

A series of research projects about health and social care for older people

**Final report 2013**

# Analysis and review of staff training regarding care for older people

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**P·R·O·P**

**PRACTITIONER RESEARCH: OLDER PEOPLE**



centre for research on families and relationships



Institute for Research and Innovation in Social Services

# An Overview of the Practitioner-Research: Older People Project

## Project overview

The PROP practitioner-research programme is a partnership between the Centre for Research on Families and Relationships (CRFR) at the University of Edinburgh and the Institute for Research and Innovation in Social Services (IRISS). It was funded through the Economic and Social Research Council. This programme also received support from the Scottish Government's Joint Improvement Team.

CRFR and IRISS partnered with a group of Scottish Local Authorities, NHS, third and independent sector organisations to produce this practitioner-research programme. The partners include NHS Lothian, West Lothian Council, Glasgow City Council, Alzheimer Scotland, and Scottish Care and VOCAL Midlothian and Midlothian Council.

This project is underpinned by two key premises. The first recognises that to improve care for older people there is a need for an improved evidence base that relates directly to the needs of those providing services and those developing policy. The second premise is the need to better share this evidence base through greater use of this resource by key audiences and users. One way to achieve both objectives is through the co-production of knowledge between academic researchers and those involved in delivering care.

The PROP project brings together a team of practitioners in health and social care provision, academics and specialists in evidence-use and knowledge media from IRISS and CRFR. Collectively we have synthesized existing evidence, generated new evidence and improved the use of this evidence with the partner organisations. Our aim is to promote a culture of evidence-informed inquiry with the hope that this supports improvements in the lives of older people across Scotland.

## Project Aims

Through the delivery of a practitioner-research programme, we aim to achieve the following:

- Improve the volume and quality of research produced by those delivering health and social care for older people
- Increase awareness of, and improve access to, research created by those involved in providing care for older people
- Support greater engagement and collaboration between researchers and practitioners involved in researching and delivering care for older people across health and social care contexts
- Extend theoretical and practical understandings of the knowledge translation, brokerage and exchange processes that are effective between academics, users, policymakers and practitioners when sharing good practice in the production and utilisation of findings relating to the health and social care of older people

## About Practitioner Research

Practitioners undertake a considerable amount of research, in fact Mitchell and colleagues estimate that 'practitioner research in social work probably occupies a major part of the total volume of research activity in this field' (Mitchell et al, 2010: 8).

There is evidence to suggest that practitioner research can be a valuable approach for strengthening the use of research not just for the individual practitioner undertaking research but potentially for the organisation and perhaps even the sector in which they are based. These benefits vary depending on the support available for the practitioner and how the research endeavour is structured; which can for instance involve support being provided by other practitioners, academics or research colleagues based in-house or in external organisations. Some of the benefits of practitioner research for the practitioner and their organisation can include:

- Delivers research of direct relevance to practice concerns
- Improves research capacity of individual practitioners and organisations

- Strengthens the active role of the practitioner in the research process
- Brings the worlds of policy, practice and research closer together
- Helps an organisation develop the capacity for critical inquiry and a “learning orientation”
- Supports the desire for and the use of research done by “outsiders”
- Reduces the distance knowledge has to travel from research to practice
- Provides a starting point for further research-practice collaboration

(Armstrong and Alsop, 2010; Roper, 2002; Anderson and Jones, 2000: 430)

However, we are not necessarily maximising the impact of research undertaken by practitioners in social services and health for three main reasons:

- 1) Practitioner researchers often lack professional support and training related to the use and application of research methods and theory.
- 2) Practitioners struggle to access existing evidence related to their work, thus potentially affecting the quality of what they are able to produce.
- 3) Practitioners engaged in conducting research into their own team, service or organisation do not usually have the time or capacity to disseminate their research findings or to support its use in other services or organisations.

## **The PROP Practitioner-Research Programme**

This Practitioner-Research Programme (PRP) was delivered between May 2012 and August 2014. Over this period, the nine practitioners involved in the PROP project designed and carried out an empirical research project directly related to their practice and the theme of care for older people.

The partner organisations (Alzheimer Scotland, Glasgow City Council, Midlothian Council, NHS Lothian, West Lothian Council, and VOCAL) made a commitment to support selected members of staff to participate in the PRP. Practitioners were allocated ½ day/week for research, six days for research training and two days for knowledge exchange seminars.

Each practitioner-researcher was allocated a mentor from the University of Edinburgh, NHS Lothian or IRISS. This mentor supported the research design and analysis in the project and provided guidance on how best to use research findings to develop policy and practice.

A series of six training sessions was delivered between July 2012 and February 2013. These full-day events focused on six areas of research practice: (1) resources for research, (2) project management and research planning, (3) research design, (4) generating evidence, (5) analysing evidence, and (6) knowledge exchange.

Knowledge exchange events were held in October 2012 and May 2013 to facilitate learning from these research projects within and across the stakeholder organisations. These events supported practitioners to share and disseminate research findings and provide evidence to partners and stakeholders about best practice.

## **Project Outputs**

The project outputs focus on two areas: (1) improving the care of older people and (2) improving the use and usefulness of research for those involved in providing care. These include:

- 8 completed practitioner-research projects, including final reports and summary postcards
- 1 summary booklet of the PROP programme of practitioner-research
- 2 knowledge exchange events
- 2 peer-reviewed journal articles about improving the use and usefulness of research for those involved in delivering services
- An evaluation briefing paper about the practitioner research project

For more details, please see our website: <http://blogs.iriss.org.uk/prop/>

## **How to Reference this Report**

When making use of this material, use the following reference for this report:

Robertson, C. (2013) 'Staff Training for Reablement of Older People'. Scotland: CRFR/IRISS.

## **References**

Anderson, G. and Jones, F (2000) Knowledge Generation in Educational Administration From the Inside Out: The Promise and Perils of Site-Based, Administrator Research in Educational Administration Quarterly (Vol. 36, No. 3 (August 2000) 428-464

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## Executive summary

This report was compiled with the intention of reviewing the reablement training programme provided by West Lothian Council. The programme came about as part of the 'Reshaping Care for Older People Services Agenda'. This programme was funded through 'The Agenda for Change fund'. Recently this training was recognised by the Convention of Scottish Local Authorities (COSLA) and achieved the highest category, (Gold award for excellence) in the classification 'Securing A Work Force For The Future'.

This research used two methods: questionnaires and focus groups, to generate evidence about the reablement training. Strengths and weaknesses of the training were identified enabling the report to highlight both the strengths of the current programme plus areas where improvement could be achieved. Among the strengths identified by the research were the importance of shadowing as a training tool, improved communication skills, improved problem solving skills, improved goal planning, improved self esteem and adoption of reflective practice.

Outcomes from the research included a resultant increase in the self esteem of the participants possibly due to the consultation process.

Areas for improvement identified by the research included:

- logistics
- continuity with service user
- the need to make participants feel part of a team
- motivational skills when dealing with challenging behaviour

Other concerns identified through the report related to:

- more training on long term conditions like dementia.
- lack of continuity with service user
- feeling of isolation among participants

It is possible that this problem could be addressed by the introduction of supervised sessions with the senior staff.

From the research recommendations for the future should include additional training to meet identified need in the following areas:

- dementia,
- diabetes
- palliative care
- motivational techniques

Further research regarding the implementation of a better logistic system (e.g. Global Position System - GPS) is also recommended.

## Introduction

### Background

West Lothian Council has recently changed the role of their personal care workers (PCW) to join an established reablement team. This change was informed by the Scottish Government's 'Reshaping Care for Older People's Services' policy and the single outcome agreement reached with the Scottish Government, COSLA and National Health Service (NHS) and the need to change how services are currently delivered. Due to the increase in the ageing population there is a need to change how services are delivered and to provide a service which focuses on achieving outcomes rather than task centred care. The focus of this group is to provide a reablement model of care at home and supply a new crisis care service. This is in line with the Joint Improvement Team (JIT) initiatives and part of the wider 'Reshaping Care for Older People' agenda.

In line with the Reshaping Care for Older people A Programme for Change Report 2011-2021 was published (The Scottish Government 2011). This report clearly identified the need to provide an inclusive service for older people which values them as citizens and provides opportunities for them to have a say in their care. One of the aims of this programme is 'to include a clear focus on recovery, rehabilitation and reablement approaches that help older people attain their best possible health, wellbeing and independence.' (Scottish Government 2011:25)

## **What is reablement?**

'Reablement is generally designed to help people learn or re-learn the skills necessary for daily living which may have been lost through deterioration in health and/or increased support needs'. (Social Care Institute for excellence n.d:5). A focus on re-gaining physical ability is central as is active re-assessment. West Lothian decided to strengthen this service by also investing in a 24/7 Crisis Care Service to further contribute to avoiding hospital admissions. Relative to this, the recently undertaken reablement training was evaluated with the aim of identifying future learning needs, and facilitating continuous development of the service.

## **Learning and development programme**

All staff moving to the reablement team had achieved a minimum of SVQ2. It was acknowledged that this was not sufficient to meet the need of a reablement service and that additional training was required to ensure the shift to a reablement focus was supported: 'Care workers need specific training to understand the principles of delivering a service' (Social Care Institute for excellence n.d:1). From the discussion I had with the group manager about West Lothian Council reablement and the workforce of the future it became clear that the plan was to create a generic worker who was able to diversify in many areas thus reducing the amount of staff who were involved with the service user and empower the worker with additional responsibility and skills.

We designed the training around a two day programme and identified that staff would require further in depth training to increase knowledge and skills in particular fields. This first two days of the training focused on enhancing the ethos of reablement being an approach and not simply a service. The programme comprised of theory, case studies, empathic learning, group discussion, practical demonstration and activity to develop a generic skill set and knowledge base.

Our training was delivered and presented by a multi agency team consisting of senior managers, service manager, and specialisms within community health care partnership (CHPC). The initial training was delivered over a two day period to PCW's, community and hospital based NHS staff in a class based learning environment. Thereafter, reablement staff undertook a 2 week shadowing process whereby they accompanied experienced staff for 'on the job training'.

The aim of the training was to provide a confident skilled staff team who would work alongside service users and their carer(s) to provide person centred care and independence using SMART goal setting. An additional aim was to promote inter agency partnership working by including health colleagues (i.e. district nurses, hospital based nursing staff) thus giving the opportunity to exchange knowledge and gain an understanding of the role of the reablement worker.

The Training programme covered, communication skills, outcome focus/goal planning, importance of recording in reablement, how equipment and adaptations support reablement, techniques to promote service user participation, problem solving skills and service user perspective.

Also included was empowering staff to deliver a personal outcomes approach. (Cook & Miller 2012) It was intended that staff would gain understanding of the reasons for change from domiciliary care services and be aware of the role of the multidisciplinary team in reablement

Although we had conducted evaluation feedback forms, an in-depth analysis and evaluation of the training had not taken place. The opportunity was available to see if staff had transferred their learning from the course and applied this to practice. This is in line with Kolb learning theory (KOLB). In order to ensure continuous improvement in care service and meet the needs of the users, we must engage with our front line workers to ensure their skills are up to date and meet the demand for the

job. This links in with the 'Talking Points Agenda'. 'Engaging staff in the change process is critical to ensuring consideration of practitioner concerns, which should in turn ensure practitioner buy in' (Joint Improvement Team 2012).

Previous research on personal outcomes has highlighted the achievement of better outcomes for service users (Joint Improvement Team 2011:3). This research will add to the general body of research on reablement but with a specific focus on the skills and knowledge that staff require in order to offer a genuine reablement service.

## **Motivations for conducting the research**

I have been a member of the learning and development team for the last 5 years. I have over 29 year's personal experience in care. I have been involved in the move from institutionalised care to community supported living for adults with learning disabilities and involved in the delivery of training to staff in for all areas of discipline across the care spectrum throughout this time.

I work within a small experienced and supportive team of five others who between us have around 120 year's experience of care and training over all disciplines (i.e. One social worker, three nurses and one domiciliary care manager). Our collective experience enables us to deliver a variety of learning activities, ranging from vocational, professional and bespoke training delivered across an inter-disciplinary audience. I feel it is important to value our workforce, ensuring that they are supported in their new role thus increasing their self-esteem. We must guarantee our workers buy into this change in order to continually move the service forward.

In response to a prompt from the 'Practitioner Research: Older People (PROP)' project.

The project brings together a team of academics, policy makers' practitioners, and specialists in evidence-use and knowledge media. Collectively we will draw together existing evidence, generate new evidence and improve the use of this evidence to upgrade the lives of older people across Scotland.

This was supported by The University of Edinburgh and Institute for Research and Innovation in Social Services (IRISS). As part of this initiative I volunteered to research and review bespoke reablement training within West Lothian Council (WLC) Learning and Quality Assurance Team.

I have a particular interest in reablement service and was pleased to be given the time to undertake this project. Not only because of the changing demographics within our aging population but because I believe that people should be involved in their own decisions about care and that everyone should be given the opportunity to live independently.

I was keen to evaluate if staff had transferred their learning and applied this to practice.

## **The research**

The research took place over a period of 11 months ending in March 2013.

### **The aims**

The main aims of the project were:

- To find out if the training enabled staff to carry out the task in their new role as reablement workers?
- To capture if skills had been transferred into practice
- To Identify future training needs

### **Research questions**

In seeking to address these aims, the following research questions were developed:

- Did staff who attended reablement training find it useful in helping them move towards a reablement approach?
- What are the programme attendees training and learning needs now that they have some experience in the role?



## **Methodology and methods**

The aims and research questions were addressed using a participatory model and qualitative approach to the investigation. These methods are arguably better suited to small-scale research. (Sarantakos 2005)

Specific methods included:

- Survey/questionnaire
- Focus Group

## **Recruiting the sample**

Originally it was planned that the survey would target a small group of staff. Following discussion with their team manager it was agreed that all staff would be given the opportunity to attend the survey. The survey would concentrate on the workers, line managers were not invited to attend. This allowed the worker to speak openly and honestly without fear of upsetting line managers.

An anonymous online questionnaire was offered to all West Lothian Council staff who had undertaken the reablement training and gained experience in the field (this was non probability sampling). Fifty seven staff undertook the training. Five were team leaders who were excluded from the survey. The remaining fifty two staff participated in the survey. These staff are referred to as participants. Nine of the participants were crisis care workers and forty three were reablement workers. From this group only one participant had not yet commenced service delivery with reablement service users.

The participants were asked to volunteer to take part in one of the two focus groups which would meet for three sessions. These groups were oversubscribed therefore a random selection of 12 participants was made.

The focus groups were held at West Lothian Council training facility at Eagle Brae in Livingston. This venue was familiar to staff as they had previously attended training there. The first session dates were set following group agreement on date suitability. The sessions ran on the following dates November 6th 2012, November 9th 2012, November 23rd 2012, November 27th 20'12, and December 5th 2012.

The plan was to have three sessions lasting no longer than one hour. These were held with the following participants.

Group 1 had three one hour sessions:

- six members on the first session
- five members on the second session
- six members on the third session
- Group 2 consisted of two one hour sessions:
- The first session had five member
- The second session had three members.

I felt that this group had achieved the outcomes required within the two sessions and therefore did not require the third session. The other members were unable to attend any further sessions due to personal issues.

The purpose of the focus group method was to allow directed discussion between the participants who all had common experience in the field of reablement. By acting as a facilitator I was able to focus the participants on the subject matter. Initially I guided the discussions and probed for further information where required. I then stepped back and when necessary kept the dialogue flowing in the right direction. This allowed debate to develop between participants and addressed important issues. It provided the opportunity to share views, think through debates and in some areas reach a consensus of opinion in a safe environment. The above was carried out following the process described in Sarantokos 2005. All participants agreed to the recording of the information.

## **Ethics**

West Lothian Council has a research access protocol in place which means that a nominated manager was identified to oversee this research (see appendix 1). I am the main researcher and my manager Isobel Meek also had an overview. The research has been approved by West Lothian Council Procedures and Recording Group.

I clarified that in line with legislation I am bound by the same code of conduct and legislation as themselves and if any disclosure of abuse or neglect was made then I would be required to report /act on it.

As a member of the Learning and Development team I was involved in the design and delivery of the training. I spent time explaining to participants the purpose and the importance of the research project and the need for their honest opinion. I gave assurance that I would protect their anonymity and there would be no repercussions on the information shared. I explained that as front line workers their experience and opinion was of value and necessary to move the service forward. I ensured that staff were aware of the boundaries of confidentiality and anonymity of the report.

I endeavoured to ensure at the onset that participants were aware of confidentiality, boundaries and limitations. Participants were assured that research findings would not identify any individual staff member. All data collated would be anonymous and treated with confidentiality. However participants were informed that should any concerns regarding practice arise, these would require to be acted on with the individual and any other appropriate person.

All staff were given a consent form (see appendix 2) which explained the process the parameters and the usage of the information provided. After agreement these forms were duly signed.

A digital recorder was used with the permission of participants. All information was held securely and will be destroyed following publication of the report in line with West Lothian Council procedure.

No service users were involved in the collection of information.

## **Data collection and analysis**

In terms of analysing the data, I analysed the data using 'grounded theory' (Corbin and Strauss) approach from the various sources (i.e. survey, focus group), coded the evidence, found emerging themes before collating a report.

By using the information drawn from the gathered data it was possible to highlight common strengths and weaknesses of the present system. The wording of the questionnaire lent itself to creative suggestions on service delivery and produced descriptive statistics in addition to the qualitative analysis undertaken.

The information drawn from the focus groups supplemented the views from the data collected. It emphasized any extraordinary needs which occurred from current practice.

## **Findings**

### **The survey**

The survey showed that all participants had been in post for under a year with 6-9 months experience being the average (78% of survey participants). Fewer than 10% had less than 2 months experience. No participants claimed to have prior reablement training. (See Appendix 4 Table 1)

On the whole the participants feedback was positive about the reablement training. Participants were asked if they agreed with particular statements. Examples included, 'I have a clear understanding of the role of the reablement team' (100% agreed), 'My communication skills have improved' (84% agreed), and 'I am able to implement techniques to promote service user participation' (96% agreed). (See Appendix 4 Table 2)

However the open question format facilitated the emergence of many helpful ideas on programme improvement. These ideas included, showing more mobility aids and equipment, explaining changes on a one to one basis, more ongoing training and more group discussions. (See Appendix 4 Table 3)

Among the training needs identified from the survey were more training on challenging behaviour, more computer training and more training on how to encourage clients to do for themselves.

It was found that as a result of the training 95% of survey participants felt more confident carrying out their new role.

## **The focus group**

The focus group data was categorised into two overarching themes:

- Advantages of training
- Fears and concerns about reablement working

### **Advantages of training**

Focus group participants identified a number of practical advantages to undertaking reablement training. These included: the benefits of shadowing; improved problem solving skills; better communication; increased self esteem; promoting reflective practice; and goal attainment.

#### **Shadowing**

In general the feedback from the shadowing gave the participants the opportunity to see how other staff approached the service user to achieve goals. It gave the opportunity to transfer theory from the programme into practice in a supported environment. They received feedback on their performance which boosted their confidence. The practice of shadowing was well received, with a typical quote being; "Aye they were good, showed me everything and explained everything. Just let me watch what they were doing and then the next day they let me go in and do what they done yesterday..." (Reablement worker, focus group 2, session 2).

#### **Problem solving**

The programme also involved encouraging participants to consider various options when faced with a task. Staff seemed to have a better approach to problem solving. They describe how they resolved situational issues as they occurred, prioritising need and finding solutions to enable service user to achieve their goal. Illustrative quote "You are thinking a lot more when you go in as a reablement worker. A lot more of it is thinking it through" (Reablement worker, focus group 2, session 1).

#### **Communication**

Participants felt that an increased ability to communicate with service user, family and fellow workers was important. The programme recognised current skills and aimed to improve participants skills to be more inclusive of both service user and family members. There was also a greater awareness of the importance of the recording process. For example: "I just write a couple of lines now, unless it is something that I need to record....you are quite focused that it is about the task." (Reablement worker, focus group 1, session 1).

#### **Increase self-esteem**

The fact that part of the programme acknowledged existing skills and recognised the importance of consulting the participants in the decision making process regarding user care had a positive effect on the self-esteem of the participants. One of the most telling quotes was "The physio will ask us for our opinion and if there is anything else we think the service user could be doing. She writes the exercises down in their book and what we've to do and the feedback to say if it's working." (Reablement worker, focus group 2, session 1).

This increase in self-esteem partly seems to have helped to lead to improved job satisfaction among the workforce.

#### **Reflective practice**

Some of the participants were able to discern which practices to adapt in particular situations. They were able to transfer this learning onto other service users and try this with them. An illustrative comment being, "You find something that works with one person then you will approach it a different way instead of saying do you need a hand you might say oh well do you need a hand with it. Can you show me how you do it? Using different ways of prompting, to get them to show you how to do it." (Reablement worker, focus group 2, session 2).

## **Attainment of goal**

Participants felt that even with the constraints of staff turnover service users were still able to achieve their personal goals. This could be partly attributed to the part of the training where participants were encouraged to break goals/task down into achievable sections/goals Specific Measurable Achievable Realistic Time managed (SMART) goal planning. "They are wanting to do everything and you just need to say to them slow down a bit take one step at a time" "You go back in a few weeks when you have not seen somebody that many times and you are back in the end of the six weeks. It is amazing... You can be doing them one week and then it is maybe two, three weeks before you are in again. But is it stopping them achieving the goal? No not at all." (Reablement worker focus group 2 session 2).

## **Fears and concerns about reablement**

Although generally most of the feedback from the focus group was positive some issues were highlighted by the focus group participants.

The first of these issues surrounded communication problems with some participants left with a feeling of isolation. A noted quote was "We have not gelled. I do not see anyone I feel just on my own." (reablement worker, focus group1, session1).

Alongside this problem of communication there was also a problem with logistics. Some of the participants felt that a lot of needless journeys were undertaken. Some staff identified being sent on overly long journeys where equally qualified staff resided in a much closer radius. Sometimes staff were sent to cover the locality which they themselves had just left. Furthermore, there was an issue raised regarding the provision of transport and sharing of vehicles between reablement workers. The need to drop staff off when the vehicle was handed over tended to erode the other workers spare time. It appeared that the senior members of staff did not share their vehicle. Thus when senior members were on leave the car sat dormant. This issue affected only the staff who had transferred from domiciliary care. Staff tried to resolve the situation using their own vehicle but felt that they should be given an increased payment to cover the wear and tear on the vehicle. Parallel to this issue, concerns were expressed regarding personal safety. Participants often traversed unfamiliar, dimly lit, foreboding areas, late at night and unaccompanied.

A different kind of problem to emerge during the focus group was the problem of lack of continuity. Although only 2% of survey participants' highlighted consistency with service users as a training need (See appendix 4 Table 5), it was more of a major concern during group discussions. The participants found it difficult to form proper working relationship with service users as they did not necessarily provide service on a regular basis to the same person in order for them to establish these relationships. For example "and she said to me when I was coming out this morning are you coming back tomorrow and I said no that is my weekend off and she said, oh no another new face." (Reablement worker, focus group 2, session1).

## **Participants: Future training needs**

Prior to the survey I discussed with the participants manager the future service needs. These were in line with Scottish Social Services Council (The Social Services Sector in Scotland: 2012:91). We identified skills the reablement worker would require to have an increased knowledge of in order to meet outcome focussed care for the individual.

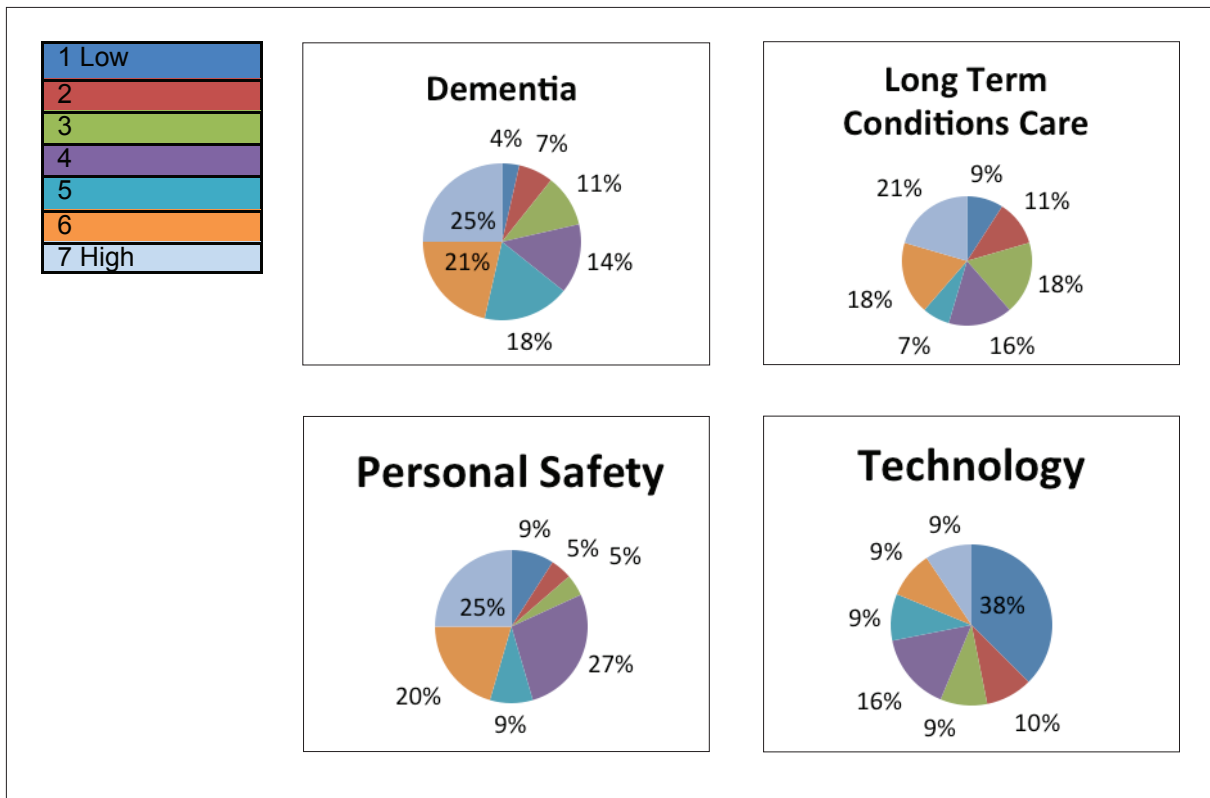
From an identified list participants were asked to prioritise their learning needs. They were asked to score their requirements on a scale of priorities with 7 being the highest priority and 1 being the lowest priority.

It is clearly evident that dementia, long term conditions and personal safety were the highest needs.

- Dementia was rated by 25 % of the participants as being their highest rated need.
- Personal safety was rated by 25% of participants as being their highest need.
- Long term conditions was rated by 21% of the participants as being their highest need
- Technology was rated by 38% of participant as their lowest training need.

(See table 4)

Table 4



In the survey, participants were asked to identify areas of learning needs in relation to their new role as reablement workers. The most consistent area identified was the management of long term conditions such as diabetes and dementia. Interestingly almost 20% of respondents felt that they did not require any further training. It is worth noting here that only 2% of people commented on the consistency with service user as being a learning need.

Table 5

Areas identified as a Learning Need	%
Long term conditions e.g diabetics, dementia, palliative care, strokes	38
First aid	6
Medication including other breathing equipment and inhalers	4
New aids/equipment	11
Technology	4
Time management	2
Consistency with service user	2
More supervision with support staff and shadowing	4
Motivational course	2
Giving feedback face to face and over the phone	4
Ongoing refresher training and updates in what they have recieved	4
How to deal with family members	2
On going refresher in training already recieved	6
No further training required	19

## **Implications for policy and practice**

This project relates to current practice and processes which are prevalent within West Lothian Council and are high on the agenda of 'Reshaping Care for Older People' (The Scottish Government 2011). In particular it facilitates the empowering of staff to be part of the reablement process. This is achieved by encouraging staff to take ownership of practices and identify future skills and training which will benefit the service user and continue to move the service forward.

Participants were clearly able to change the focus of the service they provided and had put into practice their reablement training skills to become focused on achieving individual outcomes for the service user. Among the outcomes was an increase in their demonstrable knowledge and skills.

Decreasing travelling distances between service users may make for a more productive and economical environment by giving carers more time with the service users and saving time and money on crossover journeys. It may be worth consulting with experts in the logistics field (e.g. West Lothian Council transport department). Some options to consider are: increasing pool cars, having a central place to pick up cars from and the facility to store their own car as the work during unsocial hours, and provide a car for all drivers.

Aligned to the above concern was the issue of personal safety, particularly for non driving staff. Risks could be reduced by ensuring staff undertake training in personal safety. Another recommendation would be to make a business case to West Lothian Council who are currently reviewing this issue of personal safety equipment and the provision of a pendant device that has Global Position System (GPS) which is linked to an alarm and call centre.

While the workers were able to react to different situations there was a general feeling of lack of feedback and shadowing from seniors. Staff came together for regular meetings and it was evident in my discussions that staff were seeking feedback on current work. This could be alleviated by better communication and supervision, thus enabling the worker to increase skills in reflective practice and increasing their feeling of value and worth. Supervision could be accommodated by senior staff taking on the role of supervision for small teams. It is important to ensure that they are given training and time to carry out this function. They could also carry out planned accompanied visits on a regular basis. Senior staff could then receive their supervision from the team leaders.

Identified needs were to provide training in long term conditions, such as diabetes, dementia and palliative care and other expressed needs. Given my role as learning and development coordinator the implications for the Learning & Development team are clear. An additional bespoke training package requires to be designed. As this forms part of our strategic planning this shall be addressed in financial year 2013/2014. This necessitates work with the service manager and senior manager to decide the best method of delivery.

## **Plans for knowledge exchange**

After the research has been concluded, the report shall be presented to the Group manager (Aileen Maguire), who is overseeing the project. On approval, the information will be shared with the research participants for comment and reflection. In line with the research protocol, a copy shall be retained by West Lothian Council.

Following this, the information will be submitted to the PROP group who will utilise the evidence gained in their general body of work on the subject.

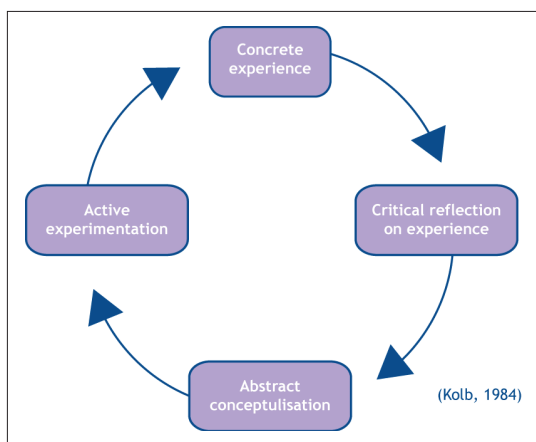
It would hopefully be shared with JIT and IRISS to appear on their website in order to share good evidence based practice.

## **Personal reflections**

Gathering this evidence and undertaking this research has been a major learning curve. The feedback from the participants has given me an insight into how the participants have taken the experiential learning and adapted and incorporated this into their current practice within the reablement service.

I have evidenced how the participants applied the 'Kolb learning cycle' (Kolb 1984) not only during training but also into their practice by consolidating their learning now they have been in post for a few months.

The cycle includes:



David Kolb's Experiential Learning Model (Kolb.1984:3)

The training gave staff the opportunity to reflect on experience, by the use of discussion, sharing experiences, and trying out other ways of working (e.g. How to assist someone with active stair practice). Participants were shown how to use equipment. Practical exercises were undertaken and any practical issues arising were able to be examined, discussed and overcome. This knowledge thus gained could then be applied to practical situations.

The participants would complete the two days training and then shadow an experienced worker for a period of two weeks.

Among the issues that I had not anticipated was the participants' lack of computer skills. I had estimated that staff may need additional support and had built this into the programme. However I underestimated the time and support that some of the participants required to complete the online survey. The focus groups were only a small sample and there were a few issues trying to secure a time that was suitable for all attendees. I was unable to carry out a focus group with the "Crisis Care Workers" due to service demands. Participants could not be released to participate. I had hoped to evidence that the training programme was fit for purpose and that staff would buy into the process and identify future training needs. I hope that the results will bring about changes to the current training programme. However the feedback showed that staff felt that the initial two day programme and shadowing period of senior worker, although meet their initial need, they now required more in-depth training to meet their continued learning needs.

By identifying these future learning needs an implementation plan may be set up.

With hindsight my background research would be better detailed and planned. I would allow more time for the participants to complete the online survey. I would be more flexible regarding time management in relation to the size of the focus groups.

However what was really evident from the survey and the focus groups was the staff ability to cope with change. Participants also had the ability to fuse their existing knowledge with newly gained knowledge. There was also a marked increase in confidence in their own skills and abilities. Through the opportunity to participate in research programme my understanding has increased. I have appreciated the opportunity to study reablement and increase my knowledge in research.

The reablement workers were given time to attend the survey and the focus groups. If this time had not been allotted given, the results may have been different. Collating the data has been time consuming

though hopefully worthwhile as the identified themes will inform the reshaping of future training and service provision. Through research into books, websites and journals I gained a greater knowledge into reablement techniques which I will be able to use as part of my role in learning and development. I also learned how to decipher and glean information from questionnaire and group discussion.

## Conclusions

This research was carried out as part of the Practitioner Research Older People (PROP) project. The report considered staff views on reablement training in West Lothian. The training itself consisted of 2 days intensive training followed by two weeks on the job supervised training. The training was found to be mainly successful in achieving its goals of improving knowledge in reablement among the workforce and changing the mind set of participants towards working practice. Also illustrated were areas where future training could be improved. These included training for long term conditions, training on motivational techniques, training on managing challenging behaviour, and more training on aids and adaptations. Other needs stemming from the research included an approved logistical system a need for improved supervision and feedback. Emerging from the report concerns for personal safety were also identified.

By evaluating the current training in this fashion it may be possible to adapt the future training to incorporate the elements identified in this research.

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## Appendices

### Appendix 1 - Research approval letter from West Lothian Council



Social Policy  
Learning & Development Team  
Eagle Brae  
Livingston  
West Lothian  
EH54 6QG

Catherine Robertson  
Learning & Quality Assurance Advisor  
West Lothian Council

18<sup>th</sup> July 2012

Dear Catherine,

#### **RE: RESEARCH PROPOSAL**

In connection with your recent research application, I am pleased to advise that you have been given approval to proceed. This approval is conditional, based on the following:

- The involvement and regular communication with your nominated research manager who is Isobel Meek, Learning & Quality Assurance Manager.
- That upon completion of your research, your report/finding are made available to West Lothian Council's social policy sector, which you are required to send to me at the above address.

Your research report will be added to our research database for dissemination and use by West Lothian Council. I wish you well with your research and look forward to receiving your report in due course.

Yours faithfully

*Isobel Meek*

Learning & Quality Assurance Manager  
Social Policy

## Appendix 2 - Participant information sheet and consent form



### **PARTICIPANT INFORMATION**

#### **Analysis of Staff Training Regarding Care for Older People**

##### **Invitation**

The project is being led by CRFR (University of Edinburgh) and IRISS (Institute for Research and Innovation in Social Services) for which you are asked to take part in.

##### **Project Overview**

As western societies experience an aging population, improving, or even maintaining, the quality of health and social care of older people is a significant issue. Reflecting wider trends, in Scotland by 2031 the number of people aged 65 and over is projected to be 58% higher than in 2004. This represents a significant challenge to health and social care services, as well as to individuals providing care to relatives or friends.

This project brings together a team of academics, policy-makers, practitioners, older people accessing health and social care provision, and specialists in evidence-use and knowledge media. Collectively we will draw together existing evidence, generate new evidence and improve the use of this evidence to improve the lives of older people across Scotland.

One of the key outputs of the project will be the delivery of a practitioner research programme, through which practitioners (and potentially older people receiving support) will be supported to undertake small-scale research projects.

West Lothian Council has recently changed the role of their personal care workers (PCW) to join an established reablement team. The focus of this group is to provide a reablement model of home care and supply a new crisis care service. This is in line with the Joint Improvement Team (JIT) initiatives and part of the 'Reshaping Care for Older People' agenda. As part of this I plan to evaluate the impact of recently undertaken reablement training to identify future learning needs. This will enable continuous development of the service.

The research has been approved in line with West Lothian Council ethics procedure for more details please contact [catherine.robertson2@westlothian.gov.uk](mailto:catherine.robertson2@westlothian.gov.uk)

##### **What Will Happen**

West Lothian has a research access protocol in place which means that a nominated manager Aileen Maguire has been identified to oversee this research. As the main researcher my manager Isobel Meek will also have an overview. The research has also been approved by the Procedures and Recording Group. Participants should be aware of the importance of the research project and the need for participants' honest opinion. Participants anonymity will be protected and there will be no repercussions on the information shared\*.

As front line workers your experience and opinion is of value and necessary to move the service forward. Research findings will not identify any individual staff member. All data collated will be anonymous and treated with confidentiality however should any concerns with practice arise this would need to be acted on with the individual and any other appropriate person. No service user will be involved in the collection of information.

\*(Please note that in line with legislation I am bound by the same code of conduct and legislation as you and if any disclosure of abuse or neglect was made then I would be required to report/act on it).

### **Your involvement**

Today you will complete an online electronic questionnaire which typically takes approximately 30 minutes to complete. Following the survey you will be invited to volunteer to join a focus group.

### **Focus Group**

From the volunteers, two focus group of 4 - 6 members shall be selected (either on a voluntary basis or, if over/under subscribed, on a random basis.) Focus group sessions will be time limited to three 60 minute sessions. By using the information drawn from the gathered data the report should be able to highlight common strengths and weakness of the present system.

Focus group meetings will be 3 meetings over a maximum of 3 weeks lasting 1 hour each and will involve 12 staff.

With participant permission, a digital recorder will be used to record the focus group meetings and used in line with West Lothian Councils procedure for using a digital recorder. All information will be held securely and destroyed following publication of the report in line with the procedure.

### **Participants Rights**

You may decide to stop being a part of the research study at any time without explanation.

As the survey is anonymous and that the question is related to the job role and you are not being asked any sensitive information we expect completion of the survey in full. If this is an issue please advice prior to beginning the survey.

You have the right to have your questions about the procedures answered. If you have any questions as a result of reading this information sheet, you should ask a member of the research team before the study begins.

Attendance at the focus group will be on a voluntary basis. You will be given time to attend within your working hours.

### **Benefits and Risks**

There are no known benefits or risks for you in this study.

### **Cost, Reimbursement and Compensation**

Your participation in this study is voluntary. You will be given time during work to take part in the survey and focus groups.

### **Confidentiality/Anonymity**

The data we collect will not contain any personal information. The plan is to formulate a research report which will be made available firstly to the participants, Learning and Development, Reablement service manager and West Lothian Council senior management team. With West Lothian Council approval it will be shared with Practitioner Research: Older People who as part of this group they will gather 12-15 practitioner research project briefing papers based on project findings and then form a summary of practitioner research projects as part of the programme.

I envisage the findings being used as a tool to improve current training and highlight future training needs within West Lothian Council and by making this report available to others to enhance learning and partnership working to improve service delivery in re-shaping care for older people.

**Thank you for your participation in this research Project.**

**Catherine Robertson**  
**Learning and Development**

## INFORMED CONSENT FORM

### Analysis of Staff Training Regarding Care for Older People

#### Project Summary

To find out if the training enabled staff to carry out the task in their new role as reablement workers?

To involve staff in identifying future learning needs in relation to providing continuous improvement in a reablement service?

By signing below, you are agreeing that: (1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, (3) you are aware of the potential risks (if any), and (4) you are taking part in this research study voluntarily (without coercion).

**Participant's Name (Printed)\*** \_\_\_\_\_

**Participant's (Signature) \*** \_\_\_\_\_

*\*Participants wishing to preserve some degree of anonymity may use their initials (from the British Psychological Society Guidelines for Minimal Standards of Ethical Approval in Psychological Research)*

Name of person obtaining consent (Printed) \_\_\_\_\_  
L&D use only

Signature of person obtaining consent \_\_\_\_\_  
L&D use only

## FOCUS GROUP VOLUNTEER FORM

**"I wish to be part of the Reablement Training Research Focus Group."**

**Participant's Name (Printed)** \_\_\_\_\_

**Participant's (Signature) \*** \_\_\_\_\_

*\*Participants wishing to preserve some degree of anonymity may use their initials (from the British Psychological Society Guidelines for Minimal Standards of Ethical Approval in Psychological Research)*

### Appendix 3 - Survey questionnaire



#### Training Evaluation

Edit

Please fill in our survey.

1  INTRODUCTION

*West Lothian Council has recently changed the role of their personal care workers to join an established reablement team. The focus of the group is to provide a reablement model of home care and supply a new crisis care service. This is in line with the Joint Improvement Team initiatives and part of the Reshaping Care for Older People' agenda. As part of this we plan to evaluate the impact of recently undertaken reablement training and to identify future learning needs. This will enable continuous development of the service.*

Delete

Edit

1. Job Title: \*

1	True	1
---	------	---

Delete

Edit

2. Male/Female: \*

1	2	True	3.2
---	---	------	-----

Male  Female

Delete

Edit

235118	235119
--------	--------

3. Service type/provision (i.e. crisis care/reablement \*)

Delete Edit

1 True 1

4. Are you now working in \*

1 3 True 3.2

Crisis Care Reablement

Not

yet

Delete Edit

235273 235274 235275

5. How long have you worked in this area? \*

1 3 True 3.2

Months 3-5

Months 6-9

Months

Delete Edit

235276 235277 235278

1 Pre-course Knowledge

Delete Edit

6. Prior to this course have you received any previous training in crisis care/reablement? \*

If yes, please complete question 7

1 True 2.1 Yes No

7. If you answered yes to question 6, please provide details of course?

(e.g. training provider, date/year, duration of course)

Delete Edit

1  False  6

1  Workplace Learning

1  Knowledge and Practical Skill Development

**8. Do you think the goals below have been achieved? \***

Please put Y in agree or disagree box before completing comment

1  3  13  True  51

	Agree	Disagree	Explain reason for your choice
108093 <input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I have a clear understanding of the needs for changes in the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
108094 <input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I have a clear understanding of the role of the Reablement Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
108095 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I have a clear understanding of my role and remit within the reablement service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
108096 <input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I have a clear understanding from a service users perspective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
108097 <input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I have an increased understanding of the multi-disciplinary team role in reablement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

108098	6	My communication skills have improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108099	7	I am confident in encouraging service users to achieve set goals by themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108100	8	I am able to implement techniques to promote service user participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108101	9	I am able to competently use problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108102	10	I am able to use SMART goal planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108103	11	I am clear on the importance of recording information for reablement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108104	12	I feel confident in using aids and adaptations available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108105	13	I know how to access aids and adaptations available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
235345		235346	235347			

9. Please rate the methods of training used \*

1	5	9	True	5
---	---	---	------	---

		Poor	Fair	Good	Very Good	Excellent
107988	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107989	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107990	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107991	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107992	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Delete Edit



107993	6	Group Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107994	7	Individual Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107995	8	Case Studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107996	9	Handouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
235285	235286	235287	235288	235289							

Delete Edit

1 Course effectiveness/impact

10. What if anything, did you learn as a result of taking this course? \*

1 True 6

Delete Edit

11. Can you give an example of how you used what you learned during the course in your own practice? \*

1 True 6

Delete Edit

12. Did the course content make you more able to carry out the new crisis care or reablement role? \*

1 5 True 3.2

Poor Fair Good Very Good Excellent

235234 235235 235236 235237 235238

Delete Edit

13. Give an example of how the course content enabled you to carry out your new role \*

1	True	6
---	------	---

Delete
Edit

14. As a result of this training I feel more confident in carrying out my new role?

1	2	False	3	2
---	---	-------	---	---

Agree  Disagree

235290	235291
--------	--------

Delete
Edit

15. How could the training programme be improved? \*

1	True	6
---	------	---

Delete
Edit

16. What do you consider your future learning needs scoring the level of importance from list below? \*

1	Future Needs
---	--------------

Delete
Edit

1 being lowest and 7 being highest. You can only use each number ONCE. i.e. one number 1, one number 2 etc.

1	7	7	True	5										
108086	1	Technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108087	2	Recording	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108088	3	Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108089	4	Personal Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108090	5	Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108091	6	Behaviour Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108092	7	Long Term Conditions Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
235338	235338	235340	235341	235342	235343	235344								

Delete Edit

17. Please specify any other training needs that are important to you in your role within reablement \*

1	True	6	
---	------	---	--

Delete Edit

18. How do you think the reablement service could be improved? \*

1	True	6	
---	------	---	--

Delete Edit

Thank you for filling in our survey.

Edit

## Appendix 4 - Evaluation of graphs

**Table 1**

0-2 Months		7% (4)
3-5 Months		13% (7)
6-9 Months		78% (41)

Table 1 shows, all survey participants have been employed in their current role for less than a year, with the majority having been in post between six and nine months.

**Table 2**

The participants claimed to have produced positive outcomes from the course. Benefits identified were :-

	% of people who agree with the statements
A clear understanding of the needs for changes in the service	98%
A clear understanding of the role of the reablement team	98%
A clear understanding of personal role and remit within the reablement service	100%
A clear understanding from a service users perspective	98%
An increased understanding of the multi-disciplinary team role in reablement	89%
Communication skills have improved	84%
Confident in encouraging service users to achieve set goals by themselves	93%
Ability to implement techniques to promote service user participation	96%
Ability to competently use problem solving skills	91%
Ability to use SMART goal planning	84%
More clarity on the need to record information	98%
Confident in using aids and adaption's available	93%
More confident in ability to access aids and adaption available	95%

### **Table 3**

Below are responses from participants in relation to how they felt able to use knowledge and experience gained from the course:

Use of equipment including mobility aids  
Prompting, stepping back  
using SMART, demonstrating other ways to do things  
First aid, Breathing techniques  
Awareness of SU abilities  
Communication  
Awareness of Service Users abilities and conditions  
Contact with the physio  
Hints and tips information  
Reading the care plan  
Making a judgement  
New challenge  
Understanding of reablement  
Support staff telling us how they worked  
Team work improve

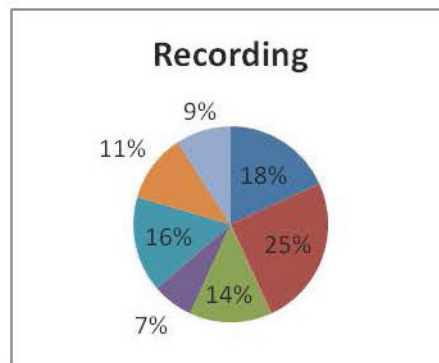
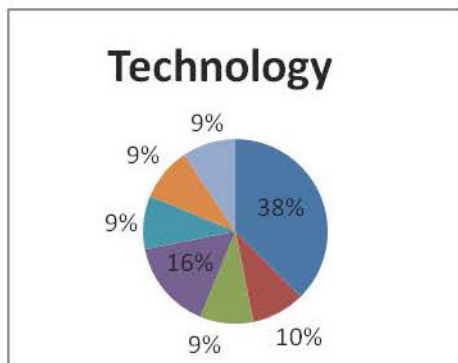
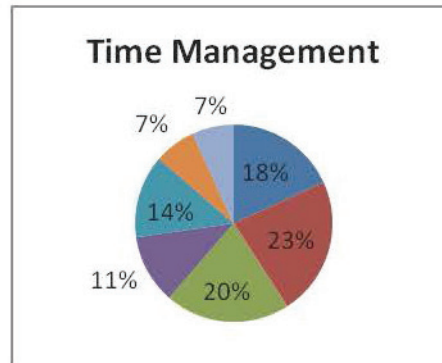
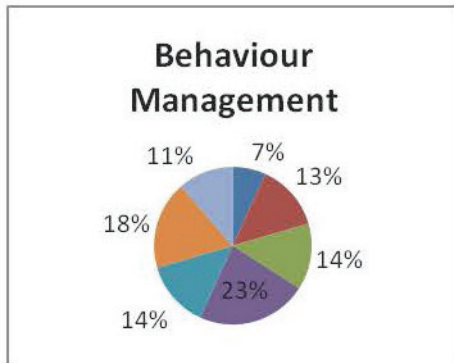
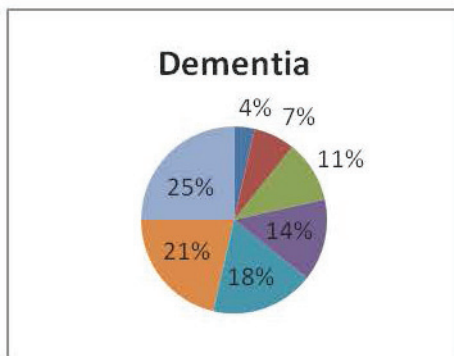
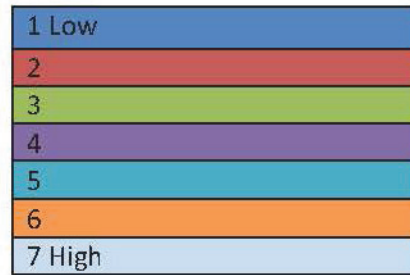
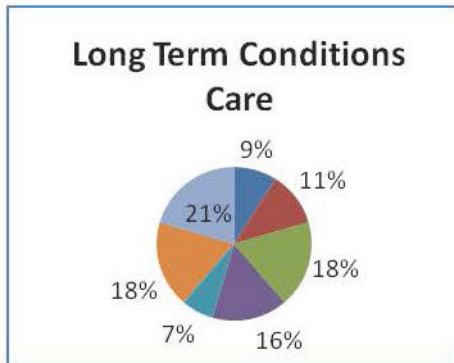
### **Table 4**

Participants were asked to rate their training needs in relation to the following areas, on scale of 1 being the lowest and 7 the highest level of need.

Table 3 shows that participants identified from the list given that their own learning needs where in Long term conditions and dementia. It shows that they felt confident with technology.

Personal safety was raised through this group as a high training need. These concerns were highlighted in the focus groups.

**Table 4**



**Table 5**

In the survey participants were asked to identify areas of learning needs in relation to their new role as reablement workers. The most consistent area identified was the management of long term conditions such as diabetes and dementia. Interesting however almost 20% of respondents felt that they did not require any further training. It is worth noting here that only 2% of people commented on the consistency with service user. See table 4 below

Areas identified as a Learning Need	%
Long term conditions e.g diabetics, demetia,palliative care,strokes	38
First aid	6
Medication including other breathing equipment and inhalers	4
New aids/equipment	11
Technology	4
Time management	2
Consistency with service user	2
More supervision with support staff and shadowing	4
Motivational course	2
Giving feedback face to face and over the phone	4
Ongoing refresher training and updates in what they have recieved	4
How to deal with family members	2
On going refresher in training already recieved	6
No further training required	19