

ConnectED Briefing #9

Single-handed care.

The Issue

Some people living in the community need the assistance of two or more people to move around their home. Developments in equipment and handling techniques mean that some people can be supported by one carer. This can be a means of supporting more people than would otherwise be possible and represent savings for those paying for it. Staff were interested in what we know about how best to introduce single-handed care practices, particularly when working with people with dementia.

What we wanted to find out

- What do we know about best practice when introducing single-handed care, including single-handed care for people with dementia?
- What do we know about the effectiveness of single-handed care?

What we did

We searched for relevant reviews and research studies evaluating single-handed care, or talking about the factors that help or hinder its successful introduction. We then discussed the evidence with occupational therapists and service users and agreed the content for this briefing.

What we found

We found no studies of the effectiveness of single-handed care.

We found an exploratory study of single-handed care practice in local authorities that included a survey of local authorities¹; an analysis of 245 documents from 51 local authorities in England detailing how single-handed care is enacted²; and a two-part article on the barriers to single-handed care^{3,4}, drawing on the results of an international online survey of 4,585 people representing key stakeholders, and the experience of the company conducting it.

Quality of Evidence

The article on the barriers to single-handed care is based on work undertaken by the owner of a company that provides training on single-handed care, which may represent a conflict of interest.

What the evidence suggests

Effectiveness: There is currently no evidence about the effectiveness of single-handed care, for any group of service users.

Best practice: The available literature identified important trends and considerations in overcoming the barriers to introducing single-handed care, and these are summarised below.

Trends in single-handed care practice

The survey¹ of local authorities in England found that:

- Reviews of people receiving local authority support with their moving and handling to determine whether care can be completed by one person (single-handed care) appear commonplace.
- 89% of survey respondents estimated that up to 60% of reviews led to partial or whole packages of care reduced to single-handed care.
- Almost half of these reported that only 20% or less were reduced to single-handed care.
- Reviews are typically led by an occupational therapist, taking – on average - three one hour home visits *plus* up to two hours of documentation.
- Reviews may result from a local authority initiative on single-handed care or as part of other review processes, or for other reasons e.g. to promote independence, to increase dignity.

The analysis of local authority documents² suggest that local authorities see single-handed care as a means of delivering:

- their duty to promote individual wellbeing and the autonomy of service users;
- their moral and fiscal duty to efficiency in health and social care at a system level (balancing their budget), and
- responsible progress and innovation.

Considerations

Based on a survey of 4,585 people representing key stakeholders, and drawing on their own experience, the CEO of a company providing training in single-handed care identifies the following as important considerations for those agencies planning the introduction of single-handed care practices. These are summarised briefly here and elaborated in a 'Practice Considerations' Appendix at the end of this briefing.

- Collaborate with all key stakeholders from the earliest stages.
- Tailor communications to the needs of particular stakeholder groups, all of which will have different concerns arising from their particular roles and responsibilities.
- Provide, arrange, or fund the training in the skills that will be needed by those delivering single-handed care.
- Arrange easy access to the equipment needed by those providing single-handed care, and ensure that the available equipment is appropriate.

Conclusions.

There is no evidence of the effectiveness of single-handed care or the best approaches to implementing it. The voice of service users is particularly missing from the literature. Expert opinion suggests that successful single-handed care initiatives require engagement with all parties, financial support for home care agencies to engage in training with staff from other organisations and training for assessors to build their confidence in techniques and equipment to support single-handed care in practice.

For more information about this briefing, contact

Kate Harris – Evidence Champion, Bristol City Council Kate.Harris@bristol.gov.uk

Lisa Dibsall – Researcher in Residence, University of Bristol Lisa.Dibsall@bristol.ac.uk

Contributors

The following occupational therapists contributed to this briefing: Ben Fairbairn, Gosia Simon and Georgia Thomas (all Bristol City Council), Kath Leman (Evidence Champion at North Somerset Council) and Katie Thomas (South Gloucestershire Council).

References

- ¹ Whitehead, P. J., Rooney, L., Adams-Thomas, J., Bailey, C., Greenup, M., Southall, C., Raffle, A., Rapley, T., & Whittington, S. (2022). 'Single-handed care' initiatives and reviews of double-handed homecare packages: A survey of practices in English local authorities with adult social care responsibilities. *Health & Social Care in the Community*, 30, e5560–e5569. <https://doi.org/10.1111/hsc.13980>
- ² Rooney, L., Rapley, T., & Whitehead, P. J. (2023). Normative puzzles for local government: Managing the introduction of single-handed care in England. *Sociology of Health & Illness*, 1–16. <https://doi.org/10.1111/1467-9566.13618>
- ³ Harrison, D. (2017) Single-handed care, is it a vision or a reality? Part One of an article examining the barriers to single-handed care. *Column* 29(4) 14-18
- ⁴ Harrison, D. (2018) Single-handed care, is it a vision or a reality? Part Two of an article examining the barriers to single-handed care. *Column* 30(1) 6-10

Appendix 1: ConnectED: Practice Considerations

These Practice Considerations are informed by research considered in the *ConnectED Briefing: single handed care* (May 2023).

Collaboration and planning

Collaboration in the development stages of a single-handed care project should involve staff from the local authority, homecare agencies and the NHS to hear everyone's views and support a unified approach.

Aims should be set for a single-handed care project. The local authority's aim may be to reduce costs to help manage the budget, reframing the aim of single-handed care to 'increase the number of carers available and reduce the number of people without a care package' presents a different focus for service users, families and home care agencies.

Communication

Service users have expressed concern about not feeling safe with only one carer. They had concerns about their health and wellbeing and their ability to stay at home. Documentation on the project for service users and assessors should confirm that the person will be fully involved in choices and single-handed care is not suitable for everyone. A trial period can be offered to enable service users and families to 'test out' a reduced package of care.

Training

Local authority staff identify that home care agencies are resistant to single-handed care techniques, rooted in blanket policies about using two carers with certain types of equipment. An online survey⁴ identified a lack of skills and confidence in assessing for single-handed care amongst occupational therapists, moving and handling assessors and care workers.

Training home care staff is the responsibility of individual home care agencies. Some local authorities have supported a joint approach by paying for staff time and back fill costs. A joint approach to training shares knowledge, builds confidence and breaks down barriers between organisations. Videos and safe systems of work are cited as an effective method of improving skills in a study with students.

Resources

Resources to support single-handed care include risk assessment tools and guidance on single-handed care. Ideas from other local authorities include 'drop in' days for staff to try out equipment and techniques.

Assessors should have access to a range of equipment to support single-handed care including profiling beds, gantry and ceiling track hoists, slings, in-bed management systems (sheets), oval boards, standing and transfer aids, wedges. Assessors should be provided with an assessment kit of equipment.