Near Me in Social Work Progress Report

Version 2.0

July 2021

1 Executive Summary

- In February 2021, a joint programme between the Scottish Government's Office of the Chief Social Work Advisors and the Near Me team within Technology Enabled Care, Digital Health and Care Directorate, was established to support the rollout of the Near Me video calling platform to deliver care reviews to care home residents.

- Using an improvement collaborative approach, use of Near Me was established within 11 Health and Social Care Partnership Social Work departments.

- The feasibility of using Near Me to support care home reviews has been evidenced through testing and implementation.

- Use of Near Me within the collaboratives has steadily increased to approximately 200 video calls supporting care reviews per month.

- Feedback from callers (mostly family members 78% and Care Home Staff 16%) was largely positive, with 95% of survey respondents saying they would use Near Me again.

- In collaboration with the Connecting Scotland Programme over 1000 devices, and data packages where required, have been distributed to care homes across Scotland. This sets in place a technical capability across care homes that will support future service developments.

- Learning from the collaboratives highlighted the benefits of being able to offer video calling as a choice for residents and family members, improved communication without the need for personal protective equipment, supporting relationship-based practice and the ability to take a blended approach of in-person and via video interactions.

- The limitations of what can be achieved during a video call were also recognised including the ability to hold sensitive conversations, to provide reassurance via touch during moments of distress and the time required to prepare family members to take part in the video call.

1.1 Recommendations

A range of enablers and barriers were identified, and the following recommendations developed:

- Develop a process, with appropriate governance, to allow social work staff to remotely access paper-based care plans.

- Develop a training module for Social Workers to enhance skills in the delivery of services via video calling.

- Incorporate local leadership and project support into future programmes.

- Continue to run Improvement Collaboratives to support new areas of activity.

- Maintain collaborative working with the Connecting Scotland Programme to support Digital Inclusion for service users, family members and care home staff.

- Develop a systematic approach to capturing Near Me video calls as activity within the various client management systems used by Social Work in Scotland.

1.2 Next Steps

Proposed next steps are to:

- Develop an addendum to the published guidance to support Out of Authority Care Reviews.

- Establish a programme of activity to extend the use of Near Me to Duty Social Work.

- Explore the use of Near Me to support the redesign of Out of Hours services.

2 Purpose of this report

At the request of the Office of Chief Social Work Advisors (OSCWA) the Near Me team was asked to lead a feasibility study, with the aim of supporting Social Workers carry out remote care home reviews. This was in response to a national requirement to undertake outstanding care reviews in Care Homes within the context of ongoing Covid19 visiting restrictions.

This report describes the activity undertaken between February and June 2021 and the learning and outcomes from a Near Me collaboration with 11 Health & Social Care Partnership (HSCP) Social Work teams. They explored and tested the feasibility of using Near Me video calling to enable virtual care reviews in care homes for older adults. It has been informed by learning from the Improvement Collaboratives, independent interviews, user surveys and Near Me call volume & usage data.

3 Our Approach

3.1 Governance

To oversee the programme, a steering group was established in February 2021. This included representation from OSCWA, the Technology Enabled Care (TEC) Programme, Scottish Care, and Social Work Scotland. A project brief was developed and approved that set out a phased approach to test the use of Near Me within a small number of Pathfinder areas. This was later extended to a second cohort of Early Adopters.

Aims of the project were agreed as:

- Establish Near Me as a tool for undertaking care reviews within the care home setting.

- Support the rollout of Near Me across Scotland to deliver care reviews.

- Embed the use of Near Me within Social Work departments, with the aim of enhancing other services via the use of video consulting.

- Enhance the range of video services available to care home staff and residents.

- Support the digital upskilling of care home staff.

3.2 Improvement Approach

The group also endorsed an Improvement Collaborative approach, underpinned by the model for improvement and designed to support rapid testing, sustainable change and scale up. It is delivered by bringing together 4-8 project groups from a variety of areas (Urban, Rural & Islands). This broadens and deepens the robustness of the testing with the opportunity to share learning and influence one and others' testing. "The sum of the parts being greater than the whole" sums up the value and importance of this collaboration.

Figure 1 Near Me Improvement Approach
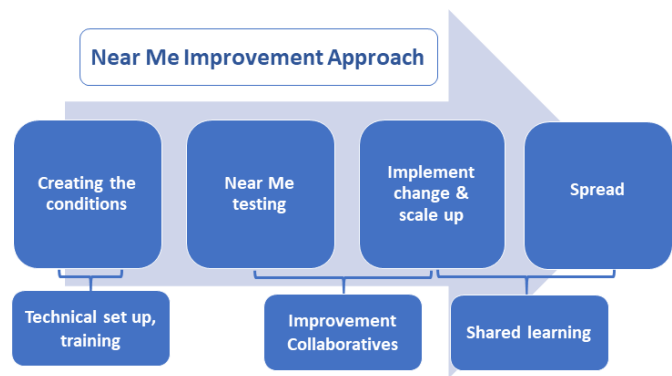
Creating the conditions: recruitment to collaborative, technical set up & familiarisation with using Near Me. If required, local sign off for system security, data protection, equalities.

Near Me testing: understanding existing processes for conducting care reviews in care home and mapping the new process using Near Me. Iterative testing of the new process.

Implementing change and scale up: Widening the number of staff and care homes involved. More reviews undertaken to test the robustness of the processes.

Spread: Local processes developed to support the spread of Near Me, including technical set up, training of additional staff using and on boarding of new use cases.

4   Improvement Collaboratives

This improvement approach ran with two separate groups; the Pathfinder areas, which involved 6 HSCPs from Feb 2021 to March 2021 and 5 Early Adopters areas from April 2021.

Figure 2 Improvement Participants
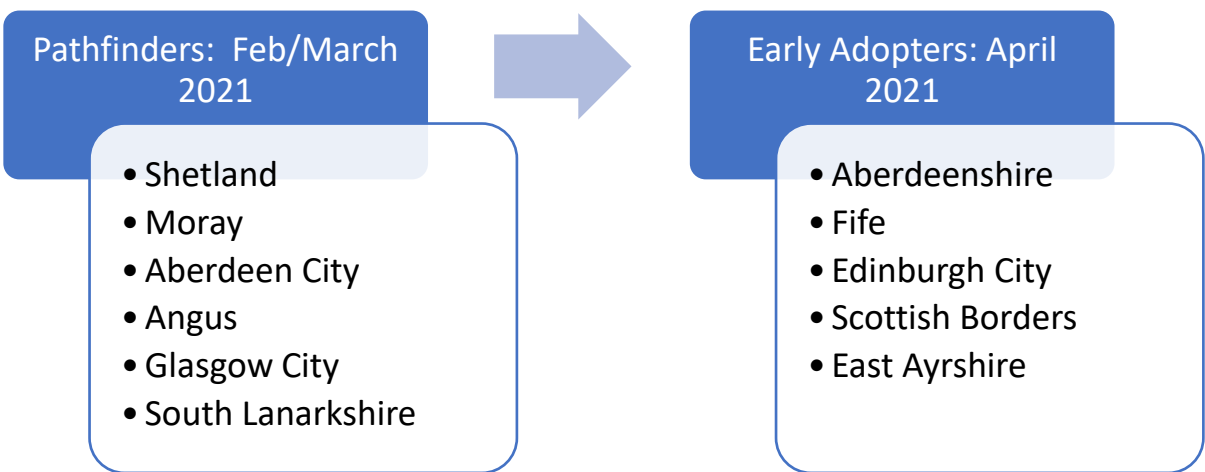
4.1 The Improvement Process

A structured approach was taken with both the Pathfinder and Early Adopters groups. This involved:

- Technical Readiness - in the 2 weeks prior to the Improvement Collaboratives project groups were supported to confirm technical readiness for using Near Me, establish Near Me waiting areas, allocate service provider rights and practice using the platform.

- Improvement Collaborative Meetings – regular 1 hour sharing & learning meetings to:

- Understand local needs

    o Process mapping

    o Feedback from iterative using "plan, do, study, act"

    o Share experience & learning from testing

    o Share resources

    o Trouble shooting any issues

- Weekly 30-minute support calls to:

    o Provide individual support

    o Monitor local progress

    o Support testing & scale up

- Webinar event to share learning with the wider team and support scale up.

A key part of the overall process is the co-production of "National Speciality Guidance" to support implementation of Near Me in other areas. Built on previous guidance developed for Social Services (developed in collaboration with Iriss), Care Review guidance was published May 2021 and can be [downloaded here](#).

4.2 Participant Mix

Of the 11 participating project groups there was urban, rural & island representation. The types of adult care homes involved were both Local Authority/HSCP and Independent, with registered service users varying in number from 7 to 70. The staffing approaches also varied in both who participated in the collaborative and how the services scaled up to use Near Me to support the completion of outstanding care reviews. This included existing designated care review teams and staff who were already aligned to the care home, to staff who prioritised the local testing & implementation which informed their scale up.

These scale ups included the use of agency staff, overtime and in the case of Glasgow HSCP they skilled up final year social work students to accelerate the process. This model has had the dual benefit of supporting undergraduate training and developing a virtual supervisor role.

The varied environments in which Near Me was tested and implemented highlighted that, despite the differences, it was successful in supporting social workers to complete care home reviews. This emphasised the flexibility and sustainability of Near to support person-centred reviews.
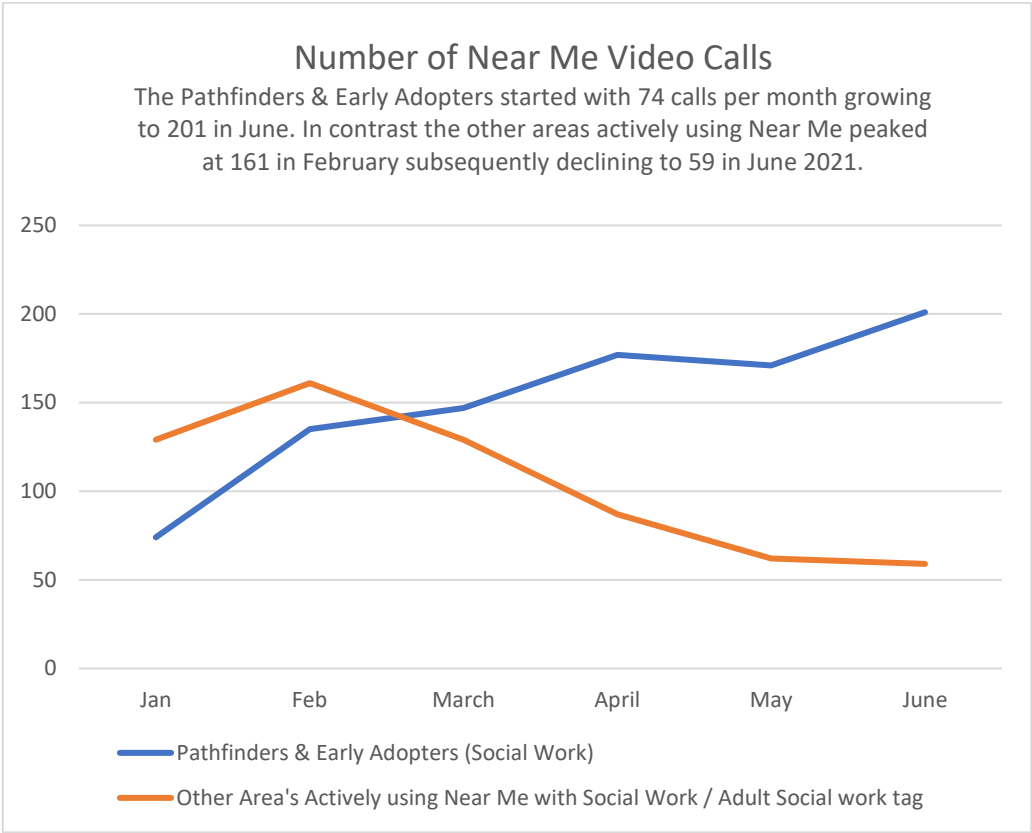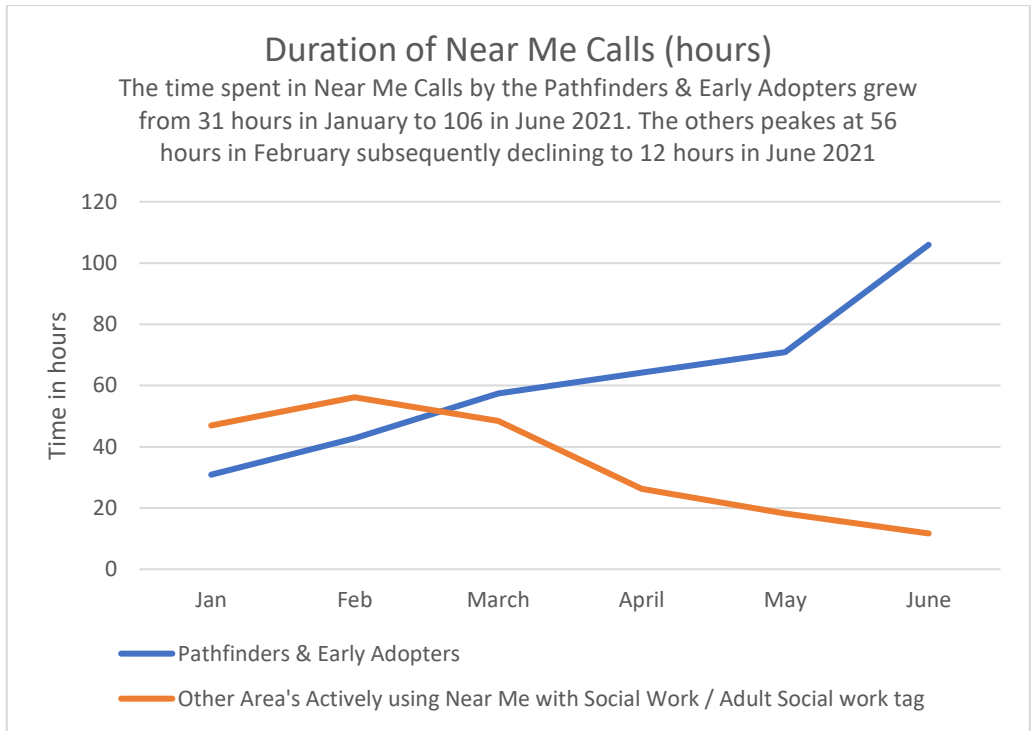
5 Results

5.1 Call Volumes

Call volumes have been collated from the underlying video consulting platform (Attend Anywhere). These have been taken from data tagged as social work and adult social work. Data relating to children and families, occupational therapy and justice have been excluded.

Figures 3, 4 and 5 chart the Near Me activity from January to June 2021. It is split into activity by those involved in the Improvement Collaboratives (Pathfinders & Early Adopters - blue line) and other waiting areas classed as Social Work.

Figure 3 Near Me Video Calling supporting Care Reviews

Number of Near Me Video Calls
The Pathfinders & Early Adopters started with 74 calls per month growing to 201 in June. In contrast the other areas actively using Near Me peaked at 161 in February subsequently declining to 59 in June 2021.

Pathfinders & Early Adopters (Social Work)

Other Area's Actively using Near Me with Social Work / Adult Social work tag

Figure 4 Call Duration

Duration of Near Me Calls (hours)
The time spent in Near Me Calls by the Pathfinders & Early Adopters grew from 31 hours in January to 106 in June 2021. The others peakes at 56 hours in February subsequently declining to 12 hours in June 2021

Time in hours

Pathfinders & Early Adopters

Other Area's Actively using Near Me with Social Work / Adult Social work tag

Figure 5 Number of staff actively using Near Me
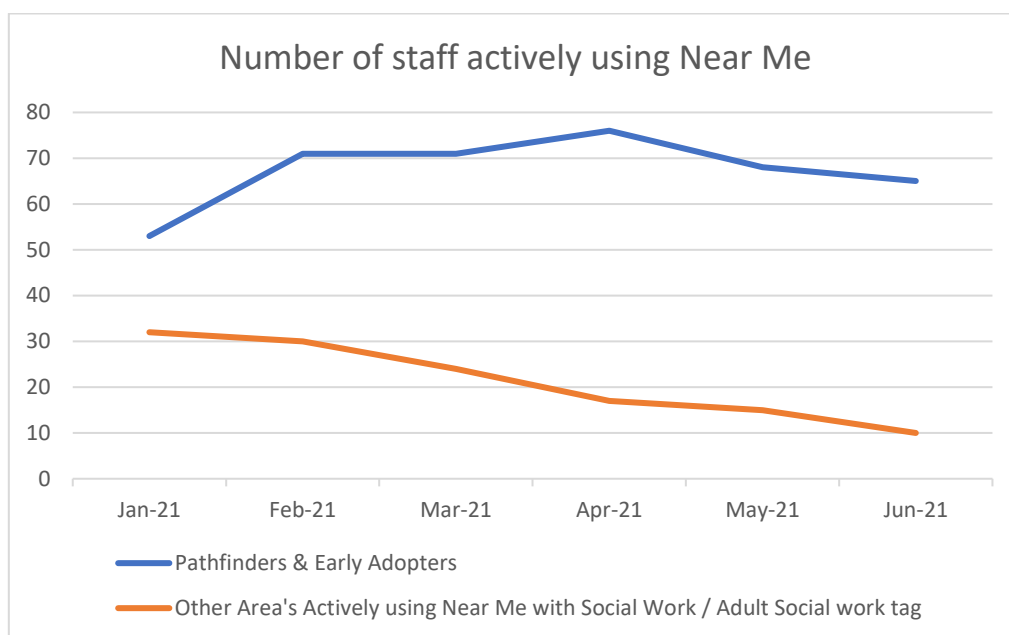
Within the collaboratives the growth is steady and reflects the narrative of the testing, implementation and scale up. The reopening of care homes may have influenced the shallow dip between April and May. However, this presented opportunity for those in the collaboratives to use Near Me to support in-person reviews by including family and other third-party participants to join.

In contrast, services outwith the collaboratives have declined in usage since the peak of the pandemic in February. These included care management, children and families, virtual visiting and justice. This is likely to be a direct impact of the easing of COVID restrictions, the reopening of Care Homes to visitors and a move back towards in-person interactions.
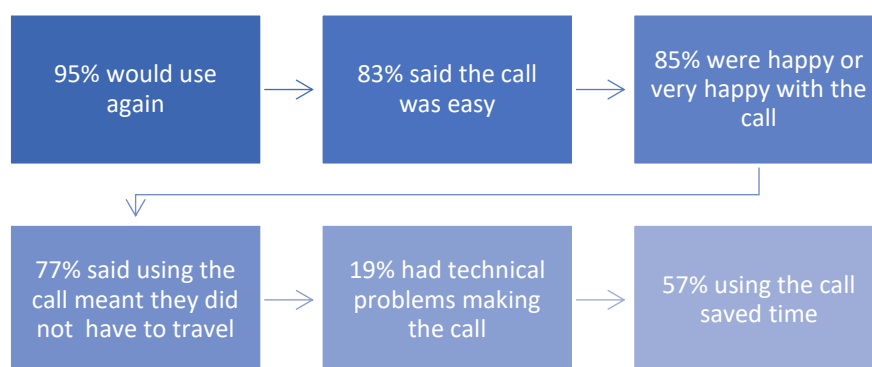
This divergence also indicates the value of the collaborative improvement approach in achieving sustainable change. The ongoing review of Near Me usage will monitor sustainability.

5.2   Caller Survey

A service user survey was applied to all participating waiting areas in May 2021 (with the exception of Moray who were using their own survey). To date a total of 40 responses have been received.

78% of responses were by family members/guardian or unpaid carer with the remaining of respondents from staff either directly or indirectly supporting the person. The overall responses were resoundingly positive with 95% of respondents stating they would use video calling again**.**

Figure 6 Survey Highlights

95% would use again	→	83% said the call was easy	→	85% were happy or very happy with the call
77% said using the call meant they did not have to travel	→	19% had technical problems making the call	→	57% using the call saved time

With regards to ease of use only 12% were dissatisfied with a further 5% indifferent. This is recognised in Social Workers feedback that some clients and family members require more support to enable them to join and participate in the call.

While 85% of respondents stated they were happy or very happy with the video call, 10% stated they were unhappy. Free text comments from previous surveys have indicated that respondents find it difficult to differentiate between their feelings towards the video calling process itself and their perceived quality or outcome of the review.
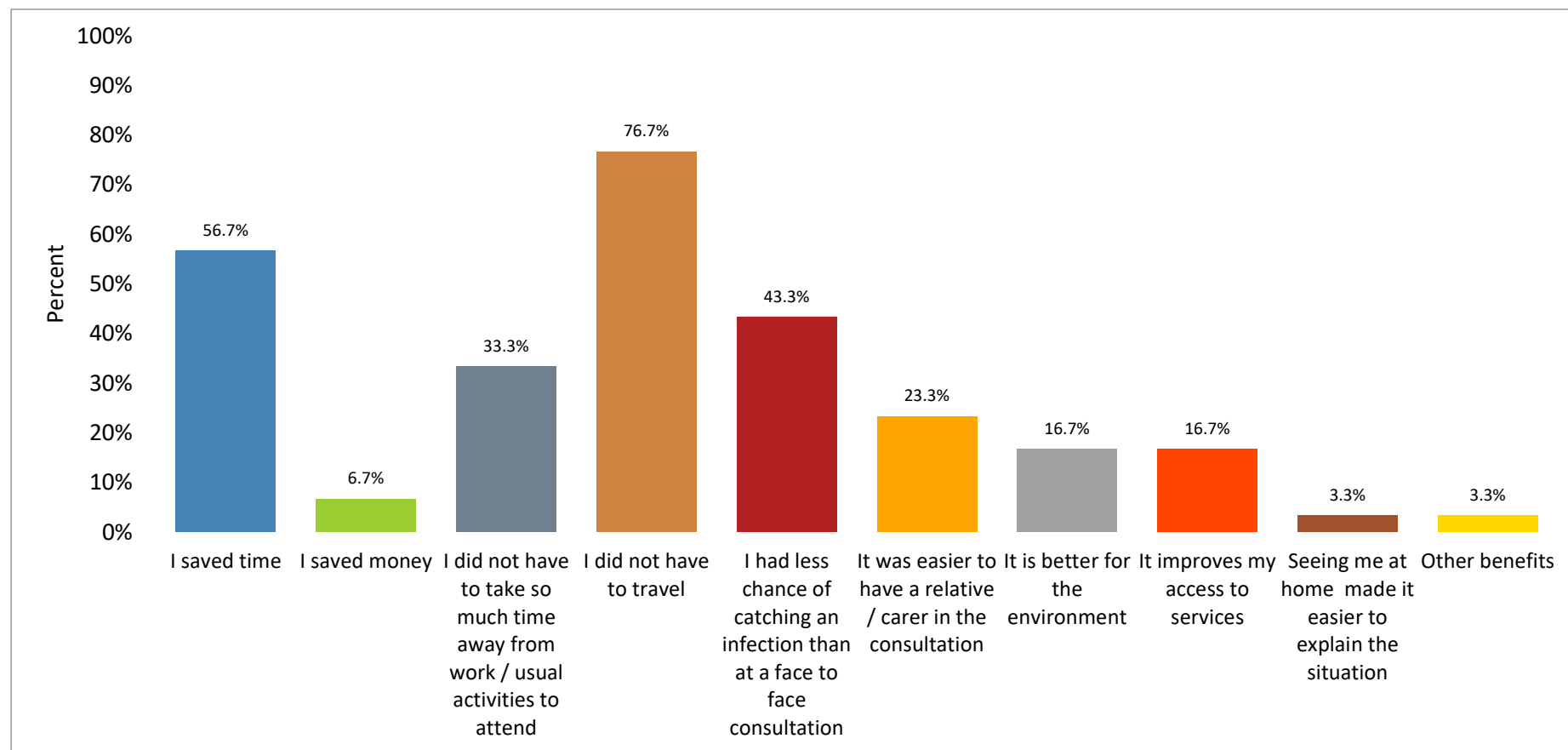
Though 19% of respondents advise they had technical issues, these were mainly around not getting the camera/microphone to work, connection issues and the need to install or update browser. This is comparable with findings from the larger feedback survey in health[1]. However, it should be noted that despite the technical issues, 95% of respondents said they would use the service again.

---

[1] Findings from the survey are include in the evaluation of Near Me undertaken by the University of Oxford and published by the Scottish Government - https://www.gov.scot/publications/evaluation-attend-anywhere-near-video-consulting-service-scotland-2019-20-main-report/

Figure 7 Benefits of Near Me n=30

94% of respondents presented with this question[2] identified benefits of video calling with the highest ranking: "I did not have to travel", "I saved time", "I had less chance of catching an infection…". These are comparable with previous surveys.

---

[2] Questions on benefits and barriers were not displayed in easy read version of the survey.

Figure 8 Disadvantages of Near Me n=9
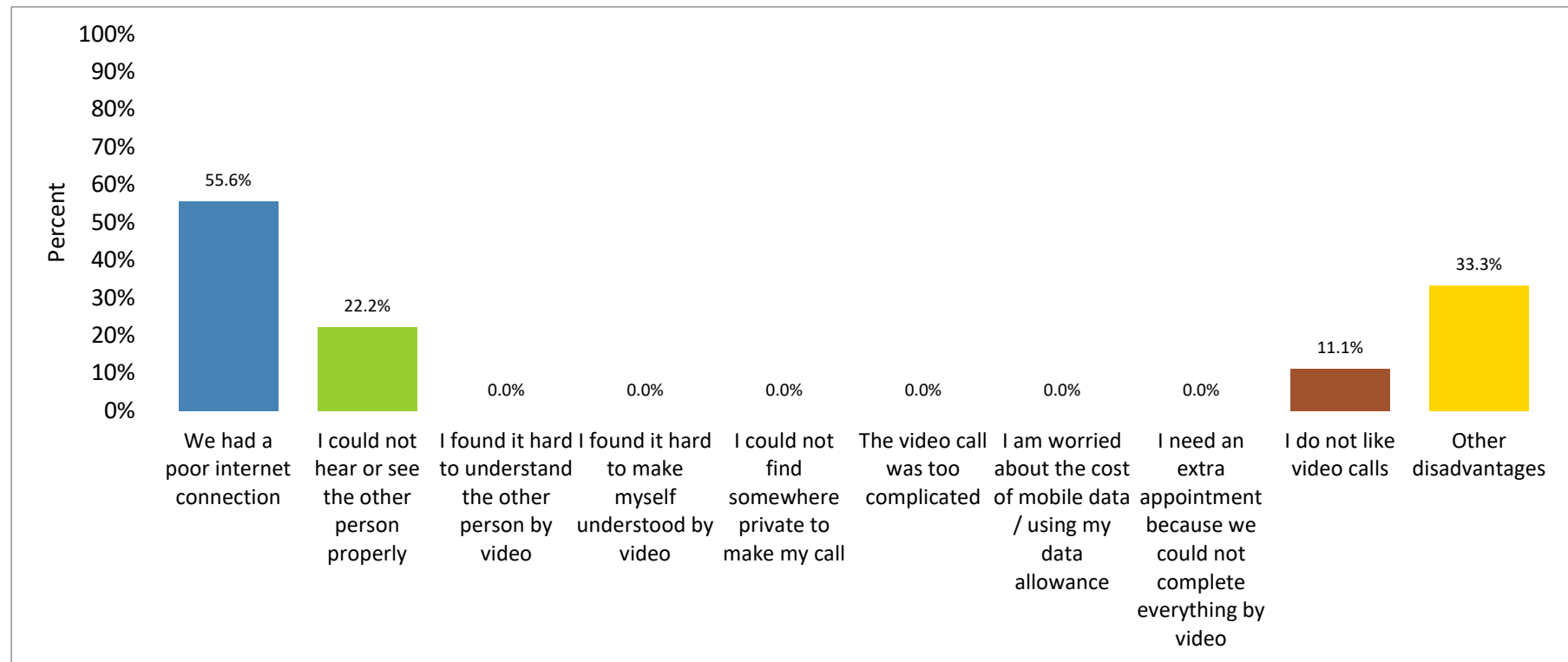
In comparison only 28% of respondents identified disadvantages of video call. Review of the free text for "Other" disadvantages related to either the call not being answered or a key person not turning up.

The overall results were extremely positive though results should be interpreted with caution due to the small sample size and inherent bias of presenting a survey after the video call. However, results are similar to the larger national survey and the survey undertaken by Moray.

6 Learning from Improvement Collaboratives

Figure 9 describes the key process steps identified and developed by the Pathfinders and Early Adopters for undertaking a care review by Near Me. The resultant learning has informed the following discussion.

Figure 9 Process Map
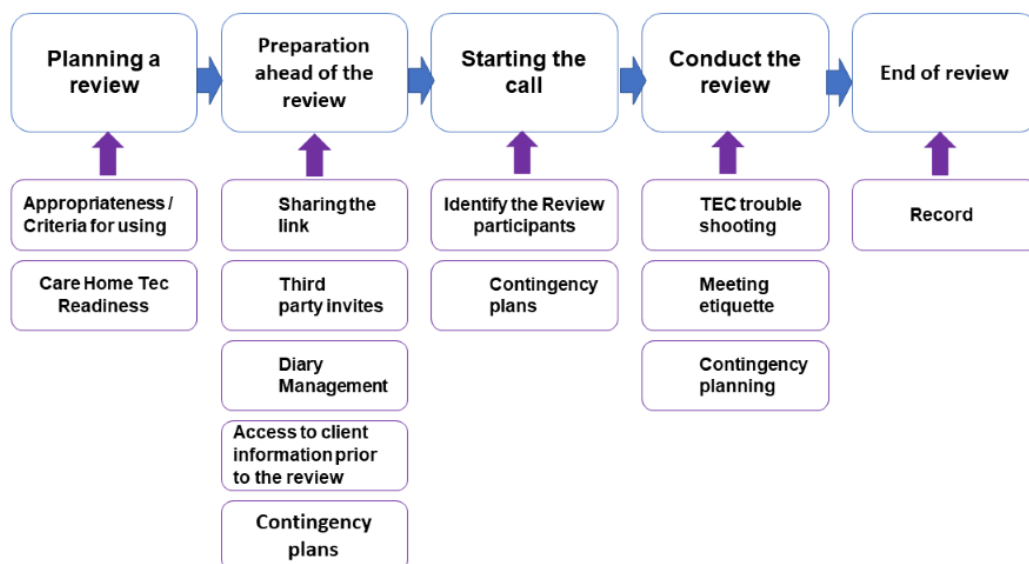
From the outset we understood that Near Me would not be appropriate for all reviews. Testing and discussion informed a requirement to dynamically risk assess the planned reviews in association with the care home. Where the care homes were large, with many outstanding reviews, this approach was supported by a stratification process that identified which reviews could be done fully by Near Me, in part or where an "in person" review was required.

Within the improvement process the Glasgow City HSCP Care Home developed and shared a template. This identified key factors which informed the complexity of the review:

- the Resident's ability to participate;
- who else was required to contribute.

This helped to support decision making as to how the review should take place as well as to whom the review should be assigned. This became particularly relevant as Glasgow scaled up and developed a model whereby final year Social Work students would support the service to conduct reviews. The intelligence gathered supported shared decision making about the level of support the students would require, and staff allocation to the review. This was transferable to areas where the scale up involved bank and agency staff.

6.1 Access to Records

There was variation in how and when project groups accessed information from the Residents' care and support plans. This was heavily influenced by whether the care plans were paper based or held electronically. In one instance the social worker had temporary direct access to the support plans, in other cases electronic records (or extracts from) were shared electronically to facilitate the process. It was recognised that prior access to paper-based care plans was challenging. Processes were explored which included templated requests for information with a secure email process for sharing, scanning & emailing sections of records and an audit process for assurance. The easing of visiting restrictions superseded this need

with staff being able to view the plans in person, however it is still a relevant problem given the appetite to use Near Me for out of authority reviews and the processes will require revisiting.

> Recommendation: Develop a process, with appropriate governance, to allow social work staff to remotely access paper-based care plans.

6.2   Scheduling

The scheduling of reviews flagged the importance of the relationship with the care home and cognisance of the support required at their end to facilitate meetings. This ranged from changing a "blitz" model where multiple Social Workers worked in one care home to smaller numbers working concurrently with different care homes. Designating a co-ordinator in the care home to avoid inundating the care home with calls & emails (preventing multiple social workers contacting multiple key workers while negotiating shift patterns). Edinburgh HSCP used a scheduling timeline to support their planning. Scheduling has also been found to be particularly relevant to planning the running order of the review.

6.3   Inclusion of Family Members

The widest and most consistent consensus for the value of using Near Me within in care reviews is its capacity to bring third and fourth parties into the call. By offering the choice of a video call, it created the opportunity for family members both near and far to connect in. It also allowed more than one family representative to join the conversation, enabling others to add valuable contributions.

Processes were developed to support this third-party digital engagement which included scripts and prompts for introducing the option as well as test calls. Some family members chose not to participate but it was recognised that in these instances they declined to participate by telephone as well. The theme of relationship and connection continues with examples of Social Workers leaving the families on the call with their loved ones after the review was completed.

6.4   Relationship-based Practice

Near Me has a strong role in developing relationships, not just with the resident and family but between care home & social worker, who describe that, in many cases, this has previously only been by phone. A comparison between Near Me and Microsoft Teams highlighted that it was not only easier to join the call but was felt to be a "more relaxing and intimate" platform. This is ascribed to the limit on devices joining the call - fewer people involved in the conversation hence better quality of interaction between those involved.   Being able "to see who the worker is" helps to build the relationship as does the opportunity to read facial expressions and body language. These support the ability to spot and respond to signs of anxiety.

Near Me also facilitated conversations where all parties could communicate without the hindrance of PPE as well enabling the involvement of other relevant parties. This was seen as a person centric approach, presenting choice.

The examples below illustrate both the value of Near Me as an enabler in facilitating relationship-based practice and its transferability beyond care home care reviews:

"Using Near Me with my client with learning disabilities in supported accommodation allows my client to contact me (social worker) independently and privately, without having to go through their support worker or care provider to arrange an appointment or phone call with me. I feel this promotes my client's dignity and is respectful. It breaks down barriers between us too". Moray Social Worker

"I've been using Near Me for about 3 months now with a client who is non-verbal and gets heightened anxiety when more people are in their house than usual. It can take a lot of time for them to settle afterwards, but since we've been using Near Me for monthly MDT reviews, their partner says that my client settles much easier and I can see they are not as anxious - it is working very well". Moray Social Worker

"It can be daunting to use new technology but when people get a chance to talk, they will often be open and candid about their feelings or tell stories about their loved ones who are in care. I want people to feel involved, that we are working together to support their loved ones, video calling is not so distanced as on the phone". Fife Social Worker

6.5   Blended Approach

While the initial aims had been specific to managing the requirement to undertake outstanding care reviews within in the context of care home visiting restrictions, the easing of these in April 2021 presented an opportunity to apply both the learning and processes developed, within a wider context. Most notable as a blended approach:

- "In person" reviews being conducted where family / third parties join by Near Me.
- Social workers and social work students visiting care homes in person to introduce themselves to the residents and care home staff prior to a Near Me care review. At the same time accessing care support plans.

An ongoing need to minimise footfall within Care Homes has, at times, led to a need to schedule "in person" reviews at a time when some key workers are unavailable. Near Me has enabled valuable contributions from the key workers at times convenient to them.

6.6   Training

It was recognised that there are 3 levels of training:

- technical training to use the underlying Attend Anywhere platform;

- building confidence and competence in the use of Near Me including functions such as inviting 3rd parties into the call and screen sharing;

- developing professional skills in order to feel competent and confident to complete a review via video while achieving the same outcome as with an in-person review.

"Team leaders see a need for additional support and development time for workers around translating and developing 'in person' skills for an online environment, eg. non-verbal communication; managing personal safety; making the most of first time 'one chance' opportunities to establish a good rapport with clients; and overall skills for relationship building with clients through video calling". Fife Social Worker

Though technical elements are already well catered for, the need for professional training was recognised. This would be best developed in collaboration with an industry recognised partner.

Recommendation: Develop a training module for Social Workers to enhance skills in the delivery of services via video calling.

7 Enablers and Barriers

7.1 Enablers

As the projects scaled up the following enablers became even more apparent and relevant:

Leadership & Project Management

The areas with local leadership and project support were in the strongest position to implement sustainable scalable models, paving the way to move to business-as-usual service delivery. This was underpinned by the processes developed to enable a technical readiness of the wider staff group.

Recommendation: Incorporate local leadership and project support into future programmes.

Transferability of the learning & processes

There are examples where the learning and process have been transferred to other areas of activity.

- Care at home reviews in Shetland and Moray.

- Adult Support & Protection investigations in Shetland and Moray.

- Engaging with clients with learning disabilities in supported accommodation in Fife and Moray.

- In Angus, active consideration is being given to supporting hospital discharge.

Other suggestions from those involved in the Collaboratives include:

- Use by Access teams in offering first contact services and triage, particularly where people can self-refer to the service.

13

- Supporting more 'in the moment' integration between services. For example, enabling a 'duty GP' to connect into a social work video call with a client, so supporting joint decision making, information sharing and reducing the number of administrative steps required before this contact between services can be made.

> Recommendation: Continue to run Improvement Collaboratives to support new areas of activity.

Connecting Scotland Programme

The Connecting Scotland Programme, in collaboration with Digital Health and Care, funds and provides devices with internet access along with training and support to staff and those digitally excluded as part of the Digital Approaches in Care Homes Programme[3]. To date, more than 1800 devices have been distributed to over 1000 care homes. Where required, this has included a data packages. Close collaboration with the Programme ensures that devices were available in participating areas.

Figure 10 Uptake of Devices by Provider

Sector uptake
(sector share)
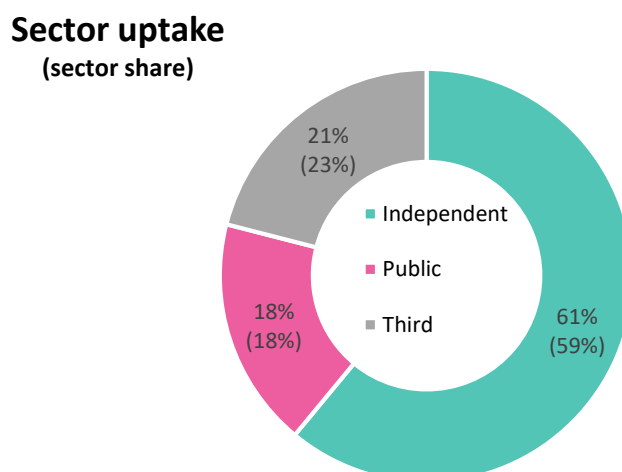
The scale of the device provision sets in place a technical capability across care homes that it is hoped will support future service developments.

> *"Many people still need time and a lot of reassurance to accept video calling. Don't take it for granted that people will be used to using technology or have access to tech"*
> Aberdeen Care Home Manager

> Recommendation: Maintain collaborative working with the Connecting Scotland Programme to support Digital Inclusion for service users, family members and care home staff.

---

[3] https://tec.scot/digital-approaches-in-care-homes/

Shared Learning and Resources

The openness of the participants in both the Pathfinders & Early Adopters to share learning and resources was paramount to facilitating learning from a wide variety of settings and scenarios. This added to the robustness and confidence of the process steps developed and informed the development of national guidance.

7.2   Challenges & Solutions

Recording of Activity

While not intrinsically necessary to the process, it was identified that being able to record the activity as a Near Me (video call) on the client management systems would be helpful to understanding the extent of the services' blended delivery model (telephone, video, in person) and improve service planning.

Two areas have made changes to their CareFirst and Mosiac system to record Near Me activity.

> Recommendation: Develop a systematic approach to capturing Near Me video calls as activity within the various client management systems used by Social Work in Scotland.

Support Technical Readiness

All areas were supported to ensure there was no connection and/or equipment difficulties prior the project commencing. Facilitating a discussion on technical readiness enabled Social Workers to have the confidence and experience to discuss the imperative of technical readiness with the care homes and third-party invitees, as part of the planning process.

Learning through the iterative process, in testing the process steps, supported an upskill & growth in self-confidence. This helped staff to troubleshoot simple issues during the calls (if required) as well as being better able to give simple technical advice to family members.

> *''Just go with it, laugh, and apologise if there is a hitch. It's really straightforward to use, it's easier than Teams"* Fife Social Worker

Due to the configuration of the IT network in East Ayrshire, staff are unable to connect to Near Me while working remotely. This is neither unique to Social Work in this HSCP nor a problem with the Near Me platform, but it has been escalated to the National VC Team for their advice. Though a workaround using stand-alone tablet devices has enabled testing the wider network issue will delay scale up.

Staffing

Understandably, staff capacity and case load prioritisation when faced with urgent issues (such as Adult Support & Protection investigations or audit) caused delays to testing and scale up in some areas. This did however open valuable conversation about how Near Me could support Adult Support and Protection and wider case conferences.

Resident Participation

Initial assumptions about Near Me being limited to face-to-face conversation and concerns about Resident's ability to participate were quickly debunked. Examples included:

- a resident walking through from the Manager's office to their room with the Social Worker catching insight into the wider environment;

- residents giving a virtual tour of their rooms and their homely attributes;

- and the ability to show items of interest such as books, photographs & ornaments.

These supported the Social Worker's visual assessment and their ability to undertake a person-centred review. Feedback from Aberdeen City described the varying levels of participation by those residents living with advanced dementia and highlighted that for those who did engage it was a similar level to that of an in-person review.

Limitations

The considerations made while planning Near Me reviews and experience while testing highlighted some potential limitations. These included the handling of sensitive conversations such as 'do not attempt cardiopulmonary resuscitation' or discussion about personal / intimate hygiene and where a participant has an emotional outburst and there is no option to have "that touch to calm someone down when you're in the same room". However, feedback from areas highlighted that this can be mitigated with planning how the meeting runs, when participants join the meeting and practise.

It was also recognised that time and reassurance is required to help participants, especially family members, to accept video calling. Having family contribution directly into the meeting, prevented subsequent follow ups. It was felt that this helps to get the right outcomes for the service user, and the family feels more involved. While the preparation time may be longer this is potentially offset by less follow up required when family is not present and enabling a person-centred holistic review.

It must also be recognised that factors such as being late to join a review because of practical challenges such as traffic or dealing with urgent issues can be just as prevalent as in telephone or in person reviews.

Where a resident requires practical support to participate in their review it is recognised that there will always be the risk that this may hinder the raising of concerns. However, discussion within the shared learning webinars reiterated the position that using Near Me for care reviews is done in association with other intelligence gathering activity. It was also accepted that this it pertinent to reviews conducted via telephone or in person.

8   Conclusion

The Near Me team in collaboration with the Office of the Chief Social Work Advisors, have successfully supported social workers and care home staff carry out virtual care home reviews via Near Me. The feasibility of using Near Me to support care home reviews has been evidenced through testing and implementation from the Pathfinder & Early Adopter areas over the duration of the programme.

Through testing and implementing Near Me, the areas have brought a wealth of knowledge that is transferrable to support other services implementing Near Me. The collaborative has achieved a more ambitious aim than originally envisaged, scale up plans have been developed to increase usage and consideration given to using Near Me in other ways to support clients/users. The ability to bring others into the call, such as, family members or other health professionals, has added significant value.

The change in the restrictions in visiting Care Home for reviews has highlighted how Near Me can be used as a standalone method of meeting or as part of a blended approach that includes in-person and telephone contact. The individual needs of people involved, shared decision making with the care home, professional judgement and statutory & governance requirements should guide decision-making on the appropriateness of using Near Me to achieve the aims for the review and the wishes of the person.   It is recognised that there may be varying levels of engagement by the person, its appropriateness will be viewed within the context of other governance intelligence (e.g. care assurance) and as such is dynamically risk assessed.

> *"We won't ever lose face to face in-person but there's a place for a blended approach using video calling and what is right for each person and family."* Glasgow Social Worker

In conclusion, in the changing landscape of COVID 19 restrictions Near Me can facilitate care home reviews either as a standalone or part of a blended model approach. It also provides choice for residents and family members. It was evident that despite the different variables across the use of Near Me, it was successful, emphasizing the flexibility and sustainability of Near Me to, support holistic and person-centred reviews.

9   Next Steps

For ongoing engagement, focus and momentum is it recommended the Near Me programme continues to collaborate with OSCWA, Digital Approaches in Social Care steering group, Scottish Care and Connecting Scotland Programme. The proposed next steps will include:

Guidance for Out of Authority Care Reviews - The developed of an addendum to the speciality guidance (Speciality guidance for using Near Me to enable virtual care reviews in Care Homes) which will support Out of Authority Care Reviews.

Extend use to Duty Social Work - The introduction of Near Me to Duty Social Work. Duty social work is core activity in all services. Learning from the collaboratives has demonstrated how it enables relationship-based practice and information gathering hence has potential to support triaging within the context of "duty". Volume of calls and breadth of staff involved will develop confidence and competence using Near Me.

Support the Redesign of Out of Hours Services - An exploration of the use of Near Me within Out of Hours / Emergency Social Work. Using the improvement collaborative approach, support the redesign of Out of Hours services.