

Brighton and Hove council

Improving telecare use in Brighton and Hove

Brighton and Hove Council aimed to improve the uptake and use of telecare in their city, through adding coaching and supportive enquiry to their basic telecare awareness training. The training worked with carers, occupational therapists, an adult social care reviewing team, and staff from a respite centre.

Background

Brighton and Hove Council is a unitary Local Authority, serving a community of around a quarter of a million people. It has an adult social care workforce of around 8,000 people.

Telecare is increasingly gaining importance nationally, and it has been a local priority of Brighton and Hove Council for some time. Current work includes a Champions' scheme, a twelve week awareness raising and training programme, and a dedicated Telecare Steering Group. However, despite this focus, there is still scope to further improve telecare uptake locally.

What we wanted to achieve

The key aim of the project was to increase referral rates for telecare, by increasing participants' knowledge and positive attitudes towards it. In turn, this would lead to an increase in the number

of people in Brighton and Hove supported to live independently, safely, and cost-effectively in their own homes.

Effective embedding of telecare requires not just the knowledge and understanding to refer people to these services, but a wider shift in attitudes and behaviours. The Council were finding that their current training was leaving people without the skills or confidence to implement telecare.

Coaching was suggested as a potential way to address this. Coaching had rarely been used as a training method within the council, so the project also presented an opportunity to evaluate the potential benefits of this style of training.

What we did

Participants in the project received the Council's standard telecare training, plus a one day supportive enquiry and coaching session, together with a half-day follow up 2-3 months later. In the coaching sessions, coaches used 'supportive enquiry' to identify and challenge each team's views of telecare. This was done using the GROW model, where participants identified:

- Their personal Goals;
- The Reality of their situation, and what barriers there might be to implementation;
- Any Opportunities which might exist in their practice;
- And the best Way forward with telecare implementation.

Four groups participated in the project: an occupational therapy team, an adult social care reviewing team, the Carers Centre (a local charity) and a respite team for people with dementia. These were selected for various reasons: telecare is central to the work of the occupational therapy team and adult social care review team; carers at the Carers Centre had the potential to benefit from telecare, but were often resistant; and respite care offers a good opportunity for people who need care and support to be engaged with telecare.

The project evaluation was robust, and compared an intervention group to a control group. Both groups received the standard training, but the intervention group then received additional coaching and supportive enquiry. Both groups undertook a self-evaluation post-basic training, with the intervention group undertaking an additional self-evaluation post-coaching. Referral rates were tracked for both groups.

What we achieved

Before-after qualitative feedback did demonstrate a range of benefits to the project – with participants in the coaching (intervention group) showing larger improvements than those having only basic training. Coaching:

- Increased participants' knowledge of telecare;
- Increased participants' confidence in how to discuss telecare with people who need care and support and staff;
- Maintained positive attitudes towards telecare, even several months after training. However, the 'top-up' coaching 2-3 months later didn't appear to have any additional benefit.

Qualitative feedback indicated that different groups benefitted in different ways. In particular, the carers group moved from seeing telecare as a potential threat to their role (fearing it might 'replace' them), to writing a case study showcasing how a piece of telecare (a GPS locator) supported a carer.

The learning from this course has led to a redevelopment of Brighton and Hove's current telecare awareness course, to incorporate some of the most successful elements of the coaching. Participants reported that they continue to discuss telecare at weekly team meetings.

There was inconclusive evidence about whether this project led to an increase in the number of telecare referrals. Changes in the data collection system meant that rates could not be consistently tracked throughout the project.

What we learnt

Robust evaluation allowed the Council to understand the relative costs and benefits of their service, and work out which elements to continue with, and which to cease; 'it really shone a light on what we were doing'. In particular, they noted that coaching, whilst offering an innovative model of provision, was very resource intensive and didn't bring large additional benefits.

Project participants also reported that they found the knowledge side of the project the most useful. This learning has allowed them to redevelop their course in the most effective way – taking the best elements of the coaching intervention (offering participants time to reflect on potential barriers to telecare implementation), but incorporating it into the existing awareness course.

Referral tracking data, whilst unable to determine what effect the project had on referrals, did allow the Council to identify 'super-referrers', individuals who were referring particularly large numbers of people who need care and support for telecare. The Council has plans to further investigate these individuals to understand why, and how, they refer so many patients.

The Council found that participants' benefited most from the training where their managers were effectively engaged. The course required beneficiaries to develop action plans; the effectiveness of these plans, particularly when a whole team has attended training, can be greatly increased with manager buy-in and direction.

“ the project focussed on practical issues... what barriers there might be, and how to get over them... we moved away from just focussing on knowledge to also looking at skills ”

Project lead

For more information please contact

Tim Wilson

tim.wilson@brighton-hove.gov.uk

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We have produced a range of resources for care organisations and individuals wishing to learn more about Assisted Living Technologies, including;

Learning and development framework

This aims to guide and support those involved in the commissioning, design or delivery of workforce development.

www.skillsforcare.org.uk/ALT

Technology to Care

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www.technologytocare.org.uk

Skills for Care
West Gate
6 Grace Street
Leeds

LS1 2RP

telephone 0113 245 1716

email info@skillsforcare.org.uk

web www.skillsforcare.org.uk

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