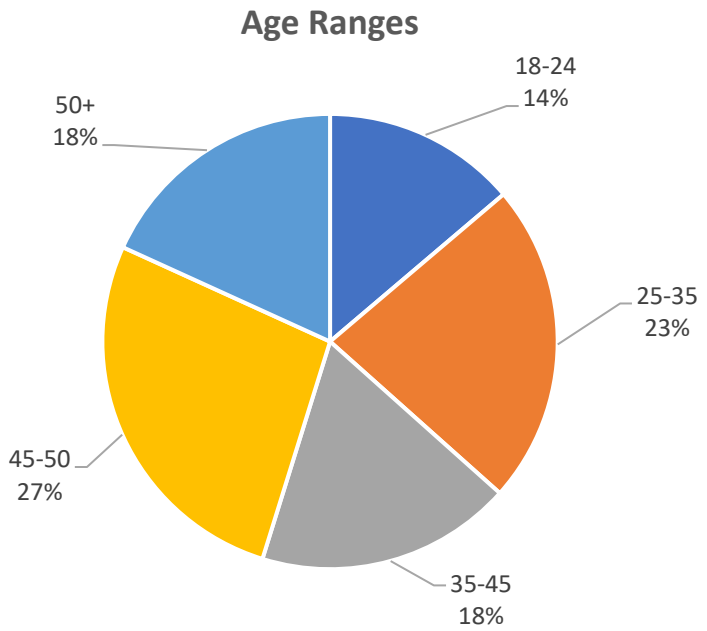
Preliminary Results from Engaging with Care at Home Staff (n = 22)







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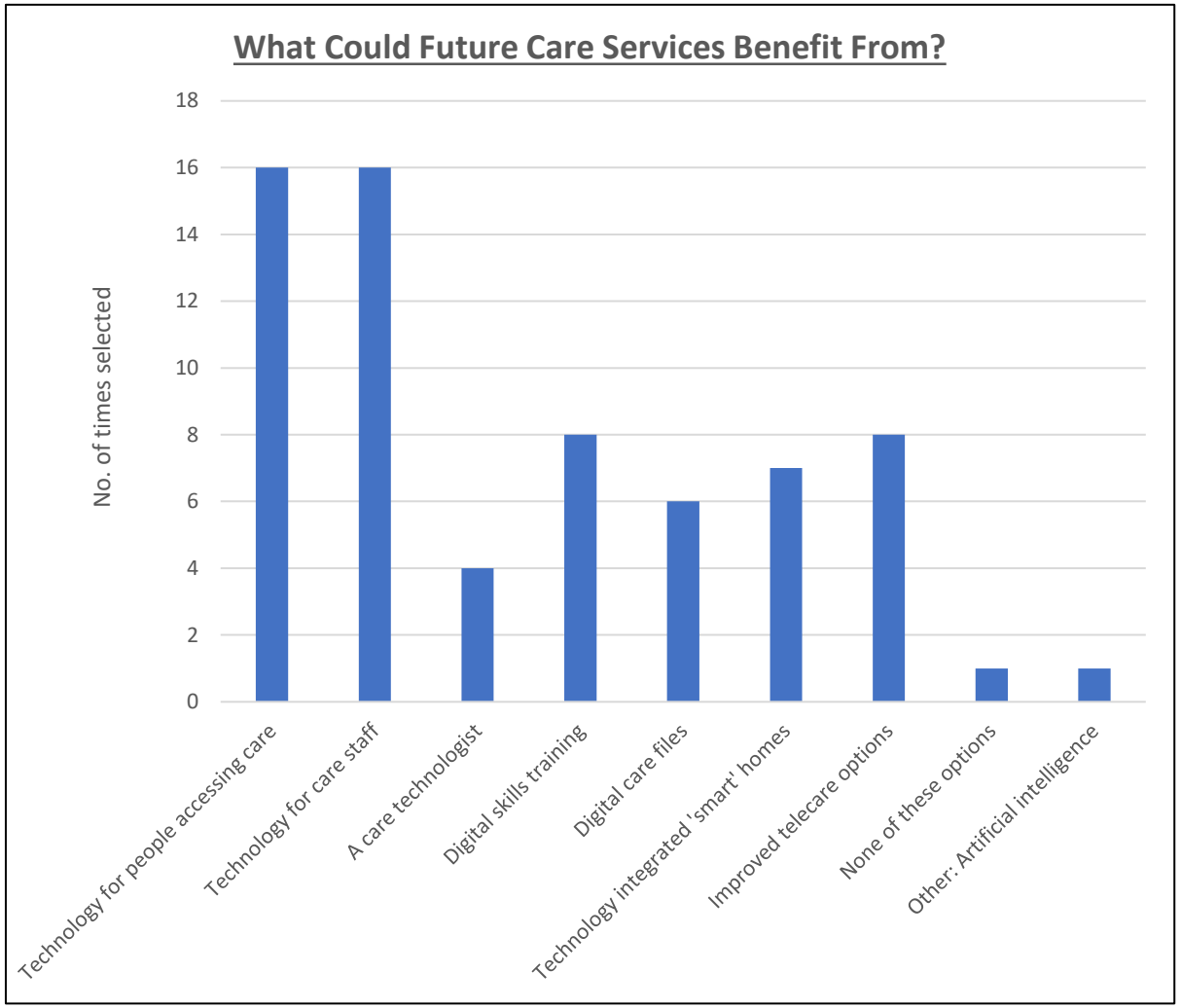

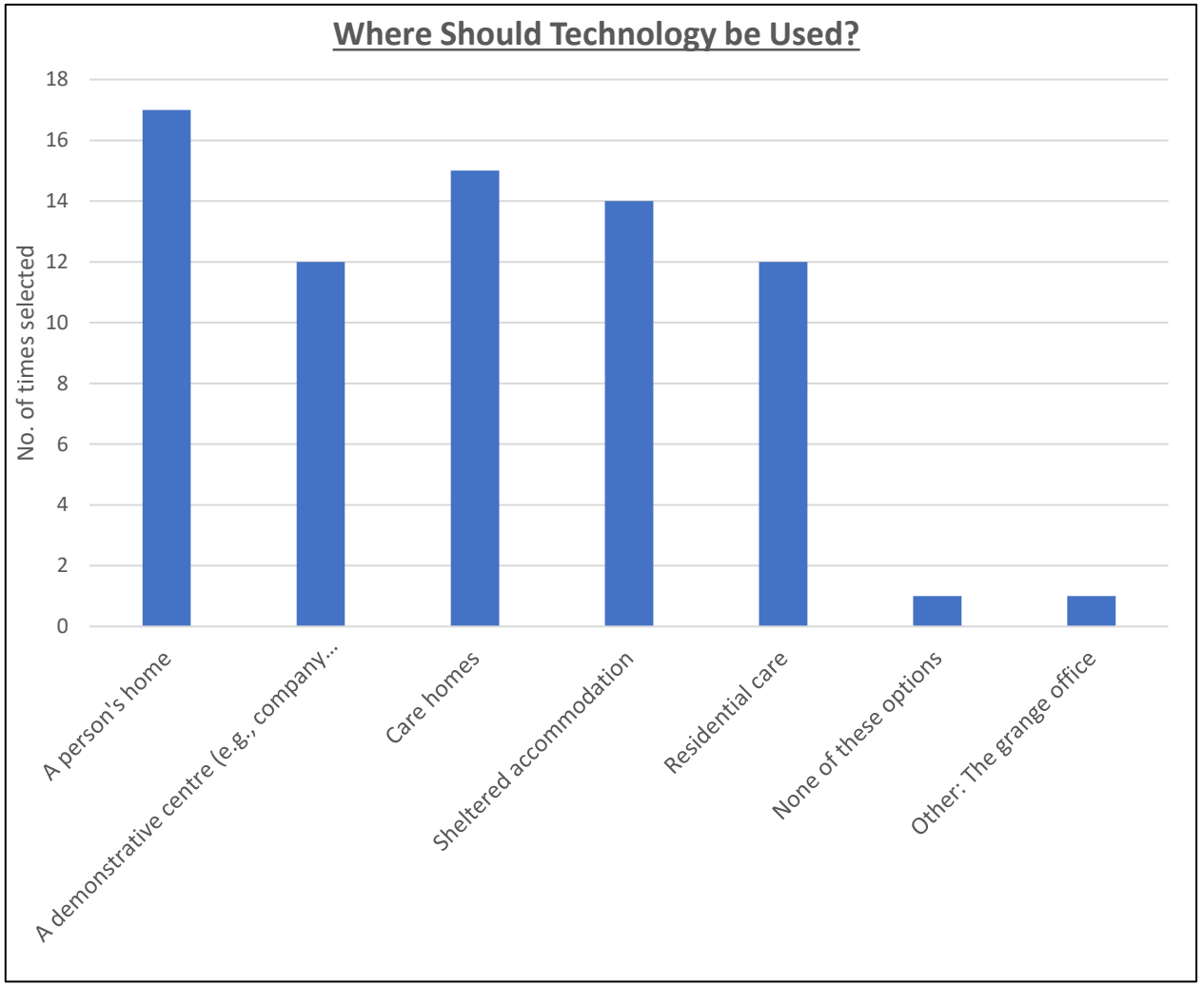

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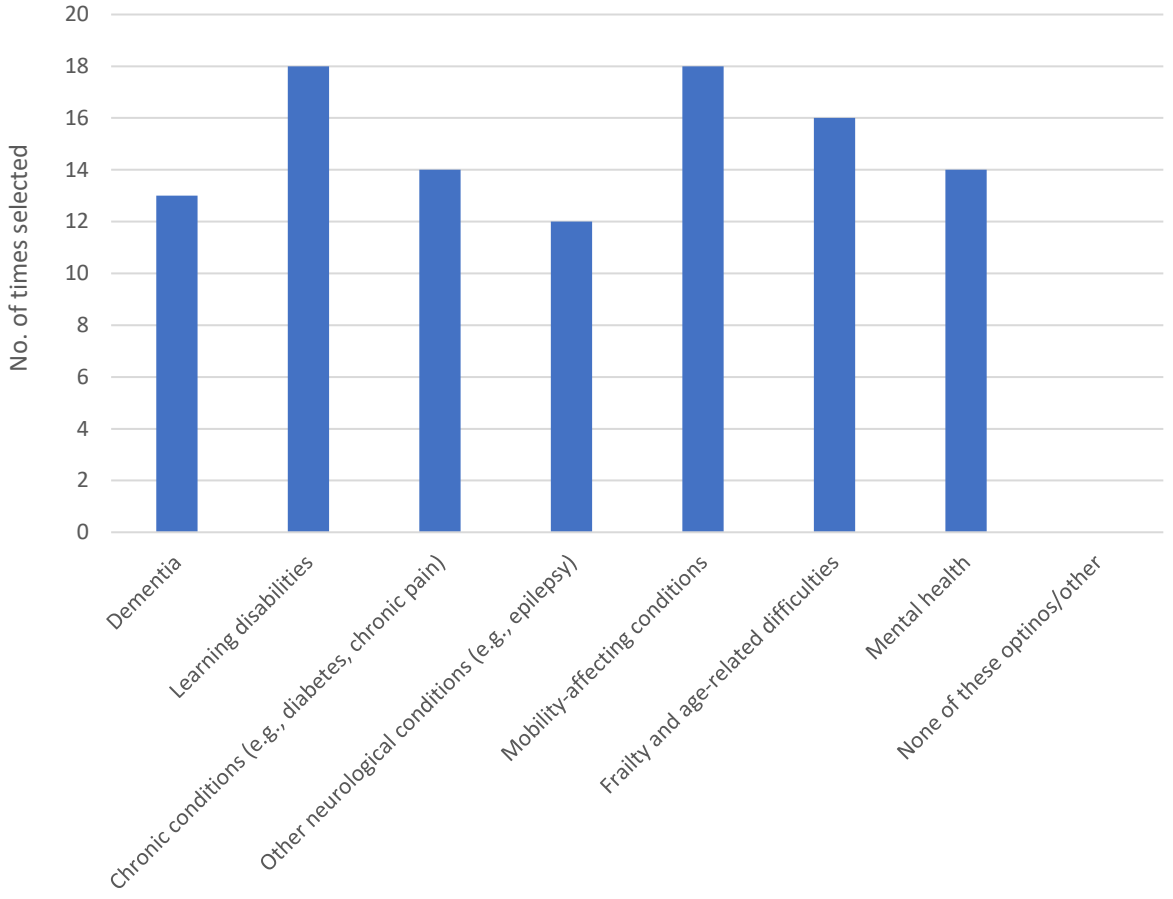
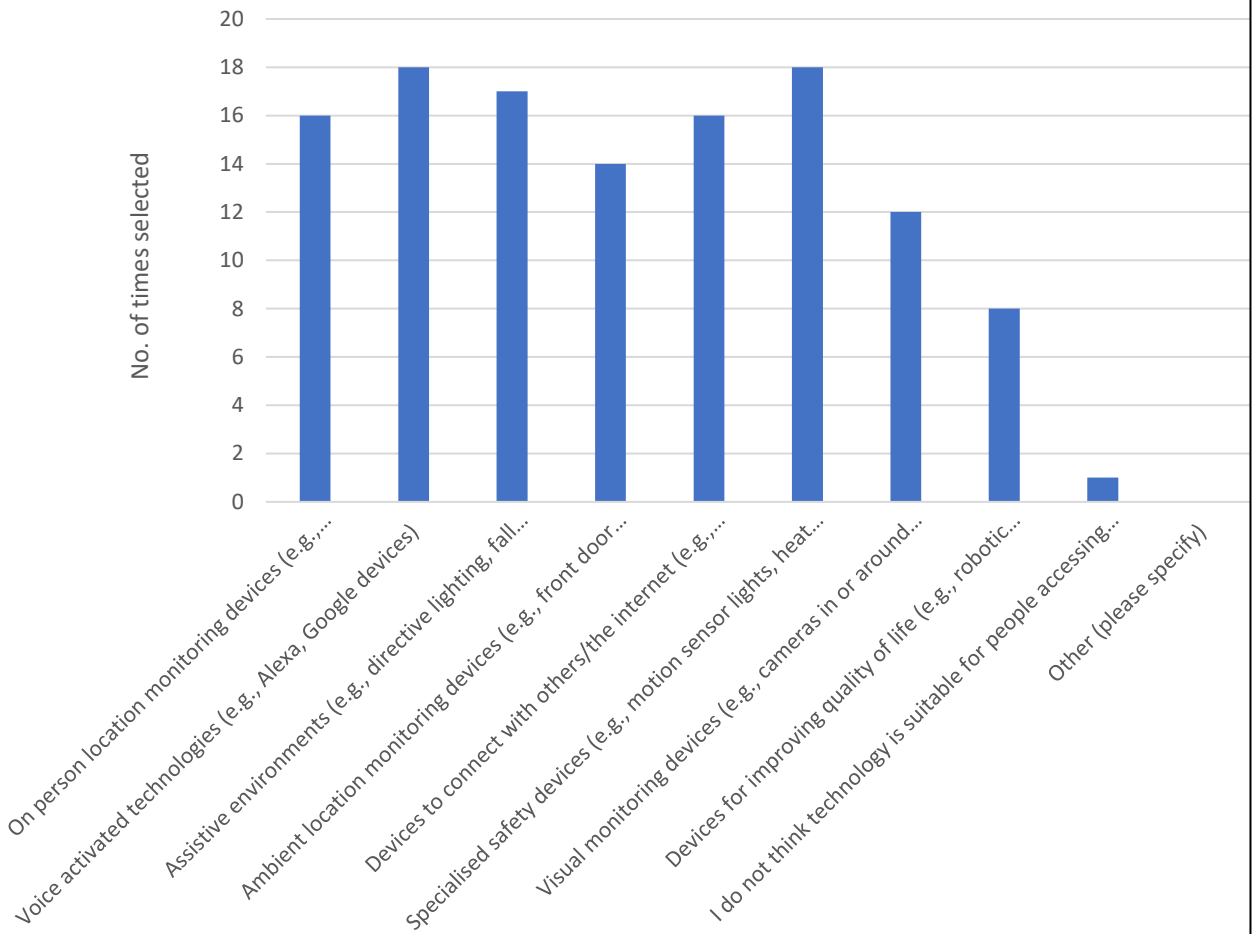
What Groups/Conditions Should Technology be Used With?



What Types of Technology are Suitable for People Accessing Care?



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Preliminary Results from Engaging with Care at Home Staff – Agree (100) and Disagree (0)

Technology could replace my hours, or my job

Mode(s): 10, 20, 40, 90, 100

There is time in my job to get training, learn and improve my technological and digital skills.

Mode(s): 50

Technology has a role in care at home.

Mode(s): 100

Technology can help improve wellbeing, including my own.

Mode(s): 100

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Preliminary Results from Engaging with Care at Home Staff

I enjoy using technology in my everyday life, even if I have to learn how to use it first.

Mode(s): 100

I would benefit from improving my digital skills.

Mode(s): 100

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What do these results tell us?

- Most votes were for technology to be used in a person's home, and for those with learning disabilities and/or mobility-affecting conditions – with devices such as voice-activated devices and safety devices.
-
- Preference for technology intended for the person receiving care and the staff, rather than indirect exposure like digital skills training.
- Staff are, on average, still uncertain about technology replacing jobs, similar uncertainty about capacity for training.
- Some areas may contribute to what hinders the implementation of technology for front-line staff, and represent areas to develop.

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What are the next steps?

Recommending a database for social care technology literature to be made. This would allow updating, monitoring, and assessment of the current climate to model policy around. Deciding what organisation or place would be best suited for this will be the next progression.

Explore whether the presentation of technology options to people accessing care has an impact on their decisions: is the way in which people find out about telecare or technology to benefit them helpful? Do these methods of showing people their options adequately fit in with their care? Are different options accessible to people if they change their mind or change a choice?

Explore whether a Care Technologist a way that can help put technology 'on the radar' for staff, or if a different approach may be a better way to gradually integrate technology into care at home.

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https://more.bham.ac.uk/impact/

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