



Connecting Neighbourhoods

Service Redesign incorporating TECS – A Case Study

The Advocacy Perspective

Introduction

Technology Enabled Care and Support (TECS) assessments have been taking place through the Connecting Neighbourhoods Project - which has been operating in the South and NE localities since late 2018 - with the aim of assessing the potential of TECS to replace or enhance existing support provision.

The specific risk assessment process meetings are led by the identified TECS provider (**SOL Connect**) and are carried out in conjunction with the care manager's Support Needs Assessment for the client.

This case study is taken from the Connecting Neighbourhoods Project and describes the assessment and TECS trial processes involved in what was a successful implementation of TECS to replace an existing and longstanding overnight support package. The importance of the partnership approach required to successfully implement TECS is demonstrated through the case summaries provided by social work, the existing care provider (**Community Lifestyles**), the TECS provider and advocacy services (**The Advocacy Project**).

The Advocacy Project: Our role in the TECS Assessment Process

Key Issue Identified

Independent advocacy supports people to participate in processes that can have a significant effect on their lives, understand their rights and maximise their choice and control.

A TECS risk assessment was planned for the supported person in this case. Our role within this process is, where possible, to ascertain the person's views and wishes in relation to any proposed changes, to support them in considering their options and thinking about potential outcomes, to support their own decision making and to maximise their participation in the wider decision-making process.

Main Barrier to Client Participation

The risk assessment meetings typically take three to four hours while professionals, including social work, support providers, legal proxies and carers, review and discuss a detailed checklist of potential risks. The support provider's initial view in this case was that it would be detrimental to the client to take part in the risk assessment due to the duration and format of the meeting.

Advocacy Support and Input

Due to Covid-19 restrictions, the advocacy worker engaged with the person by videocall and telephone. He was able to establish a rapport and discuss the person's views and wishes. On the basis of this engagement the advocacy worker felt that with appropriate support, the person should be able to participate directly in the meeting and articulate his own views and wishes and that this would be of benefit to him, potentially contributing to a better outcome. The advocacy worker proposed this to the social work review team.

The advocacy worker also asked if the format of the meeting could be changed. He felt that allowing the person to articulate their views and wishes at the beginning, before the more detailed matters of risk were discussed, would allow him to participate during that part of the meeting without the risk of distress or anxiety that sitting through the full meeting might pose.

The other professionals were supportive of these ideas and the procedure was changed to facilitate this.

Outcome

Following the advocacy worker's suggestions, the person was able to participate in the meeting - with assistance from his support team - and directly express his own views, wishes and concerns about the proposed changes to the attendees.

Our input meant that the person was afforded the opportunity to participate directly in a decision-making process that would potentially result in a significant change to his established support package and way of living. After he had contributed to the meeting and had his views and wishes heard, he was able to say that he would be willing to take part in a trial of the use of assistive technology for his overnight support.