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2013-2018
Workforce Learning Strategy To Support the Embedding of Electronic Assistive Technologies in Social Care Services

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Cyngor Gofal Cymru
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A Strategy in Development

This Draft Workforce Learning Strategy has been developed over a period of some months and incorporates feedback from the sector through a network of AT Champions across the UK.

This strategy is now available for a period of wider sector review, using an online survey at http://www.surveymonkey.com/s/AT_Workforce_Learning_Strategy_Survey

The questions used in the survey are also included in this document for ease of reference. A series of workshops will test accompanying Skills and Knowledge Sets and there will be opportunity to 'road test' elements of these during the sector review period.

EAT will increasingly affect all social care services and we would like to hear views from a wide range of people, particularly employers, learning providers and those who supply EAT systems and equipment.

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1. Introduction

This five year Workforce Learning Strategy (the Strategy) for Electronic Assistive Technology (EAT)[1] offers a UK-wide approach to the development of EAT-related learning opportunities in social care. It is concerned, therefore, with the provision of care, guidance and support of children and adults.

The Strategy is concerned not just with personal care and support for adults and children in relation to day to day living, but also to people's involvement and engagement in family and in economic and social activity. Such care and support promotes people's personal independence. It provides a vision for action that will, by 2018, stimulate wider usage of EAT among users and carers, and supports radical change in the way in which many social care services are provided. The vision is one that sees both increased knowledge and use of EAT by social care staff. The term 'social care staff' is used throughout this document for ease of reading. Examples of typical social care job types are provided in Appendix 1. It includes those who work with children and young people as well as adults.

It becomes apparent in this Strategy that the learning required by social care staff is also, in large part, transferable to contingent parts of the workforce (e.g. in health and housing). Therefore it is important to note that this document will also be relevant to many outside of social care. It is also relevant to staff who are involved in managing or commissioning EAT related services.

Achievement of the vision of increased knowledge and use of EAT by social care staff requires that *all* social care staff shall have access, in *all* parts of the United Kingdom, to appropriate and relevant learning opportunities. These opportunities must enable them to meet their personal learning needs for this developing area. It follows that the opportunities must be accessible (in terms of location and the format of learning), affordable, and of high quality. They must also offer steps that enable staff to progress in their careers, and/or to keep abreast of developments that will help them in their roles.

It is clear, therefore, that the Strategy supports employers – both in developing their workforces and in shaping their services. This means that both they and their staff will be better able to work in new ways in order to meet the changing needs of people who access or use their services.

[1] See definition and discussion page 2

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The Strategy is ambitious. Given the pace of technological change and service developments it is essential that the Strategy be pursued with due speed. Much must be achieved by 2018.

The Strategy addresses necessary changes that respond to five imperatives set out below and explored more fully in Section 3.

Five Imperatives for Change in Social Care Services:

1) Meeting needs arising from demographic change
2) Enabling independence and providing services in new ways
3) Integrating services
4) Maintaining quality but reducing service costs
5) Helping meet environmental targets

The overall aim of the Strategy is to provide the direction for the education, training and learning of social care staff so that they can both respond to and play their part in making the necessary changes happen. At all levels, the Strategy helps to give confidence to social care staff around EAT; and builds their capacity to assist users and carers for whom EAT will increasingly feature within service options. To fail to make the changes, and to do so with due speed, will put in jeopardy the ability of social care services to respond effectively to the changing needs and choices of many users and carers.

Implementation of the Strategy will mean that social care staff at all levels will, by 2018, be well equipped to plan, commission and provide services in ways that lead to real and sustainable benefits for service users and carers. By this time

- All social care staff will be able to demonstrate, at least a basic level of both Information and Communications Technologies (ICT) skills (thereby having adequate digital literacy) and EAT awareness.
- An increasing number of social care staff will undertake training and qualifications that relate to the same.

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- More users and carers, meanwhile, will be empowered through their ability to use EAT – enabling many of them to self-manage and, importantly, to engage more fully in family life and the social and economic lives of their communities. Children (as well as adults) who benefit from social care services will, meanwhile, be supported in their use of ICT – in accessing education, games and social networking opportunities.

Sources that have been drawn on to inform this Strategy are listed in Appendix 1. A glossary of terms is provided in Appendix 2. A list of examples of social care staff is provided in Appendix 3. And a wider discussion of the issues and opportunities arising from the advent of EAT is offered in Appendix 4. The Strategy should be read in conjunction with the accompanying Skills and Knowledge Sets document and alongside the Implementation Plan that is being developed with the sector in 2013 – 14.

What is EAT (Electronic Assistive Technology)?

Electronic Assistive Technologies (EATs) are

'devices that are electronically powered … that will automatically and continuously support a person to live independently, but may not be linked to any external monitoring and response centre.'[2]

EAT therefore includes (but is not limited to) the technologies that are better known by the terms telecare (including social alarms) and, in part, telehealth. A fuller description of the technologies included within EAT is provided in the accompanying Skills and Knowledge Sets document.

With regard to telecare, we are now moving towards what has been described as the 'third generation' of technologies – where a broad range of installed and mobile devices can be connected via Wifi or broadband. First and second generation telecare is characterised by, respectively, simple pull-cords and triggers that can be activated by users; and arrays of linked sensors (e.g. monitoring temperature of the dwelling) that can automatically trigger calls, via the telephone network, to a monitoring and response centre. The array of EATS in third generation systems includes, therefore, fixed, mobile and smart phones; tablet PCs and interactive TV that operate via mobile, terrestrial (land line) and satellite networks. Associated services, meanwhile, are moving from those concerned with 'alerts' (necessitating responses in situations of urgent need) to ones

[2] Skills for Care and Development (2012).

involving remote interactions with service users (including virtual as opposed to 'in person' visits).[3]

Such EATs have the potential to transform the ways that care and support are provided – hence the references to 'necessary' changes. Apps for mobile devices can, for instance, offer new choices for social care staff and for service users alike. Altogether such EATs can both stimulate and underpin new service frameworks which will be less concerned with 'delivery' and more concerned with *provision* in ways that people can access and use (in forms that suit them). EATs and their use add, therefore, a new dimension to the required knowledge, understanding and experience of social care staff.

Scope and Intended Audience

In supporting social care employers with the workforce implications of EATs, this Strategy is of value to a wide range of people and organisations from across different sectors. This value arises not just from its transformative potential but also relates to the moves towards greater service 'integration' – most notably between social care and health but also in relation to aspects of housing services. EATs help this process because services based on communications technologies often operate across traditional service 'boundaries'. Hence, although this Strategy is directed at social care staff, it informs strategic approaches in both health and housing.[4] It has been noted that 'social care staff' can be taken to include some staff who work in related areas and for whom there is a clear 'social' component to their work (see Appendix 3).

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[3] Doughty et al (1996).
[4] Skills for Care (2011).

2. A Strategic Approach

The Strategy focuses on education, training and learning but is not just concerned with new ways of working using EAT. It is also concerned with fostering appropriate understanding and attitudes among social care staff. Supplementary aims are, therefore:

- That social care service provision includes a focus on new ways of working that involve EAT and ensures that the skills and knowledge in place are complemented by appropriate attitudes and approaches;
- That social care service providers can support staff with their access to relevant learning opportunities relating to EAT;
- That providers of relevant learning opportunities are encouraged to further develop flexibly provided and accredited EAT related content; and
- That learning opportunities are both relevant and accessible in all parts of the UK.

With regard to the provision of relevant learning opportunities the Strategy has supplementary aims

- That guidance is available to providers of learning to enable them to address needs arising from EAT related roles and tasks;
- That best use is made of existing learning opportunities and related qualifications (including those where AT and EAT are addressed in e.g. QCF and SCQF units);
- That there are opportunities for coaching, mentoring, in-house and informal learning;
- That course content is such that the courses nurture clear understanding of the role and potential of EAT within the range of care and support options available;
- That personal and career development of social care staff is supported (through attention to CPD and progression onto different courses); and
- That integrated approaches are pursued that help to foster links between social care, health and housing; and between public, social, third sector and private bodies that have an interest in EAT.

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1. **Does this section of the strategy address the issue as you would hope?**
2. **How would you want to see the content of this section implemented?**

3. Imperatives for Change

Five imperatives for change are briefly presented below. They serve as powerful reminders of the changing context of social care.

1. Demographic Change

Because we have an ageing population there are increasing numbers of people with a potential need for care and support. Some of these people will be eligible for or may choose to access social care services, including those involving EATs. Whether there will need to be a parallel increase in the number of social care staff depends on

- the nature of people's personal needs;
- the way in which social care and other services can be accessed;
- the extent of informal sources of support; and
- people's desire and ability to manage their own care.

2. Enabling independence and Providing Services in New Ways

Strategic frameworks and policy documents at UK and national levels have been consistent and clear about the need for change in the way that services are provided.[5] This is because of the unsustainability of traditional approaches and/or the narrowing focus on service provision to just those people with critical or substantial needs.

In Northern Ireland a review of health and social care reported an 'unassailable case for change' and pointed to the need for a 'clear commitment to maximising the technological potential to service provision'.[6] In Wales it was affirmed that new technologies 'open up the possibilities of high quality innovative services that are also resource efficient'.[7] In England the Department of Health has promoted the 3 Million Lives initiative that aims to deliver 'transformational change, building services for people with long term conditions, supporting (this) with technology where needed and building a new business models.'[8] In Scotland there is recognition of the 'pivotal role of telehealth and telecare technologies to radically transform the way health and

[5] HM Government (2008) – England; Department of Health, Social Services and Public Safety (2011) – Northern Ireland; Scottish Government (2013); Welsh Assembly Government (2011).
[6] Department of Health, Social Services and Public Safety, ibid.
[7] Welsh Assembly Government, op cit.
[8] See www.3millionlives.co.uk .

care for people of all ages is delivered across Scotland'[9]. Partnership is a key theme within such documents.

3. *Integration of Services*

Linked with the need for new models of service delivery is the integration of social care and health. Such integration makes sense for service users and carers. The imperative for change in this way is now being championed in all parts of the UK.

A key element that is contributing to integration in Scotland is concerned with the development of EAT services, notably because of their significance for service provision in remote areas.[10] In Northern Ireland, health and social care are integrated within single Trusts. In Wales emergent Welsh Government legislation demands greater integration and heralds the wider use of pooled budgets. England also is also moving in this direction within the recent 'Care and Support' White Paper.[11]

4. *Reducing Costs but Maintaining Quality*

The pursuit of cost savings should not take place if service standards are compromised or needs remain unmet. In this context it is important to note that cost benefits will accrue and have been evidenced at least for some kinds of EAT usage.[12] The evidence of cost benefits to service providers is likely to increase as service users (and carers) access and use EATs.

Other cost benefits, though difficult to measure, derive from the fact that service users and carers who access and use EATs are increasingly linked to the Internet. This provides them with a ready means of obtaining information, contacting others who share similar needs, and accessing opportunities (that are often more readily available to others) for learning, work or entertainment.

5. *Helping to Meet Environmental Targets*

The final imperative for change relates to reduced carbon footprints resulting from the use of EATs where they facilitate remote monitoring and consultation. The consequence of this is less travel and reduced inconvenience for service users, for carers and for accompanying persons. Such potential changes that arise from new

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[9] Scottish Government (2012) A National Telehealth and Telecare Delivery Plan for Scotland to 2015: Driving Improvement, Integration and Innovation

[10] Scottish Government (2012).
[11] Department of Health (2012).
[12] Cruikshank and Paxman (2013).

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ways of service provision carry the promise of benefits to both service users and carers – especially those who live in rural and remote areas. However, it is important to acknowledge the risk that services that offer remote monitoring, while potentially maintaining similar levels of interaction, can also reduce the extent of direct human contact through fewer staff visits to users' homes.

1. **Does this section of the strategy address the issue as you would hope?**
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4. The Current Picture

FAST UK, Skills for Care & Development and Skills for Health have all identified the need for a trained workforce relating to AT – with that workforce requiring appropriate technological knowledge, skills, confidence and competencies. The context is one where the potential demand for AT-related Continuing Professional Development (CPD) and learning is vast. Services that use Electronic Assistive Technologies (EATs) support some 1.8 million (mainly older) people in the UK within social alarm and telecare services.[13] The current picture is further discussed in Appendix 4.

The 2007 FAST report bore testimony to what can, at best, be described as a 'patchwork' of learning programmes relevant to social care staff and relating to AT.[14] The position has changed very little since that report. Most of the current learning programmes available in the UK are listed on the FAST website.[15] These range from short courses that engage social care staff for upwards of half a day; to a Masters degree (in AT) that can be taken over several years. Most are understood specifically to address some aspects of EAT, though not necessarily in any detail. It is unsurprising in this context that the more recent SfC&D (2012) survey found that most respondents (91%) had no formal qualification in AT.

The different types of learning programmes that are available (or are provided) are as follows:

- ***Suppliers and Manufacturers***

  Many of the learning opportunities currently provided to social care staff are through supplier and manufacturer led training. The SfC&D (2012) survey found that 69% of respondents (among social care service providers) sourced such training from suppliers and manufacturers. This type of learning has an important part to play in view of the up to date knowledge of suppliers and manufacturers about EATs and key aspects of the technical and operational aspects of service provision using these.

[13] Telecare Services Association (2012).
[14] Down K and Stead A (2007).
[15] See http://fast.isledev.co.uk/services/trainingcourses.php

- ***In-House Learning***

  Some service providers have developed their own 'in-house' training. Many have also, as appropriate, drawn on external providers. Others will have relied more substantially on mentoring by senior staff. Training from external providers can be useful as it may be closely tailored to the needs of staff as perceived by the service providers. The SfC&D (2012) survey found that 53% of respondents had used this approach.

- ***External /Independent Learning Programmes***

  There are few external and independent learning programmes available specifically for EAT. These are widely dispersed throughout the UK. However some of the programmes offer distance learning by which, at least for those social care staff with adequate levels of digital literacy, the learning opportunities are made more accessible. The SfC&D (2012) survey found that 32% of respondents had engaged with or supported staff for such external training. A brief summary of such learning opportunities is given below.

  - The **QCF and SCQF qualifications in Health and Social Care** that offer AT units at different levels. These can be incorporated into wider learning programmes.

  - **General short courses** (from 2 hours to 2 days) that are available for those who need only a basic level knowledge of EAT and of telecare and telehealth. Some such courses can be delivered online and may have particular benefits for social care staff that need basic knowledge but are not able to attend courses in person.

  - There are **specialised short courses** aimed at those working within EAT fields (including managers and commissioners) which offer more advanced learning relating to service management and e.g. the implications of EAT for specific disabilities or health conditions.

  - **Intermediate courses** aimed, in the main, at operational staff (e.g. installers and staff at telecare and social alarm monitoring centres).

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- There are **advanced level courses** focusing on AT that are available for those who wish to obtain Foundation and Master's degrees. Some of these offer distance learning.

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5. Gaps in Provision

There are substantial gaps in the availability and provision of learning that relate specifically to EAT. This, in part, explains the findings of the SfC&D (2012) survey which indicated that only 11% of respondents thought that their staff had enough AT related learning and support.

Entry Level Learning

A notable gap in the availability and provision of learning is at 'entry level'. A large number of social care staff now require basic knowledge of EAT. The SfC&D (2012) survey found that 97% of employers felt that knowledge of the range of technology available was quite or very important. Also noted was that, among respondents, the majority of AT training was 'on the job'.

Aside from supplier or manufacturer provided courses (that necessarily only address part of the overall learning requirements) few introductory courses are available from external providers. But regardless of availability it can be noted that in the SfC&D (2012) survey the most frequently cited reason, reported by respondents, for their staff not accessing training was (at 36%) insufficient time.

In this context there is not only the need to increase the availability of introductory courses but to ensure that within the range of these there is on-line provision that can enable some staff to dip in and out in order to suit their work and family schedules. Attention also is necessary to raising staff awareness of the training and learning opportunities. Complementary emphasis must, at the same time, be placed within the workplace on the ability for social care staff to develop their skills and knowledge through mentoring, shadowing experienced colleagues and peer review / group case supervision.

The need to access more vigorously the learning opportunities, whether 'in-house' or externally, is clear. This assertion is supported by the finding of the SfC&D (2012) survey that a quarter of respondents felt that relevant training opportunities in their area were poor with 43% wanting greater access to accredited training relevant to AT. The QCF and SCQF qualifications in Health and Social Care that offer AT units at different levels and which can be incorporated into learning programmes are, it is considered, one way of meeting some of the needs provided that specific attention is given to EAT within the units. This is especially the case in view of these being core qualifications for social care staff Such units might, in addition, usefully lead to the development of free-standing awards that could be taken as CPD, and provide a learning opportunity for a wider range of social care staff. There is also scope for the development of further QCF/SCQF units to take into account the gaps in learning provision.

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Digital literacy (ICT Skills)

More broadly there is the need, recognised in the accompanying Skills and Knowledge Sets document, for a good level of digital literacy (ICT skills) among social care staff. Good general ICT skills were deemed to be quite or very important to 61% of respondents in the SfC&D (2012) survey. Such skills, of course, can assist those social care staff who would wish to access learning opportunities on-line from the basic level upwards. Included in qualifications that might usefully be considered at the basic level is the European Computer Driving License (ECDL) available at hundreds of locations throughout the UK. For new social care staff this or equivalent qualifications or experience could be included within person specifications.

Relevant to the issue of digital literacy is the current Skills for Care and Development (SfC&D) work to develop learning resources for social care staff based around mobile technologies such as smart phones and tablets.[16]

Learning at Operational, Strategic and Management Levels

At the intermediate (operational) level, relevant courses relating to EAT are few. What exists is offered by a mixed range of providers.

At the strategic, policy, management and commissioning levels some learning needs are met through 'one-off' courses. Such courses will, in many cases, be also relevant and useful to social workers, occupational therapists, rehabilitation officers and others. Courses in AT for undergraduates and graduates at Universities also meet a need but arguably require further development (e.g. in order to provide a more specific EAT focus) and/or be complemented by similar initiatives in a broader range of higher education institutions. The business case for such development requires, however, that key social care staff will be funded to take advantage of such courses. Company sponsorships, student awards and bursaries could, for example, be considered as a means of supporting ongoing course developments and, by this means, helping to support social care staff development at this level.

More broadly, for those social care staff with professional qualifications that pertain to their specialist knowledge and expertise (such as social workers and occupational therapists) there is arguably a need for greater recognition of the relevance of EAT within the courses that they, in most cases, need to undertake. It is important, therefore, that their learning programmes both address the current position regarding EAT and anticipate further developments that will support news ways of working. These needs

[16] Skills for Care and Development – Mobile Knowledge and Learning Solutions project. See www.skillsforcareanddevelopment.org.uk/KeyProjects/mobile_knowledge_and_learning_solutions.aspx

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come into particular focus when the pace of technological change is considered, together with the way that EAT is increasingly being used by service users and carers. With this in mind learning programmes leading to such professional qualifications should include provision for update bulletins, CPD or refresher courses around EAT as appropriate, perhaps endorsed by the professional organisations in question.

At the operational level, of note is the new PDA qualification developed in Scotland that is responding to that country's strategic promotion of telecare and telehealth. It is aimed at staff within services that use EAT and offers a generic (mandatory) module concerned with 'working in telehealthcare' which is taken with one of three optional units dealing with call handling, responses, equipment installation and maintenance.

Conclusion

Overall, it appears that much of the learning available covers EAT very briefly; is focused on the immediate needs of 'front-line' social care staff (e.g. with regard to the operation and installation of EAT); or forms modules within higher level courses. However, given the growth in the number and range of services that offer or use EAT, and the findings from the SfC&D (2012) survey, it is clear that there is a substantial need for further development of learning programmes so that they will:

(a) be accessible to social care staff working with EATs at all levels;

(b) support their ability to satisfy required skills and knowledge sets; and

(c) enable them to develop and maintain relevant competencies.

The position of 'patchy' provision of learning opportunities set out above is true for all four countries of the UK.

Addressing the GAPS in EAT Learning Opportunities

This Strategy calls for action to 'plug' the gaps identified. The urgency that must be attached to such action is clear from both the nature of the 'imperatives for change' and the context for changes in the nature of social care. Specifically in relation to learning, attention needs to be given to

- the ways of achieving the necessary levels of awareness and knowledge of EAT through structured learning that addresses basic digital literacy skills;
- encouraging the development of more on-line courses; increasing the accessibility of courses, where appropriate through course franchising opportunities and education provider partnerships;
- using mentoring and 'train the trainer' schemes within workplaces to distribute EAT knowledge to staff across different types and levels of jobs;

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- drawing, wherever possible, on company sponsorship, student awards and bursaries;
- engaging with professional bodies in order to review EAT content within relevant curricula; and
- supporting providers of courses that lead to professional qualifications to include update bulletins, CPD or refresher courses in EAT.

1. **Does this section of the strategy address the issue as you would hope?**
2. **How would you want to see the content of this section implemented?**

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6. Enabling Change

There are three, equally important, priority areas for change.

The **first** is one that carries generic merit and relates to the digital literacy of social care staff. This probably affects many of the large number of front-line staff who provide hands-on care and support. It applies to those who work in community, day-care and residential settings.

Three Priorities for EAT related Courses to Benefit Social Care Staff:

1) Supporting the development of digital skills

2) Introductory and/or induction learning provision for front-line staff

3) Further learning development for managers, policy, commissioning and related professional staff

The **second** of the priority areas is one that reflects an urgent need for the adoption and/or development of an appropriate introductory learning programme that has particular relevance for all front-line staff. Such a learning programme might usefully carry the endorsement of SfC&D and relevant professional bodies including the College of Occupational Therapists (which has demonstrated a particular and longstanding interest in EATs and EAT services). The QCF and SCQF AT units may be appropriate for such a programme - subject to EAT being addressed. However greater benefit could be gained if such units were also available as independent courses that could assist with the CPD of social care staff.

The **third** of the priority areas is around the needs of managers, policy and strategy staff; those concerned with commissioning and procurement; together with a range of social care staff who have specialist skills such as occupational therapists, social workers and rehabilitation officers. Their needs can, in part, be met through embedding learning around EAT within the professional courses that are endorsed or approved by professional bodies in respect of the requirements for their members.

Linked with each of these is the need for learning programmes, at whatever level or format, to reflect appropriate ethical approaches as detailed in the Codes of Practice for Social Care Workers. Learning programmes must embody, therefore, approaches that are in keeping with services that are being provided in new ways. The learning provision that

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will be available, therefore, must play its part in helping to ensure that appropriate attitudes (and ultimately skills, knowledge and competencies) of social care staff are in place and that the opportunities of EAT are harnessed in appropriate ways.

1. **Does this section of the strategy address the issue as you would hope?**
2. **How would you want to see the content of this section implemented?**

1. **How important are the three key priorities for you?**
2. **How would you prioritise within them?**
3. **Does the strategy capture all opportunities to address the gaps it identifies?**
4. **Does the strategy fit with priorities, policies and initiatives for your part of the UK?**
5. **Any further comments**

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Appendix 1

Sources of Information

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Appendix 2

Some Definitions

Assistive Technology

Any item, piece of equipment, or product system that is used to increase, maintain or improve the functional capabilities of people with disabilities. [Source: Impact in Europe]

Electronic Assistive Technology

Devices that are electronically powered … that will automatically and continuously support a person to live independently but may not be linked to any external monitoring and response centre. [Source: Skills for Care and Development]

Telecare

The means by which technologies and related services, concerned with people's well-being and independent living, are provided for them at a distance. [Source: TeleSCoPE]

Telehealth

The means by which technologies and related services concerned with people's health and well-being are accessed by them or a provided for them at a distance. [Source: TeleSCoPE]

Telehealthcare

The convergence of telecare and telehealth to provide a technology-enabled and integrated approach to the delivery of effective, high quality health and care services. [Source: Scottish Centre for Telehealth / Joint Improvement Team]

Social Care Staff

Staff employed in roles that relate to interventions and the provision of services that support older people, younger adults and children in their daily lives where it is not possible for family members to do so without additional support. [Source: Social Care Institute for Excellence]

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The definitions are derived from the following follows:

IiE (Impact in Europe project). See http://www.easpd.eu/Projects/RunningProjects/Impact/tabid/5126/Default.aspx

European Code of Practice for Telehealth Services (TeleSCoPE project). See www.telehealthcode.eu

Scottish Centre for Telehealth / Joint Improvement Team. See www.jitscotland.org.uk

Skills for Care and Development. See www.skillsforcareanddevelopment.org.uk

Social Care Institute for Excellence. See www.scie.org.uk

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Appendix 3

Examples of Social Care Staff

This is not an exhaustive list. Others working on the periphery of social care (such as within health care and housing) might also be considered as social care staff.

- Child care staff
- Day care staff
- Floating support staff
- Home care staff
- Habilitation, rehabilitation and re-ablement staff
- Integrated health and social care staff
- Integrated social care and housing staff
- Occupational therapists
- Personal assistants
- Residential care staff
- Supported living staff
- Social workers
- Telecare and AT specific staff

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Appendix 4

Discussion of the Context of Workforce Learning and Development Needs in the UK

In 2007 FAST, on behalf of Skills for Care (SfC), Skills for Health (SfH), the Children's Workforce Development Council (CWDC) and the Care Services Improvement Partnership (CSIP) reported on an AT workforce development review for England. This used both desk based research and stakeholder consultation.

At the time, the AT workforce was characterised by 'fragmentation' and role diversity across different sectors. It was recognised that an even broader range of practitioners with the necessary skills and knowledge was needed over the ensuing decade - given the rapid development in technologies that was taking place and their likely impact on social care. The report identified a number of workforce development issues to be addressed.

Some Workforce Development Issues Identified by FAST (2007)

- The development of a framework of National Occupational Standards for AT services
- A strategic approach to AT information provision
- Improved education and training
- Strategies to enable service remodelling
- The development of a regulatory mechanism
- The development of a practitioner representative function
- The development of programmes to support disabled and older people to choose and use AT

More recent work by Wigfield et al (2012), commissioned by Skills for Care, sought to understand the roles, delivery and workforce needs of three English local authorities (Sandwell, Lambeth and Kent) in the context of EAT. It found that the service provision arrangements meant that new specialist job roles had emerged and, importantly, that new skill requirements had arisen within existing roles. New specialist roles identified included telecare engineers, technicians, installers and specialist assessors. Skilled staff were, therefore, seen as needed who could bring together or combine communication skills, publicity and awareness raising abilities 'as well' (sic) as 'technical knowledge'.

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Wigfield et al identified the need for both on and off the job training that would provide 'hands on' experience for staff of the technologies as well as helping them to develop the required competencies. The ability to inform potential users and carers of the benefits of such technologies was seen as required on a continual basis as well as the need to raise awareness of EAT (including telecare) more widely.

The need to give attention to change management also featured in the work of Wigfield et al, this pointing to such matters as partnership working, the implications of technological advances, the promotion of relevant learning and development, the championing of EAT and the mainstreaming of new kinds of service. Seven recommendations around workforce development were set out as follws:

Recommendations for Workforce Development - Wigfield et al (2012)

1. There is a need for further understanding of the varied approaches to service delivery that can be achieved through survey work with employers of social care staff
2. There is a need for further research on the decision making criteria of and support needed by self-funders
3. Partnership working between social care and health sectors should be encouraged in order to help take forward the development of integrated services
4. The development and use of AT champions (who are passionate and specialised) should be considered.
5. There is a need to develop a learning and development framework with a focus on tasks rather than roles. This should be built upon existing qualifications and competencies relevant to ALT/S
6. There should be ongoing awareness raising campaigns
7. Key aspects for learning and development needs should include:
    - holistic training (that includes both technical awareness, and social and communications skills);
    - formal off the job training that includes 'hands on' technology experience;
    - on the job training supported by on the job support;
    - supplier led training to be part of this mix but not the sole source; and
    - inclusion of competency based accredited elements

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An extensive desk based study was undertaken by Skills for Care and Development in 2012. This research provided greater clarity on workforce development issues for social care staff across the UK. It included attention to key AT policies drivers for each of the four countries – taking account of the 2008 National Telecare Strategy in Scotland (Joint Improvement Team, 2008), the 2011 framework for in Wales (Welsh Assembly Government, 2011), the twenty year plan for Northern Ireland (DHSSPSNI 2004) and the Adult Social Care Workforce Strategy (DH 2009) for England.

This work informed a survey of social care service providers and stakeholders (SfC&D, 2012). The scope of the survey covered the four countries of the UK with the aim of providing a broader understanding of workforce roles, skills and knowledge. The critical findings tended to corroborate those of Wigfield et al (2012) with the most important skills pointed to for social care staff being their:

- ability to listen and communicate effectively with service users;
- knowledge about the range of AT available to service users;
- skills in matching equipment to users' needs and the home environment;
- skills to ensure that users and carers could use installed AT; and, though to a lesser extent,
- technical expertise and general IT skills.

The Scottish 'Delivery Plan' for telehealth and telecare (Scottish Government, 2012) identified six workstreams that needed to be addressed. These aimed to:

1. improve and integrate health and social care – with a focus on enabling people with long term conditions to manage their conditions at home;
2. enhance wellbeing through innovative community service models that include service users as active participants in service design;
3. empower people by raising their awareness of the benefits of telehealth and telecare for individuals and carers;
4. improve the sustainability and value of the impact of technology by reference to outcome measures;

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5. support economic growth through partnership building across sectors including users, industry and academic institutions; and

6. exchange learning and development and embed good practice through training and education across health housing, social care, independent and third sectors (this including attention to the development of leadership capacity and capabilities).

The broader context by which the learning and/or training needs of social care staff arising from EAT can be considered is offered through the work of Skills for Care (2011). This affirmed that 'the workforce will need to have knowledge and skills that are generic to social care *and specific to the service provision that they work in as it evolves* [our emphasis]'. Part of this evolution is concerned with the role of social care in the arena of public and preventative health. As a consequence of this, though not greatly emphasised within strategic or policy frameworks for social care to date, it becomes necessary to give closer consideration of the role, or potential role, of social care staff in promoting healthy lifestyles.

The implications of this need further exploration. But it is important to note in the context of this Strategy that there is an increasing potential of EAT (e.g. through the use of health and well-being apps) to assist in areas relating to matters such as nutrition, hydration, behaviours and lifestyles. And more generically there are issues relating to the way in which social care staff support broader health and well-being agendas through e.g. providing health and motivational coaching, supporting people in taking their medication, taking exercise, etc.

These are matters that require to be considered as the roles of social care staff evolve and as there is greater integration between social care and health. They also relate to the way in which the potential of EAT is being (or is poised to be) realised by service providers, users and carers.

The specific context for social care staff that involves EATs has been highlighted in a number of reports. Notable are the outcomes of the work for Skills for Care and Development (SfC&D, 2012) noted earlier. The focus of this work was on telecare and telehealth and it is, therefore, very relevant to EAT. The work found that there was (and remains) a long way to go as far as social care staff engaging with education and training is concerned. It reported that few staff involved with AT held or were pursuing an AT qualification

With regard to the sources of training, supplier provided training was noted as having an important place albeit with a focus particularly concerned with the operation of

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equipment, its installation and programming. This form of training, therefore, could only provide part of the broader perspective that was considered necessary. Wigfield et al (2012) also noted the extent to which suppliers were used for AT training and saw the need for this to be balanced through other inputs. They affirmed that 'supplier-led training … should not be the sole mechanism for learning and development'. Other sources of training were, however, noted as relatively few.

Overall, though arguably not sufficiently explored in work to date, there needs to be a balance), in the routes by which training and education needs relevant to EAT and EAT services are met , in respect of different social care staff (and their roles. Hence alongside the need for 'basic' skills and knowledge by which tasks can be better undertaken, there must be recognition both among the agencies that provide social care and those which provide relevant training and education, of the importance of staff commitment to 'understanding' as well as 'doing'.

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