

Evaluation of the Social Care Innovation Programme (SCIP)

(Overview of Evaluation and findings)



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Overview of the SCIP evaluation and key highlights

The Social Care Innovation Programme (SCIP) was established in February 2021 with match funding from the European Regional Development Fund (ERDF) and Northern Powerhouse to support a £1.5 Million project to drive innovation in the social care sector. Following identification of digital capacity and organisational need, technology grants were issued by East Riding of Yorkshire Council (ERYC) to eligible Adult Social Care organisations in the East Riding of Yorkshire area during 2021-2023. The Faculty of Health Sciences, University of Hull (UoH) as Research and Evaluation partner, undertook research with Small and Medium Enterprises (SMEs) who had purchased 'new to business' and 'new to market' technologies. These businesses included care homes, homecare agencies, day centres and Voluntary and Community Sector (VCS) organisations.

72% (59) SMEs who purchased 'new to business' technologies engaged with the research. 142 evaluation meetings were undertaken and over 90 research interviews to evidence the impact of SCIP on three core areas; Quality, Productivity and Sustainability. One 'new to market' product (MoRServ) was also evaluated. There were barriers to implementation, however key learning points were identified to support further implementation and adoption across the sector.

You can find further information about SCIP at; <https://www.eastridingscip.co.uk/> and [Social Care Innovation Programme | Faculty of Health Sciences, University of Hull](#)

Key Highlights from SCIP

User satisfaction with 'new to business' technology purchased was high; SME leads **strongly agreed** that the technology implemented in their service was useful. SME Leads (57 in total) were asked to score the usefulness of the technology from 1 – 5 (where 5 was strongly agree), and the average score was 4.8. This indicates a very high level of satisfaction.

SMEs purchased a range of technologies. These were mainly systems services (e.g. hardware such as laptops and tablets; software (e.g. e-rostering and digital care planning software), technology to support monitoring and safety (e.g. nurse call systems and falls monitors), and technology to enhance quality of life (e.g. interactive activity tables and projectors).

In relation to quality, productivity and sustainability, participants reported that;

Quality:

- ✓ Positive impacts through supporting activity and engagement
- ✓ Improved interactions between care recipients and others
- ✓ Impacting positively on resident safety, emotional and physical wellbeing
- ✓ Environmental improvements

Productivity:

- ✓ Improved functionality of devices
- ✓ Increased access to technology
- ✓ Improved productivity enabling time and efficiency savings

- ✓ Time saved reportedly freed staff for other tasks and to spend more time with care recipients

Sustainability:

- ✓ Enabling services to develop and attract new clients
- ✓ Making the care they delivered more visible as they could evidence that good care was in place
- ✓ Sustaining staff wellbeing and morale furthering digital innovation within services.

Key learning points. Staff needed training and support to implement and use new technologies in social care. In order for implementation to be successful, **key barriers need to be addressed;** and these included;

- Varied digital skills within the workforce,
- Digital poverty within the social care sector,
- The time required to introduce new technologies.

Conclusion

The findings from the SCIP evaluation indicate that the Adult Social Care sector appreciates the need to develop digitally and is ready and keen to engage with innovations. There are significant barriers which future programmes and technology companies need to consider to overcome these. SCIP worked with care providers to identify their digital needs and suitable products. This needs-led and supportive approach may account for the high levels of satisfaction with the usefulness of the technologies. Support to care providers from technology suppliers when setting up and implementing new technologies, was essential for successful adoption. Future programmes are recommended to adopt this model, as the provision of technology alone is unlikely to yield benefits without support at implementation.

Acknowledgements

The research team would like to thank everyone who took part in this research. Social care providers were experiencing many demands on their time during this period, including those due to COVID-19. We appreciate their support in sharing their experiences of introducing the new technologies into care settings.

We would also like to thank our colleagues for their hard work, contributions and support during the delivery of SCIP and the evaluation.

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Further information on the SCIP evaluation

Approach & Methodology

All SMEs had a bespoke individual evaluation plan agreeing quantitative and qualitative data to be captured e.g. number of interviews, time points for data collection, and quantitative data on any agreed core metrics. Organisations that implemented their technology before December 2022 (32) had a six-month evaluation plan (comprising both quantitative and qualitative data), the remainder of the SMEs (27) had a one-month evaluation plan (qualitative data only). Data was collected from January 2022 to April 2023.

Qualitative data was collected through interviews with SME Leads and staff. Some SME Leads and staff/volunteers also participated in online surveys.

Quantitative data outcomes were 'selected' for each SME based on intended impacts stated on their grant application form and included (where relevant) outcome measures such as, number of falls, A&E admissions/unexpected hospital admissions, medication errors number of service users/bed occupancy (sustainability) and staff turnover (productivity).

The study received ethical approval to progress from the University of Hull, Faculty of Health Sciences Research Ethics Committee (FHS REC) (July 2021) and the Social Care Research Ethics Committee (SCREC) (November 2021)). Subsequent amendments were approved between December 2021 and March 2023.

Of the 81 organisations issued with 'new to business' grants;

- 59 participated in the research (72%)
- 142 evaluation meetings were undertaken
- 90 research interviews were conducted

In addition, one staff focus group was conducted and surveys responses were captured from 15 participants (SME Leads, staff and volunteers). This generating a wealth of data on SME experiences. Of those SMEs that did not take part;

- ✓ 12% was due to engagement issues
- ✓ 16% were unable to be involved as they had not commenced implementation of the technology by the end of the data collection period.

One 'new to market' technology grant was issued and interviews were conducted with three care providers who were in receipt of this technology. Further information on this can be found at <https://www.eastridingscip.co.uk/>

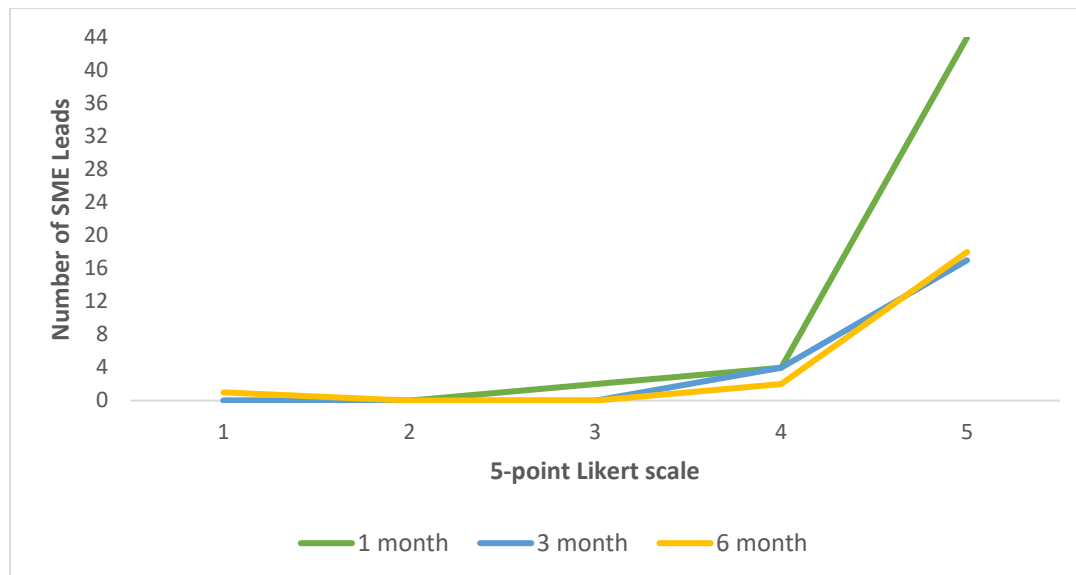
Key findings

User Satisfaction

SME leads were asked to rate the usefulness of the technology purchased at 1, 3- and 6-month time points using a 5-point Likert scale (where 5 indicated 'strongly agree'). 57 SMEs answered this question (30 residential care homes, 15 domiciliary care providers, 5 day care

centres, 3 voluntary sector charities, 2 nursing care homes and 2 independent supported living centres).

Overall, SME leads ***strongly agreed*** that the technology implemented in their service was useful, giving an average score of ... (M=4.8, N=57), and this was consistent over time (see below).



In addition, 15 care staff (paid and volunteers) from 4 SMEs (2 residential care homes, 1-day care centre and 1 charity) also highly rated the usefulness of the technology received, with an average score of 4.85 (M=4.85). The high level of satisfaction scores may reflect the needs-led approach used by SCIP, in which care providers were able to identify and purchase technology to meet their specific organisational needs.

Technologies purchased via SCIP

SMEs used their SCIP grants to purchase a range of different technologies. These fell mainly into the following three categories:

- System services (e.g. laptops, desktops, Wi-Fi enhancement, e-rostering)
- Technology to monitor client safety (e.g. nurse call systems and falls detection)
- Technologies to enhance quality of life (this included technologies such as activity tables and interactive projectors, which promoted activity and engagement).

There were three further categories, however only two SMEs purchased new to business technology to support communication, one purchased e-Learning and no SME purchased technology for supportive care.

Further information on the different technology types purchased and key impacts are summarised in our [infographic](#).

Qualitative findings; Impact on Quality, Productivity and Sustainability

Quality;

Overall, providers reported that the digital technologies afforded care recipients opportunities to engage in new activities and learning, increased the number of people joining in with activities, and provided a wide array of choice. The technologies had the potential to reduce the risk of falls and injuries, and therefore potentially improved **care recipient safety**. Digital call systems were felt to be more effective than their analogue counterparts, enabling staff to respond to residents more quickly and call for support during an emergency, and offered reassurance to residents.

The light flashes red when they press the button, so obviously they definitely know that somebody's on the way, because the other system, they weren't sure whether they'd pressed it properly or not and then press it several times....so they can then see that somebody's coming (SME Lead 37, care home, call system).

Technologies such as interactive activity tables and projectors, laptops and tablets provided **enhanced opportunities to support care recipient activity and engagement**, such as games, puzzles, and reminiscence, as well as film nights and karaoke sessions. These could be undertaken individually, in pairs, or as part of a group activity, and provided enjoyment for care recipients and staff.

The residents are happier. They've got more entertainment and the staff obviously feel that. When you've got happy residents, you've got happy staff (SME Lead 44, care home, activity table).

Reminiscence.... that is a big part.... you can talk about general things, but you can't usually show them....'We used to go dancing down to Beverley Road Baths'..... So, you know you can bring it up on that screen. 'Oh yes, yes! We used to go through there', 'yes, and they used to put a wooden dance floor down!' (SME Lead 42, care home, activity table).

Activities delivered through the technologies purchased appeared to engage some residents in ways other activities did not:

We have certain individual residents who maybe haven't in the past responded well to the activity that we were offering.... we have one lady who will occasionally joins in with sing along or quizzes or - but not for very long. She loses interest quite quickly and then to see her sat...doing the games or the word searches for 20 minutes, half an hour at a time was like, 'oh wow, you know, she's still really enjoying that'. (SME Lead 43, care home, activity table).

Overall providers reported that the digital technologies **supported engagement and interaction with others**, encouraging care recipients to interact and converse with others both within and without of the service.

Lots of like old pictures from 40s, old items and things like that so, it's like a talking point.... there're people going like 'oh I remember that' (SME Lead 2, care home, interactive projector).

This included families and friends who live at a distance or who were on holiday.

Just to see that chat and that chuckle and it just lifted her spirits...to see that smile come back to her face because she's seen her nearest and dearest. It makes all the difference (SME Lead 28, home care, laptops)

Knowing that there was a family member that she could see and that could interact with her, it seemed to make the review go a whole lot easier (SME Lead 28, home care, laptops).

The technologies could also support interaction with external practitioners if they were not able to meet face to face, enabling practitioners to get more quality information and interaction from the resident (SME Lead 49, care home, Wi-Fi enhancement).

As some in-person activities had stopped due to COVID restrictions these technologies filled a gap and provided alternative opportunities for engagement. These technology-delivered activities were also accessible to staff and care recipients outside of times when activity coordinators were present and when fewer staff were available (for example, in the evenings and overnight).

We purchased the magic table. We did that because it would give something....to do with the lock down in COVID. It was so hard to find entertainment and meaningful occupation, whereas this provided everything (SME Lead 44, care home, activity table).

We had a COVID outbreak. So, we could wheel it to the residents' room and they could speak to them via WhatsApp or Teams and they thought it was fantastic that they was able to do that (SME Lead 41, care home, activity table).

In addition to enjoyment, happiness and reassurance other **impacts on emotional wellbeing for care recipients** were also reported. Using the technologies purchased could enable people who experience distress and anxiety to feel calmer, reducing the risks of incidents of behavioural distress. Sensory room technology was proactively used by care recipients and

staff to help manage feelings of anxiety for some care recipients. A provider noted that the digital activities provided an alternative to 'walking with purpose':

It's more stimulating for the residents. It's helped us a lot with people that walk with purpose for example. 'Cause they're more engaged in the activities.... we've got one lady that don't really like doing activities and she won't join. But on the [activity table] she'll get up and she'll walk across it and [have a look at the] pictures and that so it's helped a lot with the dementia (SME Lead 44, care home, activity table).

Impacts on physical wellbeing for care recipients were also noted. Some providers described impacts for care recipients. Technologies such as activity tables and interactive projectors could encourage physical activity for some care recipients:

It's had a really positive effect on somebody who's had a stroke and hasn't used.... the left arm for two years. And with one of the games...the bubble game.... the hand came out and the left hand to pop the bubbles, which is something that hasn't been used. So that's been really good (SME Lead 35, care home, activity table).

Further, technologies could assist in infection control measures. For example, families could be asked to use call systems to request assistance during visits, rather than looking for staff within the building. This offered protection against infection risk and promoted safer visits.

Some providers reported that the technologies purchased had resulted in *environmental improvements*. Digital call systems were quieter, which minimised disturbances for residents, which could be disorienting or distressing for individuals:

I can't hear the call buzzers going off all the time...people with dementia, their well-being is affected by the sound, specifically on sundowning with people living with dementia or have got complex needs or when they're going to bed at night, I know that nobody's going to get woken up by the call buzzer going off (SME Lead 25, care home, call system).

Enhanced Wi-Fi also promoted choice and privacy for care home residents, enabling them to contact family and friends privately, rather than making calls from the communal areas, and enabled use of their own devices in their rooms:

It's more convenient for them. It's private now when they're talking to people. They feel more comfortable (SME Lead 49, care home, Wi-Fi enhancement).

Productivity

Improved functionality of devices and access was also reported by SMEs. Access to devices such as digital nurse call systems provided staff with real-time information about the

location of calls, meaning they could respond more quickly (improving the quality of resident care).

Easier on the staff with less running around, time wasting...you know back and forth looking at who's ringing, calls aren't getting missed (SME Lead 37, care home, nurse call system).

Similarly, access to enhanced Wi-Fi increased efficiency in enabling digital care notes to be uploaded in real time, overcoming the need for staff to move to Wi-Fi 'hotspots' or routers to update notes, saving time, and reducing the risk of duplication of care tasks, if records were not updated.

Improved access to technologies addressed digital poverty within the Adult Social Care sector. For some services, prior to receipt of SCIP grants, access to computers or laptops were only available where these were for the use of an individual manager or were personal devices. This introduced inefficiencies; staff had to write notes and reports on paper and then forward these to office-based staff or managers to type up; access to staff devices meant that they could complete records and care notes *in situ*, directly onto a device.

The fact that so many other people can populate their own records. And it's not all falling on one or two people and.... definitely the main benefits. And at a time when recruitment is proving so difficult for us in this area, it's really beneficial to free peoples' time up (SME Lead 5, laptops).

Technologies enabled staff to carry out tasks more efficiently- For example, activities could be set up more quickly when using interactive activity tables, in comparison to setting up games or printing out paper activities:

We had to print things out all the time.....it's just took a lot of pressure off us (SME Lead 2 – Care Home).

For homecare services, writing up client paperwork in real time enabled them to work in a considerably more efficient way, reducing the need to travel between the individuals' home and their office, especially important given the rural areas and distances covered by the providers:

Such a long-winded process as well because then you come back and change something, and then you take it all the way back to them, they'll then re-read through it all and then they need to sign it. Then you have to come back to get another copy. And it's just so much toing and froing whereas now I literally just take the laptop, sit there, type it out. Any changes can be done there and then and they sign it there and then (SME Lead 45, Homecare).

Technologies helped release staff for other tasks or activities 'freeing up' staff time. For example, where residents were able to carry out activities independently staff could be freed to spend time with other residents or address other care/support needs. Here, an SME Lead describes how taking a laptop on a home visit meant that care plans could be updated quickly, leaving time for other activities:

It gives us more time to actually spend with our service users than having to spend hours upon end sat in the office typing up care plans every 5 minutes, because that's what we were just doing.... You know it takes our time away from that and actually doing what the company was created for..... They can see it gets changed then and there, "not a problem, saved right? OK, we don't need to do anything else. Let's have a brew" We'll play like a game of Connect Four and then when they come out with something, we just tap it in, just write it in, update that bit of care plan (SME Lead, 45, homecare).

Although provider narratives frequently highlighted time savings, there are also some time demands associated with technology use. Setting up new technologies required initial time investment. As technologies are introduced, some new or additional roles may also be asked of staff, such as time to assist care recipients in using new technologies, cleaning devices (for example, cleaning screens to reduce infection risks), and one provider mentioned setting up a rota to determine fair access between care recipients.

Sustainability

Some providers noted that purchase of the technologies enabled **service development and expansion** potentially putting it (the organisation) on a more secure financial footing:

Without the nurse call system, I could not have opened. So, I would not have got my registration with CQC.... I didn't have the finances at the time to be able to do that so SCIP was absolutely essential for us.....We would have had to have had a loan (SME Lead 25, care home, nurse call system).

The CM2000 we had to have to be a Council approved provider, so it's actually given us the ability to grow as we've wanted to (SME Lead 29, domiciliary care, care management software).

Care providers anticipated that the technologies introduced would have **the potential to attract new clients and staff**. For example, availability of digital nurse call systems was expected to provide reassurance about the quality and safety of the care available, and technologies promoting client entertainment and engagement were felt to be attractive to potential clients and their supporters:

It's a good selling point to use for when we are recruiting... we can kind of use that as...a marketing point and say you know we have this outstanding [equipment] which makes our sensory room experience.... completely different to what you've ever experienced before (SME Lead 17, day centre, sensory equipment).

When you get people inquiring about coming to the home, a question you often get asked about is activities.... So, it's good to say we have activity time when we do the quizzes and we do group activities and one to one, but then to add on top of that, we have this fantastic activity table and it does this, this and this and it's available 24/7, it's portable. From a management point of view, that is a fantastic thing to be able to offer the resident (SME Lead 43, care home, activity table).

evidence the care delivered **making care delivered more visible**. This evidence could provide reassurance about the care given, helping to allay concerns for families and residents, with the potential to reduce the risks of conflict or complaints:

Literally last week, we had a situation where one of the family members...has said 'oh my mum's been buzzing for ages and she's been trying to get attention and nobody was there' and you know, all these very accusing things. And I just came in, logged on, and I was able to retrieve all the call lists....and then I provided that evidence to the daughter and said 'look, this is when she's called, this was the time it took for people to respond, and this was how long staff was with your mum'.... it was good because, they were quite accusing and suggesting that we were just not bothering with her, but the evidence proved that she actually hadn't called (SME Lead 39, care home, nurse call system).

Furthermore, in the event of any safeguarding concerns they could demonstrate that care had been delivered promptly and effectively:

If there was any safeguarding issues, you can see exactly who's been in that bedroom at what times, how long they were there for (SME Lead, 37, care home, nurse call system).

The ability to retain staff is an important element of sustainability and **staff wellbeing and morale** are therefore important in this context. One provider noted that the laptops provided were taken by staff to clients' homes when developing care plans. This had reduced travel costs. Costs saved had been substantial and contributed to their ability to increase staff salaries, as well as to offer 'carer of the month' rewards. These initiatives were perceived by the SME Lead to have led to staff feeling more valued. Investing in new technologies was also felt to have a positive impact on morale, with staff feeling valued:

It's quite nice for the morale of the staff.... because obviously it feels like some investment in the home and something nice and modern for them to use (SME Lead 33, care home, nurse call system).

Further, where staff felt that the new technology enhanced the care provided, this appeared to increase staff's own satisfaction:

The staff love it and obviously they're seeing the reaction of the residents using it. They're feeling like the residents in their care are getting...a little bit extra (SME Lead 43 care home, activity table).

The provision of new to business technologies enabled **further digital innovation and investment**. Enhanced Wi-Fi provided important 'building blocks' for further innovation:

Now we have the Wi-Fi in place, it enables us now to look at our nurse call system and upgrading that....it lets us look at doing the electronic MAR system, to reduce medication errors....So it opens up a lot more doors for us to be able to evolve because I think...gone are the days of pen and paper and things and we're becoming more of a technical community (SME Lead 49, care home, enhanced Wi-Fi).

In addition, introducing staff to the use of technology in the workplace begin the process of developing skills and confidence in anticipation of more substantial, sector led changes required of them in the future:

[Using the technology] also empowers some of our carers and our colleagues to feel better regarding the technology that we are using and the way that I see it.... homecare is going to go more and more into the electronic markets. I know that there's pressure on for.... everything to be done electronically regarding eMARs. Now if I had introduced that before they've had the gradual introduction to the world of technology it would be a case of....'if I've got to use this, then I'm going to leave'. And so, for me it's going to be about easing them into the new ways of working... it's like that introduction first step as it were (SME Lead 28, homecare, Laptops).

Quantitative findings; Impact on Quality, Productivity and Sustainability

Some quantitative data was captured from SMEs to determine impact on SCIP core objectives; quality, sustainability and productivity. This applied only to those SMEs (32) who were part of the 6-month evaluation protocol. Quantitative data outcomes for each SME were based on intended impacts (as stated on their grant application form), and where relevant, these were collected for the 6 months pre- and the 6 months post-implementation. Proxy measures were used as follows;

- Quality; Number of falls, Accident and Emergency admissions/unexpected hospital admissions, medication errors
- Productivity: Number of service users/bed occupancy
- Sustainability: Staff turnover numbers

15 of the 32 providers on the 6-month protocol provided quantitative data at close of the evaluation.

Quality:

- Six care providers (one day centre, five residential homes) reported their number of recorded falls for the six months pre- and six months post-implementation of their new technology
- Five care providers (three residential homes, one day centre and one domiciliary care agency) shared data relating to the number of service user A&E admissions
- Five care providers (all residential homes) provided data on their reported number of medication errors

Productivity:

- Fifteen care providers supplied pre- and post-implementation data (8 residential homes, 2-day centres, 1 CVS organisation and 4 domiciliary care organisations).

Sustainability:

- Fourteen care providers provided data on number of service users

Others were unable to provide this because they were unable to access the information within their organisation to share this, or did not have time/resources to extract the required information and provide this data in an appropriate format. Only one variable was found to be significantly different in the pre- and post-implementation periods (an increase in staffing levels post-implementation of technology), with all other variables showing no significant differences. However, due to the low numbers of SMEs providing this data, no conclusions can be reliably drawn from this analysis.

Lessons learnt from SCIP about introducing technologies

SMEs reported barriers to innovation and adoption of technology within the Adult Social Care Sector during the SCIP evaluation. These included; digital poverty, varied digital skills within the workforce, and the time required to introduce new technologies.

- **Digital poverty within the sector.** While some services were well equipped, others had limited access to technologies, or had very outdated tech in place:

when we look at our old system, it was like, we were dinosaurs (SME Lead 39, Car Home, Nurse Call System).

The SCIP grants provided an opportunity to address these gaps, and many services purchased 'every day tech' rather than more innovative products, reflecting the level of need in many services. This suggests that in many services, innovation will start with gaining access to technology such as laptops and Wi-Fi enhancement, before further developments are possible.

- **Digital skills within the sector.** Skills and confidence among managers and care staff to use new technologies are variable. Some are very skilled; however, others have little experience of using technologies, and therefore limited digital skills and confidence:

I've got one member of staff that won't. She doesn't even know how to send messages on her own mobile phone. So, she's just ruled it out completely. But she will look at other people using it, but she's no desire to try (SME Lead 44, Care Home, Activity Table).

It is important that these skills and confidence gaps are recognised when services further their 'digital journeys'.

- **Support is needed when introducing new technologies.** Managers and staff often needed information, support and training when introducing new technologies. This included advice about what to buy (ensuring that they understood what they needed

and did not incur additional costs); help to set up new tech and get started; effective support when things went wrong or were not working properly. In some services this support came from managers who were skilled in using tech – but support from tech companies was also important:

We had a gentleman who went through it all with myself and two senior members of staff. We were able to cascade that onto the other staff and we had a number if we felt we had anything that we weren't sure about (SME Lead 31, Care Home, Nurse Call System).

Technology which was easy to use was also valued.

- **Adopting new technologies can take time.** Many care providers reported that their new technologies saved them time. However, setting up new systems and learning to use them could require a lot of time, especially early on.

I love the timelines that the companies give you as to how long things take and what it should look like.... Their version of how long something takes versus somebody who's learning this from scratch are two completely different things. So, I was getting very bogged down in getting our system set up and getting it even to a point where I can now start looking at training admin people in the office of how to use the system (SME Lead 7, Community Provider, Software

In some instances, there were also new roles for staff, such as supporting care recipients to use the new technologies, as not everyone had digital skills.

- **Enhanced access to technology can support staff training.** Staff training is increasingly being offered online. However, in some services not all staff had access to devices in the workplace or at home. Purchasing company devices that staff could use at work or borrow to take home had assisted some staff who had been struggling and helped them to progress their training. This enabled them to meet training requirements and potentially to progress their careers, as well as developing a better trained workforce.

Before we had the laptops [staff member was] at risk of being withdrawn, wouldn't have been able to go back on the NVQ and would have to like look at them possibly not working here because you need a minimum of level 2 [now].... they've got one thing left to do and they've completed it (SME Lead 9, Care Home, laptops).

Development of a 'new to market' product

Following a competitive process, a 'new to market' grant was issued by SCIP (ERYC) to developer MoRServ to create a system 'AURA', to enable care homes to document and manage risk. Further information about this part of SCIP can be found in the [MoRServ Case Study](#). Four care homes were recruited by ERYC to help develop AURA. One of these

had to withdraw at the start due to workload pressures. The remaining three were interviewed individually by the UoH team.

SMEs reported that they had valued being involved in the development of AURa and that they had provided feedback, to which MoRServ had responded. They also reported that the system was easy to use, and to learn to use. Their main features in AURa used by participants were:

- Storing policies and procedures
- Self-auditing against CQC standards and Key Lines of Enquiry (KLOEs)
- Logging incidents and accidents.

The providers interviewed reported that AURa helped them to keep documents in one place, and to improve the quality of their documentation. It also helped them to reflect on their service, review incidents and plan responses. However, consistent with the findings above for the 'new to business' technologies, they noted that adopting a new system, requires time and learning to implement.

For further information;

Please visit the programme website for more information and key contact details;

<https://www.eastridingscip.co.uk/> and [Social Care Innovation Programme | Faculty of Health Sciences, University of Hull](#)