

Get Connected

Impact Evaluation

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1. Introduction

In 2010, the Social Care Institute for Excellence (SCIE) commissioned the National Institute of Adult Continuing Education (NIACE) and the Institute for Employment Studies (IES) to undertake a study into the impact of the Get Connected Investment Project.

The Get Connected Investment Project is a £12 million capital grant programme focused on improving access to and use of digital technology in adult social care. It was established by the Department of Health to enable registered care providers and independent sector organisations, supporting personalisation in adult social care, to access digital technology more effectively.

In a world where information and communications technology (ICT), and the internet in particular, are transforming the way we communicate, learn and work, thousands of independent sector social care services for adults in England – many of them small, private or voluntary sector organisations – do not have access to high-quality internet or digital technology. This means their users and staff are at a disadvantage in terms of access to training and development, knowledge gathering and full participation in the support networks available online. The Get Connected Investment Project aimed to enable care providers to improve access for service users, carers, visitors and staff to ICT so they can use the power of the internet to communicate, learn and train.

2. The Impact Evaluation

NIACE and IES were commissioned to evaluate the impact of the introduction of new or improved technologies funded through the Get Connected Investment Project.

The overarching aim of the evaluation was to assess the impact of the funding on service users and staff. The principal research questions guiding the work were:

- What patterns of infrastructure support to strengthen personalisation are being developed with the use of Get Connected funds?
- Are providers able to carry out their plans as proposed?
- How far do the actual outcomes of the funding match the goals of the Get Connected Initiative, in particular in furthering the goals of personalised social care services?

The evaluation focused specifically on the 248 adult social care providers awarded grants (of up to £22,000) in the first cycle of the programme to improve access to digital technology for service users, carers and staff to:

- Enhance the quality of life offered within the service; and/or
- Support their learning, training and development.

Our approach

The evaluation comprised a 22-month investigation into the impact of the Get Connected Investment Project on service users and staff. A mixed methods approach was adopted, combining the collection of quantitative survey data from care providers funded in the first cycle of the programme, with that of qualitative data from twenty of these providers, selected as case study sites. In taking this approach, the evaluation sought to pull together the broader experiences of funded providers from across the cycle alongside a more detailed examination of the impact of the funding in a smaller number of organisations.

The surveys

The evaluation included two rounds of surveys, the first conducted between October 2010 and January 2011, and the second, in October 2011, nine months after the initial survey of the first tranche of Get Connected grant recipients closed.

The surveys were conducted on line, with emails being sent to the main contact identified within the Get Connected applications to SCIE. These were mainly managers or owner/managers, but in some cases were individuals in roles such as activities co-ordinators or administrators. In addition, these lead contacts were asked to forward emails containing survey links to their staff and, where they felt it appropriate, to their service users. The surveys were designed to capture information relating to sites' experiences in introducing or updating the technology; any training provided for staff, and their views of the impact for service users, staff and the organisation more widely. Staff and service user surveys focussed on involvement in planning for the changes, the support given during introduction of the new or upgraded technology, and their experiences of using the new facilities.

The case studies

The evaluation also included in-depth research at twenty case study sites, each of which was contacted twice by members of the evaluation team, with each round of interviews taking place following each of the two survey rounds. This enabled the evaluation team to collect detailed evidence over a period of time as well as serving as a basis for raising broader issues in relation to the Get Connected Investment Project. A range of criteria, including type of service provider, type of care setting, size of grant, intended beneficiaries and geographical location were used to select the sites.

The selected sites comprised of ten care homes, four nursing homes and six home care agencies located across England. Some sites provided support to older adults while others worked with adults with learning difficulties. The size of grant awarded to each site ranged from just under £2,000 to £20,000, with the majority having received £5,000 or less.

From May to early September 2011, at least six months after the grants had been awarded, initial visits were undertaken to 15 sites and telephone interviews with the project lead were conducted at the remainder. More than 40 members of staff – including owners, managers, activities coordinators and care workers – and 16 service users across nine sites took part in an individual or small group interview.

During November and December 2011, subsequent visits were undertaken with most of the sites, although in a number of instances, telephone interviews were offered as an alternative in order to maintain engagement of case study sites.

The following sections of the report provide a thematic analysis of the case study data, supported by evidence from the online surveys. Interim reports setting out more detailed findings from each of the surveys are available as downloads free of charge from SCIE at: www.scie.org.uk/workforce/getconnected/Research.asp. The conclusions of this evaluation are outlined in section 9.

3. Prior access to technology

Prior to receiving Get Connected funding, the majority of case study sites had a small number of computers which were used predominantly by staff with management or administrative responsibilities. Only one case study had no computer facilities at all, while another relied solely on a staff member's personal laptop. Most, but not all, of the sites with computers also had access to the internet. None of the organisations involved in the provision of domiciliary care provided their staff with access to IT facilities while caring for people in their own homes.

Much of the existing IT equipment within case study sites was used primarily for administrative purposes and completing care records and therefore tended to be located either in an office or at a reception desk, making it inaccessible to most care staff and service users. While some sites allowed service users and care staff more widely to use the existing equipment, this often placed a strain on limited resources.

Some managers and staff said that a lack of access to computers and/or the internet at work meant that they relied on their own personal equipment at home. A number of examples were provided of how staff would work from home, or visit home during work hours to find out work related information, to take part in online training or to develop activity resources. Lack of access at work also makes it more difficult to accommodate service users' requests and to involve them in planning activities.

One care home, prior to receiving Get Connected funding, had only one computer, without internet access, in a 3rd floor office. It was used predominantly by staff for administrative purposes and was inaccessible to service users with mobility problems. Other service users could only use the computer when a member of staff was present.

If staff needed to access the internet they relied on home computers. As a result the manager frequently had to work from home and was not available on site to support other staff and residents. When other staff needed to use the internet they had to drive home, which was only possible if there were enough other staff present to look after the service users.

Prior to receipt of the Get Connected grant only a very small number of case study sites had dedicated computer facilities for independent use by service users and where this was available it was deemed unsatisfactory, often being restricted to a single ageing machine with outdated software. On occasion, members of staff or service users' relatives were bringing in their own equipment to use with service users.

“We had some very slow early XP computers which were on their last legs, they were unreliable and we felt that we had got to be able to move forward.” (Care manager)

4. Engaging with Get Connected

For several organisations, purchasing digital equipment had been a long term aspiration, which they had been previously unable to take forward because of lack of funding. The Get Connected project therefore provided a welcome opportunity.

“It was the first time we’d been able to afford to put in IT for the residents. So that’s what’s been so great about the money, the fact that it was ring-fenced. Before, I needed to think about whether I repaired the road or put in IT. The fees paid do not cover this sort of thing.” (Care manager)

In making their application for Get Connected funding, the majority of case study sites outlined ways in which they anticipated that both staff and service users would benefit from the project. Only a small number of applicants had chosen to focus predominantly on just one of these groups, with domiciliary care organisations in particular focusing on providing access for staff.

Sites were keen to *increase* staff access to computers and to the internet, and in particular to *widen* access beyond admin staff to those directly providing care. It was anticipated that Get Connected funding would:

- support staff to develop their IT, literacy and numeracy skills;
- provide staff with access to e-learning and online learning;
- provide staff with access to work-related information, including that required for existing training such as Diplomas;
- enhance staff-service user communication and interaction; and
- enable organisations to automate care home records and care plans thus improving quality and speed of service, and to monitor services electronically in order to support service user satisfaction.

“The end result here will be confident better trained employees which in turn will give them and our service users a better quality of life.” (Owner, Domiciliary Care Agency)

Many case study sites anticipated that the access to technology provided for service users by the Get Connected project would “*open up a whole new world for them*”, providing “*an invaluable daily resource to fill their time*” and lead to the development of new skills and increased confidence.

A number of sites already worked with a small number of service users who had their own computer equipment and saw the potential of extending these opportunities further and more widely. In particular, sites were interested in offering service users opportunities to connect with the wider world through:

- developing their IT skills
- emailing and Skyping friends and family
- maintaining existing relationships and making new ones through social networking
- taking part in fun activities to support mobility and mental agility
- pursuing hobbies and educational activities
- researching personal interests
- organising activities and trips
- accessing online services such as banking and shopping
- accessing public services that may have been previously inaccessible to them, particularly in rural areas
- providing access to an online booking service for respite care

One care home had long been aware of the potential benefits for residents of using computers. A few residents had their own computers and six had taken part in a short computer course provided by Age Concern. The Social Co-ordinator responsible for organising this activity said that for those taking part, the course had been ‘*a turning point in our residents’ lives*’. However the opportunity had ceased due to lack of funding. The Home had tried to secure sponsorship to provide digital access for residents, but prior to Get Connected, their attempts had proved unsuccessful.

A number of residential and nursing homes recognised that although some of their current residents may not be familiar with computers and struggle to make use of the technology; this is likely to change in the future as residents will have more experience of using computers before entering the home. Indeed, residents in one care home who had used digital technology prior to moving there were said to be 'at a loss' without it.

"This is a service we could not provide for them so they lose contact with the outside community and friends." (Care manager)

Reflections on the application process

In their reflections on the application process, managers and staff who had been involved raised a number of issues:

- Bid writing was a new activity for most staff, some of whom felt that they would have benefited from having a more accessible and self explanatory application form;

"If you're pointing the funding at a sector like Care that isn't experienced in grant applications, certainly for us it was the time aspect. It was such a shame – even another month we could have probably had a much better opportunity to bid for more money." (Care manager)

- Despite the relatively small amount of potential funding, bidding organisations had to consider a wide range of factors including justification for new technologies, availability of resources and issues associated with the profile of service users being cared for; as such they found the process complex and the timescale for completion was thought to be too short. However, being required to address each of these factors in their proposal encouraged sites to think through their plans in more detail than they might otherwise have done;
- It was suggested that information about recommended suppliers could have been more prominent within the paperwork, with a number of sites believing that they

lost time in talking to existing suppliers. In contrast, though, the survey revealed that some had felt they had not got good service from recommended suppliers and were uncertain whether they could in fact use existing suppliers. This was backed up by some sites who had worked with their existing supplier or a known contact and felt that this had been extremely valuable and a key factor in determining how much funding they sought;

“Having support from an IT contractor has been a key to the successful application. Had we not done so, we would have applied for the hardware but not necessarily thought about the software and cost of installation and connections to make the hardware work. We would strongly recommend this approach to others.” (Care manager)

- A number of sites submitted proposals for less funding than they would have ideally liked, as they did not have sufficient time to obtain the number of quotations required for a larger funding proposal;
- Managers and staff did not always appear to have a clear understanding of what equipment was eligible for funding;
- More guidance about the type of technology to purchase to benefit service users would have been welcomed.

“It would have been useful to know in advance what equipment could be bought and if there are any restrictions and how to go about making a case for the equipment in provision of the home care support... Some advice on the cost of putting the equipment into full use would have been helpful.” (Care manager)

5. Implementation

Case study sites received between around £2,000 to £20,000 in funding and used this to purchase a range of equipment including: desktop computers, laptops, peripherals (such as keyboards, mice and printers), speakers, digital cameras, webcams, televisions, projector screens, servers and games consoles. Most of the sites also purchased a range of assistive technologies such as touch screen terminals and large print keyboards. In addition, funding was also used to purchase software and technical support packages, and to cover the costs of Internet access.

Across the grant recipients, most of the problems encountered during implementation related to selecting and purchasing equipment. Sites that had opted to work with their existing supplier or a known contact were very positive about the support they had been given in developing their proposal, in purchasing and installing equipment and in providing ongoing support. One case study site had approached a new supplier who specialised in providing IT equipment to social care settings, and spoke favourably about their input.

One care manager was particularly keen to work with their existing IT supplier of 10 years. The company provided support with the initial application, installed the equipment and demonstrated how to operate it to several members of staff:

“I’ve got a supplier here who I know and trust and I wanted to go with him. I didn’t really want it to go out to tender and bring yet another outside person in.” (Owner, Residential Care Home)

The business manager at another home had originally intended to use her existing supplier but decided to use a specialist company from the list of recommended IT suppliers. The specialist company was able to suggest a variety of adaptive equipment that she had not previously considered, such as touch screens, large keyboards and mice and a user-adapted system and log on screen which takes the user straight to their Skype account. The business manager believes that this specialist equipment has made it easier for residents to use the technology.

Around a quarter of the sites overall, but most of the case study sites had encountered some issues in installing the technology. Although many issues were addressed relatively easily, for some sites the process had proved particularly challenging, time consuming and expensive. Almost a year on from the initial grant award, more than a third of grant recipients who responded to the second survey said that some snags still remained.

Across grant recipients the most commonly faced challenge was securing a broadband service of sufficient speed and quality. This was a particular issue for sites in rural locations and for those based in large, old buildings with thick walls where it had proved difficult to install Wi-Fi.

The set up of the PC and laptop at one care home initially went well and they were able to connect to the internet. However, when the Wi-Fi base unit was moved following refurbishment of the building they no longer received any signal to the PC due to the thickness of the walls in the new location. Staff spent several months trying to get a Wi-Fi signal into the room; in the end purchasing a repeater, but this only helped with the laptop signal. In the end, they had to hard-wire the internet connection to the PC and printer.

“I couldn’t hazard a guess at how much its cost, but it’s got to be several hundreds of pounds that we’ve had to pay... That part of it has been a bit of a disappointment. Thankfully we’ve had more success with the laptop, and in actual fact because we’ve used the laptop so much, it’s not been too much of a letdown, but it’s just been a pain really.” (Care manager)

Once the technology was successfully installed, a number of case studies also experienced ongoing issues for which they needed technical support. As the requirement for support had been largely unanticipated, it resulted in additional expense for some organisations. The Care manager featured below, however has now adopted a system whereby technical support can be provided remotely, thus saving some of these costs.

“What I didn’t probably realise was how many times I’m having to get the guy out to reboot the computers or get a virus off. Now they’re on the Internet it’s very difficult to have one to one support with service users all the time” (Care manager)

A number of sites reflected that the equipment they had purchased had not met their expectations and that on reflection they would have made different decisions. At least one site had assumed that the computers provided would have Microsoft Office software pre-installed but this was not the case. Although they had managed to work around this problem by downloading free software instead they had found this not to be as comprehensive or effective as commercial software. There was also some disappointment expressed about specific systems which had been purchased by a number of sites.

“It’s easy when you know, but if we knew then what we know now, then I would have said ‘please make sure we’ve got a Word programme at least on the laptop’.” (Care manager)

For some, the most significant implementation issues were not associated with technology, but with the willingness and capacity of management and care staff to support implementation.

A small number of sites felt that there was a lack of commitment from senior management in supporting the technology to be effectively used. As a result, care staff were unable to dedicate the time to regularly support service users to use the technology effectively.

“Ultimately our primary role is one of care and duty of care to our residents which means that every now and again the staff resources are not available to run the computer club.” (Care manager)

In some sites however, the manager was the key driver behind the introduction of the technology and in encouraging its use by residents and staff alike. In fact, across all of the sites, the attitude and leadership demonstrated by the care manager and

the training ethos of the care setting were both significant influencing factors in the success or otherwise of the project. Nonetheless, even where management support was in place, care staff often still struggled to dedicate the time needed to learn to use the new equipment to its full potential.

“I love training. For me personally it’s what makes a quality service. I think it’s what gives you a good quality service and good practice.” (Manager, Domiciliary Care Agency)

“I’m so enthusiastic about it. If there’s an idea let’s go with it.” (Care Manager)

Prior to receiving funding, the care manager had considerable personal interest in computers and felt that introducing digital technology would be an important part of the future of the care home. She has been the key driver in encouraging its use by residents and staff alike. For example, she has been asking staff to come up with activities that utilise the computers and encouraging them to use emails for staff communication. Without this support and encouragement from the manager, it was thought that many staff would have avoided using the computers.

6. Use of technology

As a result of receiving Get Connected funding, all of the case study sites have been able to open up access to digital technology to service users and/or staff. In each site, the technology is being used for a number of activities and the general perception is that positive outcomes have already resulted for service users, their families, staff and the site more widely.

“Technology has opened up the tree of knowledge that I thought would never be opened up again which is something that I am very happy about. When I eventually get proficient in using a computer, it will be more than your life is worth to take it away from me! It is my true companion.” (82-year-old service user)

Use of technology by service users

Many service users had no prior knowledge or experience of using computers and therefore often needed considerable support to make full use of the technology available. Most service users were unable to do so independently and were therefore dependent upon staff, family and friends to support them in this.

“I’d hoped it might give people a little more independence but it doesn’t actually because they’re still dependent on us to access the equipment.” (Care manager)

A number of case study sites catered for older adults (predominantly 85 years and above) who have very high care support needs. Thus even where service users are sufficiently mentally alert to engage with new technologies, they are often not physically capable of doing so independently, and may never be so.

In the surveys, some managers said that the main barrier to making more progress in using the new facilities was the need to overcome residents’ and staff fears and this was reflected in the case study sites. While at some sites, interest in learning about the new technologies had been very high, in others it had proved challenging to encourage the service users to get involved. While some were keen to get involved, many service users expressed a fear of technology. The presence of either staff or service users who are enthusiastic advocates of new technologies and have

IT skills that they can either pass on, or support others with, was a critical factor in encouraging others to take part.

Often with the support of staff, relatives or volunteers, service users have been using the technology. There were eight broad ways in which service users were using the new or improved facilities:

- **to communicate with their friends and family through email and Skype**

Access to email and Skype has improved communication with friends and family for some service users, reducing feelings of isolation and supporting well-being. Where family members are willing and able to use Skype, they have found that communication has become easier and cheaper, with many older people finding the visual contact offered by Skype more stimulating and engaging than just hearing a voice over the telephone.

Grace thinks computers are very handy. She uses the laptop in her room or the lounge. She has used the computer to speak to her son in Buenos Aires. He took his laptop to the window and she saw the mountains where she used to live and she could see familiar places. Grace has also spoken to her daughter and grandchildren on their birthday – she saw the whole family who were having a party and got to be part of their day.

Service users have found that being able to see the person speaking can provide an additional dimension to the conversation and enable both parties to be reassured that the other is in good health. Visual clues such as lip movements are also useful for those who are hard of hearing. Using Skype on laptops has enabled service users to have conversations in the privacy of their own rooms and to turn up the volume if required.

“It does help improve communication with family wherever they are in the world because I cannot write letters anymore and whenever I telephone them my phone bill is astronomical. With the ease of email and Skype, communicating with family is far easier and also cheaper. It has had a fantastic impact on my life and I

am not alone anymore.” (Service user)

‘It enhances their life generally. They lose the feeling that they are isolated. It just improves everything in the day. People we look after are broadly from a generation where everyone lived close by and they find it quite difficult to cope with the fact that nobody lives close anymore. It’s enabled that community, that sense of belonging with people who are important to you’. (Care manager)

Perhaps inevitably, some service users have expressed anxiety about using these technologies – one service user was concerned that by using email she would no longer receive hand written notes or letters; some were concerned about ‘who could see them’ when using Skype; and others have found the visual contact with their distant family and friends an upsetting reminder of the distance between them. In addressing all of these issues, the role of staff in supporting service users is crucial.

“I was able to see pictures of where he (son) works and where he lives in America. Without a computer I couldn’t have been able to do this. I also get photographs emailed to me. It does help me to be more talkative however it can also be upsetting because it makes me miss my son in America even more.”
(Service user)

“We are learning about the capabilities of the technology all the time so it is a journey of discovery for us as well as the residents. We try to keep the computer sessions light and informal by increasing the users’ communication with a generation [family – children and grandchildren] who are completely in tune with computers.” (Care manager)

In one site, working with adults with learning difficulties and disability, access to Skype was enabling service users to keep in touch with existing partners as well as opening up opportunities to develop new relationships through online dating and social networking sites. This initially raised a number of safeguarding issues, but was being carefully managed by staff.

A number of service users wanted to go onto Facebook and staff had supported them to set up an account. One service user however, had invited over 1,000 people to be her friend, which resulted in a warning from Facebook as well as a number of messages from other Facebook users questioning who she was. *“That left her in a vulnerable position really because she couldn’t understand why people were getting a bit abusive with her when all she wanted to do was [be their friend].”* (Carer)

Another service user was giving out too much personal information on the internet, enrolling on dating websites and arranging to meet people. Carers are working through this with her at the moment. They don’t want to stop her meeting people and are looking into dating sites specifically targeted at people with learning difficulties.

- **to connect with the wider world**

Particularly for service users with restricted mobility, who may find it difficult to leave their own home or care home to engage in the wider world, access to computers and the internet can be a powerful tool for connecting and communicating with others. For example, one service user was able to watch her grand-daughter graduate via a live video stream on the University website:

“I thought I would have to travel (to the University) and I can’t travel any more so I was very lucky that I was able to watch it on the computer. I was very proud of her.” (Service user)

A number of sites also provided examples of how service users were able to positively engage with events happening in the wider world, as a result of having access to the internet:

When the London riots were making news headlines, one service user recognised a furniture shop that had been burnt down in an area where she used to live. She was able to look up the area on the internet, look at photographs dating back to when she was a student there, talk about her life at the time and how she had once bought furniture from the shop that had burnt down.

To celebrate the royal wedding, the technology was used to compile songs throughout the day. This involved staff and service users and included activities such as dancing and singing. The royal wedding itself was televised on the projector screen which had a significant impact on social interaction and communication. *“One of our residents doesn’t get into much but she was up and dancing on that day... She wouldn’t do anything at all, but she really got involved in this.”* (Care manager)

Care homes that invested in laptops found the portability of equipment particularly useful when working with residents who were restricted to their rooms. One Activities co-ordinator was able to use the laptop with a 102-year-old resident from Germany who does not sit in the lounge with the others

“It enabled her to take it in [to her room]. She saw photos of places in Germany. Even though she wasn’t able to do much, she could see them and we would never have been able to do that for her without that facility of the laptop. Sometimes it can be something really small and simple.” (Matron)

- **to better manage care needs**

Access to the internet has enabled some service users to find out more about their health conditions and to join online forums with others with similar needs, in order to receive advice and support. Other service users have used the technology to take part in relaxation programmes using downloaded relaxation therapy audio files from the internet.

One example of how access to technology improves service users' ability to identify and manage the social care they receive was provided by a woman who was able to conduct online research on Rheumatoid Arthritis and now has a better understanding of her condition, is more in-tune with her own care needs and is therefore more confident in looking after herself.

At least one care home used the technology to involve service users in the planning of their holiday. Previously staff would have chosen the location, accommodation and activities, but now the laptops have been used to show service users the options available and to include them in decisions made.

In sites where organisations were working with adults with learning difficulties and disabilities, service users have used the technology to develop their own support plans, health plans and care plans, providing them with a greater level of control over the management of their care than would have been available previously. The technology is also supporting them to be more in control of their wider lives, keeping a home, living with others etc. As part of this, service users have been involved in developing web pages and a newsletter for themselves and their families, as well as developing a new tenant handbook.

“They do their own [support plans] and they put it in the words they want to. It doesn't even have to be in words...They take pride in them doing it themselves. It is their life. They want to showcase it all. The reports we are getting back from Social Services and families have been brilliant.” (Carer)

“They're proud. It lifts people's spirits. People are proud of what they do themselves and they want to show it off.” (Carer)

- **to access online services such as shopping and banking**

Service users have used the internet to purchase a wide range of goods and services online including clothes, groceries, train tickets, gifts, holidays and banking services.

“With the help of my sister, I have bought clothes online and I have booked train tickets online. I have been granted access to something that I did not have before and it has opened up a new life for me.” (Service user)

In one domiciliary care agency where carers would have previously shopped on behalf of service users, access to online shopping has actively promoted independence whilst also providing accessibility, peace of mind and empowerment to the service user as they choose and decide on what they want.

One 87-year-old service user thought he would not be able to use a computer because of a learning disability and his age. However, having expressed an interest in playing the accordion again, staff helped him to bid for one on e-bay. He became interested and excited by the process, looking at the different accordions for sale and choosing the one he would like to buy.

- **to find out information**

Service users have used the internet to find out a wide range of information about personal interests, hobbies, people and places etc. Searching for information has helped enhance cognitive skills and provided a powerful stimulus for interaction between service users and staff.

“I was in the Navy – I love to look things up; I looked up the history of the HMS Triumph on Google and I got all the history of other ships as well which was fascinating. I would not have been able to do that without a computer.” (Service user)

One service user with dementia was able to name streets using Google Street Map. Being able to see clear images and pictures on screen has helped to reduce anxiety and agitation. The service user was able to familiarise herself with where she grew up and predict the name of the street that was coming up next on the map – the more she saw, the more she was able to remember.

- **to play games**

Service users have used the technology to play a range of games, providing enjoyment and entertainment, as well as supporting cognitive skills and memory retention. For example, one care home resident plays Scrabble on the computer and uses the internet to look up words and use an online dictionary:

“It is also challenging – you are learning all the time having to think of new words and the definition of words. I am also teaching one of the other residents to play chess on the computer.” (Service user)

One elderly carer uses the laptop to play games, allowing her brief respite from caring for her terminally ill husband. This helps her to relax and disengage for five minutes at a time.

Service users have also used the technology to play games with friends and family – particularly grandchildren – who come to visit them.

Service users at one day centre have benefited considerably from the purchase of a Wii games console. It has kept users occupied and engaged during their time at the centre and promoted mental agility through memory games. It has also improved social interaction between service users as they participate in group activities.

- **to listen to the radio and watch television programmes via the internet**

Having access to radio and television programmes through online facilities such as iPlayer has enabled service users to listen to or watch their favourite programmes at a time and in a place that suits them. Staff report that this has significantly improved the quality of life for some users providing peace of mind and promoting independence, particularly among those service users who had previously structured their day around watching particular programmes and were now able to take part in activities while catching up with favourite programmes at another time.

- **to take and view photographs and videos**

Many case study sites have assisted service users to receive and view photographs and videos sent to them by family and friends, as well as to explore pictures and photographs available on the internet.

“They also send photographs by email, which is lovely because I can feel part of things, for example I received photos of my granddaughter’s birthday which made me feel involved and part of it.” (Service user)

Case study sites with access to a digital camera had also worked with service users to take their own photos, upload them to the computer and make their own prints. Taking and sharing photos of activities engaged in by service users provided useful visual aids for stimulating their memory and creating opportunities for discussion.

One care home has set up a computer club to support residents to engage with IT. As part of a personalised approach, they offer 15 minute slots of one-to-one personal tuition run by a member of staff. Residents choose what they would like to do from a selection of activities including sending and receiving emails; finding information on the internet; and using Skype.

Learning to use the technology has been a significant learning curve for both service users and staff alike. In some case study sites, staff do not feel that they have either the skills or capacity to support service users; and as a result the Get Connected funding has had minimal impact. In others, staff have played a significant role in engaging with and supporting service users to use technology, which in turn has strengthened relationships between them.

Use of technology by staff

There is considerable variation in the extent to which staff were familiar and confident with the use of IT prior to Get Connected. In general, younger staff tended to have more confidence, skills and experience and did not always need further training. Other staff found the prospect of using the technology – and the expectation

that they will also help service users to do the same – to be extremely daunting.

“With older staff, myself included, fear has been a big, big issue and it’s one of the things that held us back quite a bit.” (Carer)

Even those staff with some experience of computers however, found that there were still new things to be learned. For example, some staff were familiar with desktop computers but had not used a laptop before.

Most staff had only limited time to engage with the new technologies, for those with little prior experience this in turn impacted upon their confidence and ability in using them. Despite these challenges however, having taken their first steps, many staff are now beginning to see the potential of the new technology and have even begun to enjoy using it.

“Older staff who’ve had no experience of computers were very nervous about it and have needed some coaxing but once they’ve realised how easy it is they’ve been quite enthusiastic.” (Care manager)

“We haven’t forced it upon our staff, we’ve asked for people to come forward first and then we’ll kind of work with people when they’re ready, coax them...I use it for the appraisals and say to them ‘what about e learning, why don’t we try it’ and it might be ‘oh I don’t know’ but then once they’ve tried it ‘oh yes we’ll get going, do another one.’” (Care manager)

Around three-quarters of all sites that received funding had provided training for their staff, although this was mainly of an informal nature. In keeping with this general trend, the case study sites had sought to up-skill their staff through peer learning and support, with staff then cascading their knowledge to service users where possible. Very few examples were found in which sites were providing any formal IT training. In a number of sites, it is evident that the lack of investment in formal training has restricted the potential impact of the investment in equipment.

“I am having issues around having to train our own staff on the new systems as we don’t have the resources available to outsource the training. Also I rely a lot on my own knowledge of IT to train our staff without having had specific training provided.” (Care manager)

As a result of participating in Get Connected, most case study sites are now able to offer access to computers and the internet to their staff while at work. While access had previously been primarily limited to management and administrative staff, sites are now able to offer these facilities to wider staff members. The first survey of Get Connected grant recipients revealed that whereas over 40 per cent of staff in residential homes had not used a computer at work prior to Get Connected funding, following the technology upgrades this fell to just one in ten. The case studies provided more in-depth examples of how staff use of computers had been facilitated and the types of activity for which staff were using the computers:

In one care home, a greater range of staff now have access to computers and the internet at work. Each Head of Department has their own memory stick for storing their work; Kitchen staff have looked up nutritional information online; Nursing staff have researched details of medications; the Social Co-ordinator has prepared and delivered activities programmes for service users; and staff completing Diplomas have used computers independently and with their assessors.

Managers and staff have been using the technology:

- **to access job-related information e.g. researching medical conditions**

The availability of computers and the internet has facilitated access to a wide range of information and support for staff in doing their job. Staff have been able to access websites and watch DVDs on subjects relating to their work, enabling them to update their knowledge on various topics relating to the provision of care, as well as their own training and development. Staff made particular reference to the value of being able to access Social Care TV and the Dementia Gateway which they previously had not even been aware of.

Staff have also made good use of the internet in finding out up-to-date information about particular health conditions and the latest developments on treatment and medication.

“I don’t think I was aware of how much information is available, on anything. One thing that has been really, really helpful is accessing information on specific but perhaps slightly unusual illnesses or diseases. Where I might have gone to the library or gone home and got my textbooks out, now I just click. We’ve got everything within minutes.” (Care manager)

“Things change a lot as well. A lot of our nurses trained quite a number of years ago... The common things e.g. diabetes, arthritis, strokes, they’re changing and progressing so quickly... As qualified nurses it’s very helpful for us to look outside the box sometimes, for example “I’ve seen this study, do you think it’s something we could try to help this person”. That’s been very useful and I think all the nurses have in some way used the equipment for that purpose.” (Care manager)

Staff in one care home had concerns about a particular drug that had been prescribed to a service user, as they had limited knowledge of any side effects. Using the internet, staff were able to find out that the drug should not be administered to people with certain conditions and were able to query the suitability of the drug with the doctor. *“The doctor was impressed that we had carried out this research and queried the drug as no other home had ever done this.”* (Care manager)

- **to support staff learning, training and development:**

Around three quarters of the managers who were surveyed about use of the technology funded through Get Connected reported use of the new technologies for staff training. This was further illustrated in the case study sites where the new technologies had been used to support a wide range of learning, training and development activity, both in providing access to e-learning opportunities and as a source of information and support for self-learning and NVQ and Diploma study. While sites still provide a range of face-to-face training opportunities, having the

option to complement these with e-learning can make their training programme more effective, timely and cost effective.

“This has been really useful. In the past I had to book this kind of training [mandatory training on the Mental Health Act and Safeguarding of Vulnerable Adults (SOVA)] and sometimes we had to wait 3 months for the delivery which delayed the induction process for new staff. Through e-learning, staff have been able to access the training instantly and on completion had their certificates printed.” (Care manager)

“The trainers bring in materials and use the laptop for either the presentation or use it interactively. It’s much more hands-on now than before. It’s much more beneficial as you can use it and learn by doing. It’s much better than when they used to bring in paper handouts and then you’d get back to your room and think ‘Now what was I supposed to do?’” (Facilities manager)

“The cost value saving to the company is huge so we took the decision to have a year’s pilot of it and if any new staff come we would send them on the traditional courses, but the renewal training we now do online where they can get a course done in a couple of hours. If we’d had to pay outside they’d be gone all day so it has the benefit both sides... We’ve said we’ll do it for a year and evaluate it at the end of that.” (Care manager)

Having access to computers and the internet at work has also provided staff with opportunities to study flexibly and make the most of their time at work. This has been particularly important for staff on night duty who would otherwise have been required to also come into work during the day to take part in training, as well as for staff who have significant commitments outside of work that would affect their ability to engage in learning activities outside of work time.

“The written work they have to do very much depends on doing it in their own time but if we’ve got the equipment there for them to use if they’ve got half an hour break they can do something instead of going home after a 12 hour shift thinking ‘I’ve got to start doing this now.’” (Care manager)

“If we need it they put some time in the rota. If they can that is. They’ll put in an hour or an hour and a half to do it during your shift which is better than coming in afterwards.” (Carer)

A number of managers expressed the view that the equipment has helped their staff become more confident and effective in their learning, for example by supporting staff with spelling and through offering more practical and personalised approaches to learning.

“We’ve got a number of staff who are excellent carers but have some literacy problems and I know they’ve been finding doing the work on the laptops, they’ve got the spellcheck and those things. They are giving them more confidence to get their qualifications more easily.” (Care manager)

Many sites reported that the equipment has meant that training is now more accessible to staff and also often more appropriate. They have found e-learning to provide re-assurance and build confidence through a more personalised approach. A number of the case study sites had used the technology for group training as well as independent study, while others have allowed their staff to take laptops and training resources home with them to support further study.

“The staff are all keen to do training and it [technology] just opens up avenues that were previously unavailable. Being able to do online courses has made a big difference to my staff.” (Care manager)

One domiciliary care agency uses an online training programme that provides mandatory as well as specialist training. Support staff now have access to laptops and have been able to take advantage of spare time arising from cancelled appointments. This means that they can take part in more training without having to take time away from other duties.

However, while the majority of case study sites reflected positively on the use of technology to support staff training, a small number expressed disappointment with how few staff were willing to engage with the e-learning opportunities available.

“I suppose I thought I’d have people hammering on the door to actually come in and do their training. You know we’re offering this for free and I really thought that people would be taking that on board a lot more, but no they don’t.” (Care manager)

In addition to the issues around staff skills and confidence in using IT, it is possible that one determining factor here is the question of whether staff are paid to engage in online training and development, in the same way as they are for their mandatory training.

“We think nothing of [paying for training in] things like medication. It would be very easy to do the same type of thing [for other areas of development] and you would just lose it in the costs of running your business.” (Owner, Domiciliary care agency)

One domiciliary care manager who had been disappointed with staff interest in taking up e-learning opportunities reflected that this might be because staff were expected to do this in their own time for no additional financial benefit. He was keen to increase staff participation in e-learning because of the cost-savings that it would bring to his business and was therefore now considering paying staff to take part in learning, for a trial period. In another case study site with a strong commitment to training and a recognition that this contributes to the provision of ‘confident care’, staff were paid to undertake e-learning.

- **to plan activities with and for service users e.g. reminiscence work;**

In many sites, the equipment has been particularly useful in supporting the role of Activities Co-ordinators. Some have used the technologies primarily to help them develop and prepare for activities with service users, for example by looking up craft ideas, searching for images, finding out information about service users’ interests

and hobbies and researching facts for quizzes.

Others have incorporated the new technologies into the activities themselves, providing service users with opportunities to learn about and use the equipment for themselves. In both cases, the introduction of new technologies has enabled activities to be better tailored to the individual preferences of users.

One Social Co-ordinator uses the equipment to prepare and deliver an activities programme for residents, which includes group sessions and 1:1 work. She says it has made her role a lot easier and *'creates a discussion point'* with and between residents. She uses it to create posters, finding information for residents about their interests and hobbies, and to share photographs with them.

However other case study sites without a permanent Activities Coordinator role have found it difficult to come up with suitable activities and ideas as their own knowledge and experience of technology is fairly limited. As such it has been difficult to realise the true potential of technology and implement new ideas to engage staff and service users.

- **to develop and maintain care plans with residents.**

Although developing care plans, risk assessments etc had not been anticipated as being one of the major uses for the technology purchased as part of the Get Connected project, it had proved to be a particularly important use amongst those organisations providing domiciliary care. The time saved by automating processes has freed up staff to adopt a more personalised approach to providing care and support.

"We can all sit around here and have meetings and get service users' files up if we want to... The work and the hours it's saving us in the office frees up the time to go out and do the job." (Director, domiciliary care provider)

"The new technology has completely streamlined our assessment procedure for clients enabling us to be more efficient and competent". (Care supervisor)

“Staff have made the most use of the technology and as a result their training and knowledge has improved and in turn the care planning and recording has improved. As a result this has had a positive impact on the residents because it means that they are getting a better quality of care.” (Care manager)

Staff have also been able to use the internet to find out more about the lives of the service users in their care, for example about their occupation or where they grew up. This has supported staff to get to know service users much better and enabled them to be far more creative in developing care plans and person centred passports.

“Because of this process, we [staff] get to know them [service users] a bit better – by doing research and going on the internet it means staff don’t get complacent in the day-to-day running of things, as they are also finding out new things about the residents and interacting more with the residents.” (Care manager)

- **For other organisational purposes**

As well as achieving many of the purposes for which the technology was originally intended, a number of case study sites reflected that it is also proving useful in undertaking a range of tasks which fall outside of the primary objectives of the Get Connected project. For example, buying catering supplies online, monitoring online booking systems remotely, record keeping, communicating with colleagues and sharing documents. While these have been unintended consequences, they have also served to stimulate computer use by staff and raised the salience of ICT throughout case study sites.

7. Impact

In most of the case study sites, there remains a vast amount of learning still to take place in order to ensure that the technology is fully utilised by both service users and staff. However, after only a few months, most sites were able to identify the positive impact that Get Connected has already had on both service users and staff, which in turn has enabled sites to offer an improved level of care.

“I can absolutely, 100 per cent say that it does make an improvement to quality of life. It doesn't matter how kind you are, how well you wash and dress them, how lovely the food is, for the vast majority of them it's the social aspect of their stay which impacts on their quality of life. Anything we can do to add to that, which is basically what this has done, is fantastic.” (Matron)

Benefits for service users

For service users, the main benefits have been associated with:

Changing attitudes towards technology

Prior to receiving Get Connected funding, the concept of what technology can do was relatively unknown to the majority of service users and as such many felt that learning how to use a computer was a waste of time. However, by involving families and adopting a proactive approach to encourage participation, many service users have discovered that technology is far more intuitive and user friendly than originally perceived. This has played an important role in unravelling a number of technological ‘myths’, e.g. technology is too complicated to understand; pressing the wrong button will cause irreparable damage. There is an inherent fear factor with the use of technology for those who are unfamiliar with it and the support provided in the case study sites shows how service users can be helped to overcome such fears. As a result of changing, a number of service users are now intending to purchase their own equipment.

Improved quality of life

For many service users the technology has brought a new sense of enjoyment to everyday life – learning how to use a computer is predominantly seen as something

fun to do as it provides new challenges as well as mental stimulation, either through group activities, computer clubs, research or personal use for those who are more proficient. It has also meant that some service users have more choice in terms of where and how to spend their time.

“The introduction of technology is a new beginning for me and it has given me a new focus and a determination to learn how to use a computer. That is why I am thrilled with it – it has helped me tremendously and it has enabled me to do things that I am otherwise unable to do.” (Service user)

Although sites have faced very real challenges in using the technology with service users with Dementia, a number of sites have successfully used the new technology as an aid to support longer term memory.

One service user wanted to research her birth place as she could not remember what it was like to live there when she was growing up. This had the knock-on effect of evoking memories long forgotten as well as participating in an impromptu history lesson.

Case study sites provided a number of examples where learning through technology has helped to improve knowledge and skills, as well as bringing a sense of achievement to service users.

Greater levels of communication and social interaction

An increase in confidence and independence through the use of technology has also led to an increase and improvement in communication. The technology is a talking point as well as a means for communication and correspondence, either via email or Skype.

“It’s lovely when you touch a button and all these emails come up from your family with descriptions of where they are in the world. It also gives my family a better understanding about how I’m getting on in the home and what’s happening

here." (Service user)

As such technology has helped to improve social interaction and nurtured a sense of belonging – service users feel that they are more in touch with the 'outside world'.

"If you are computer literate you can relate to what everybody else is doing, especially family who use computers and email." (Service user)

Although it might be taken for granted that the younger generation are completely au fait with the use of technology, the Get Connected project has also helped family and friends to improve their own knowledge and use of IT, for example Skype. This has led to increased communication with relatives and provided reassurance that a loved one is in good health and receiving a good quality of care.

There is one service user with Parkinson's and she also has hearing difficulties. The technology has had a significant impact on her as it has allowed her to communicate with her daughter in Spain and her son in London via Skype. Because of several different aspects associated with her health that make it difficult for her to communicate, using Skype has benefitted her by providing access to those that are dear to her.

Improvements to their physical environment

During activity sessions technology has been used to create electronic photo albums and/or calendars from photographs and pictures that have either been sent by email or researched on the internet. This has helped to improve the home environment on a personal level with photographs of family and friends put out on display within an individual's room.

"He was over the moon [in finding a picture of a remote Welsh chapel on the internet] ... When his wife came in he showed her. And he still has the picture up in his room now." (Activities Coordinator)

Supporting the provision of care

For some service users, the technology has also played an important role in reducing anxiety levels and providing reassurances over their personal care. The use of technology can be both a formative experience as well as a comforting and reassuring experience. As a result service users are becoming more involved in decisions about their care and receiving more personalised care as staff, through their use of technology, are expanding their knowledge and skills.

“I have a particular client who is struggling with his care and it has been useful to look up additional information on the internet, in particular looking at forums and this has helped to highlight that he is not alone and that there are people out there with similar conditions who can offer advice and support.” (Carer)

Whilst visiting family in Australia, a client of one domiciliary care agency was taken ill. Despite the time difference, through email the family were able to update the agency with progress reports on a regular basis. This ensured that carers had access to important information and were able to put in place the necessary provision of care, and in turn update the family. When the service user returned home, the right care and support was in place. Because there had been no limitations on communication, this provided reassurance for both the family and service user.

Benefits for staff

Many of the benefits to service users have also been experienced by staff. For example, among those staff with little or no prior experience of technology, the introduction of computers has helped them to develop their digital skills and overcome some of their fears about technology. As a result, they are gaining more interest and confidence in using technology in the workplace.

Additional benefits to staff have been associated with:

Improvements to work-related learning

In some sites, the technology is already being used to support staff in their learning such as online courses (e-learning) and Diplomas. Some staff prefer e-learning to other approaches and have become more confident in their ability to learn and are more positive about learning. Through online learning and research, members of staff are developing work-related knowledge and skills. This can help to boost confidence and ensure they provide the best possible support to service users.

“Some staff feel intimidated by a classroom setting. Instead they find online training to be less daunting which gives them the confidence to complete the course...Staff also use the laptops to search for information in a professional capacity. Overall I benefit from the increased knowledge and confidence of my staff as a result of using the technology.” (Care manager)

“I think the benefits are you get a certificate at the end of it. I’m not saying that I am going to leave but if any of us ever left we do have these certificates to go on to the next job. So it’s something else under your belt.” (Carer)

“I guess it’s about gaining an understanding. You can give better care.” (Carer)

Improved access to technology is enabling training budgets to be used more efficiently for a number of reasons – online courses can be less expensive, and their flexibility and accessibility means that staff can spend time on direct learning with less time away from the client. They can do the training at a time to suit them which can increase motivation.

“Because we now have the new computer and the laptops, staff can take a laptop home with them where they are able to access online training in their own time and from the comfort of their own home.” (Care manager)

One care manager has used the equipment to make PowerPoint presentations for in-house training and staff who want a refresher or who missed the training can go over the slides in their own time. They have one member of staff who is an ex-fire officer and who used to deliver training in the community using PowerPoint and DVDs. Before the home had IT equipment they used to buy in trainers to deliver fire safety training. Now they have this equipment the member of staff delivers it in-house, which saves money.

In most cases e-learning has supplemented rather than replaced externally provided face-to-face training. In addition, the case study sites found that e-learning often supported greater personal development because of its flexibility. This has been particularly important for case study sites in rural locations who experience difficulties in finding convenient local training provision, and may find it difficult to backfill staff released for external training.

Improved communication with service users

The surveys indicated that the technology could have a beneficial impact on the quality of relationships with staff and the ways in which they communicated and interacted. The case studies provided further examples of the ways in which the technology was supporting staff to communicate and interact with service users in more effective ways.

“Everybody is learning together and finding things out together, there has been an increase in communication.” (Carer)

Each of the benefits experienced by staff has the potential for further knock-on effects on the quality of care that staff can provide. Furthermore it was generally felt that where staff were involved with using computers with service users, they could engage in a greater range of potential activities which in turn makes the job more enjoyable for staff.

“When you get to hear about their past you connect more with them. The amount of stories and the different stories I’ve heard. I’ve only been here a

year. I could tell you stories about all the residents. That definitely helps, pictures, going on the Internet and learning about things myself. I'm only 26 so I don't know a lot about history. I get to learn things and tell the residents what I've learned and get talking that way.” (Carer)

Organisational benefits

Having technology in place means that sites are now more easily able to provide additional and more personalised services to service users. This has proved to be an excellent selling point to prospective residents and their families, as well as helping the organisation to create a better atmosphere within the home.

“The technology has ensured that we can have information at our fingertips and it has proved to be an excellent resource. Technology for some can be a lifeline to the outside world.” (Carer)

Sites also made reference to a number of organisational benefits which appear to be additional to the specific objectives of the funding. For example, as a result of new technology being in place, some sites indicated efficiency savings are being made as certain tasks are taking less time to complete and are now less prone to error. References were also made to having a reduced carbon footprint and improved record keeping. Staff can now share information more securely and efficiently with each other, and sites can be more professional and competitive in the services they provide.

“When visiting clients staff use the laptops to carry out assessments and complete care plans. They also have the use of a portable printer so in essence the office can come to the client, everything can be recorded electronically whilst on site and care plans can be printed there and then. This saves time and has had a huge impact on staff efficiency.” (Care manager)

8. Sustainability

Across the case studies, and in the feedback from the survey respondents more widely, there was much enthusiasm about the potential of technology and the positive impact that it can bring to those accessing and working in social care. Most of the case study sites had further plans or ideas for how they might build on the work they have started, in order to strengthen and maximise the impact of the Get Connected investment. These include:

Additional investment

While some sites had no plans to make any immediate further investment in digital technologies, a small number had already identified additional equipment and software that they were planning to purchase, such as digital cameras, iPads, dongles and software. Many more were intending to cover the ongoing costs of maintenance, internet access and support packages.

“If any equipment broke we would replace it because we would miss it too much.”

(Care manager)

On reflection, some of the software purchased with the Get Connected grant had not been appropriate for the service users and a number of case studies were not planning to continue paying for certain software licences.

In making additional investment, two of the case studies made reference to the need to attract external funding in order to take the work forward. The manager in one of these sites was optimistic that they would be able to persuade a local company to sponsor new developments, given the impact on residents that they were able to demonstrate. This illustrates a wider issue; while staff in many of the case study sites were able to discuss their perceptions of the benefits of receiving Get Connected funding and the potential impact that this has had on service users, staff and the organisation more widely, none of them appeared to be systematically collecting evidence on the impact that the introduction of technology has made. While this was not a requirement of Get Connected, it will be important if sites wish

to demonstrate, either to themselves or to others, the value of continuing to invest in digital technologies beyond this project.

“That’s all that you can hope for. That if your staff are better trained they will do a better job, therefore clients will feel better. I’m totally convinced that should be the case and I feel it is the case but whether I could quantify it is or not I don’t know. I don’t think I can.” (Care manager)

Increasing and extending the use of the equipment

Case study sites were keen to increase usage of the new technologies by both service users and staff, as well as to explore new ways in which the equipment and software might be used.

In one care home, the Manager is hoping to raise the enthusiasm for the new technology through discussions at residents’ meetings and by liaising with residents’ families. She has also arranged for a group of pupils from a local secondary school to visit the home on a weekly basis, as part of their humanities course, to provide computer tuition to residents.

A number of case study sites were planning to develop their use of Skype in communicating with friends and family and for communicating with residents in other homes. It was also thought Skyping between homes would provide staff with opportunities to share ideas about activities.

“We do communicate with them [other homes in the group] and socially residents from other homes visit us and our residents visit others homes, but they can’t all do that. We could possibly develop an online network”. (Activities Coordinator)

However, being able to Skype or email family or friends relies on those individuals also having access to the technology. Some of the sites had started to include family and friends in training sessions that the service provider offered. If the benefits of Get Connected are to be more widely shared then this is something further for sites

to consider in future.

Two of the case study sites involved in the provision of domiciliary care were beginning to think about the possibility of setting up a facility that would enable service users to access the technology, either individually or in group sessions and workshops.

One domiciliary care provider is moving into new premises that will have space to accommodate a day care centre. The IT equipment will be located within the premises, which they hope will encourage more service users to start using the technology in a safe and supportive environment. It would also create more office space, allowing staff to use the technology more effectively and to undertake one-to-one training.

Other domiciliary care organisations were planning to provide more staff with IT equipment and develop web portals and online systems that would support them to undertake their work more effectively. These initiatives were likely to include access to e-learning resources, staff web portals, client information and staff rotas.

“We will purchase more equipment to enable more people access at home and also invest in software to support the care work...most staff have broadband at home but may not be able to use the equipment because their family members are using it. Being able to take laptops home will address this.” (Director, Domiciliary Care Agency)

One such case study site was also exploring the possibility of establishing an online shop which could offer employment to service users for whom securing employment or volunteering opportunities has been difficult.

Providing support and training for service users and staff

A number of case study sites recognised that a lack of confidence and IT skills among staff and service users was limiting the impact of Get Connected. Some sites were assessing the feasibility of investing in formal IT training for staff, while others

were exploring the use of volunteers in supporting service users to develop their skills.

“We also have student volunteers who come in once a year from the local comprehensive as part of a social care project... [I am thinking] about bringing in volunteers and whether they could come in and spend time with the residents to help them to use the technology.” (Care manager)

Digital champions

In a number of the case study sites, it is evident that the success of the Get Connected project to date had been as a result of the enthusiasm and efforts of a key individual. Achieving sustainability and long-term impact will likewise depend upon having a ‘digital champion’ who will drive this work forward.

In some sites, the champion has been the Care Manager and in others the Activities Coordinator. In one site, the Business Manager had been the key driver behind the home’s participation in Get Connected. After she had left, and without a dedicated Activities Coordinator post, progress became much slower, particularly as working with the new technology was no longer the responsibility of any particular person.

For one care home, it has been the perseverance of the Activities Coordinator that has got them where they are today – they do not think they would have achieved anywhere near so much if she hadn’t been in post, or if she hadn’t been computer literate. The Activities Coordinator uses the new technology every day with residents and is always coming up with new ideas about how it can be used to benefit *all* residents.

Sharing ideas

For most, if not all, of the case study sites, providing access to technology for service users and for the full range of care staff has been a completely new venture and a steep learning curve. As such, they have been treading unfamiliar ground.

Many sites expressed an interest in knowing what other sites had purchased, how they had used the equipment and with what success. They suggested that the provision of further guidance and support on the potential uses of technology in adult social care would help to maximise impact and enable them to move quickly towards their own goals.

“I would like to see the other case studies from around the country to learn from what others have done.” (Care manager)

This was a particular issue for those working in domiciliary care who suggested that access to a wider network of domiciliary care agencies who had also received funding would facilitate the sharing of good practice with regards to engaging service users with ICT.

“So in that respect, I would like to have a network who I can learn from and swap guidance with. If this funding was given to a nursing home or a residential home they’ve got a captive audience there which makes a big difference.” (Director, Care Agency)

9. Conclusions

Overall, the evidence from both the survey and case study elements of our evaluation suggest that the Get Connected Investment Project is contributing to the digital inclusion of service users and staff within adult social care, and that this in turn is improving the service provided to clients.

At the outset of the Project, many of the funded sites had little or no access to technology and its use was mainly restricted to administrative purposes. As a result of the investment made, however, many care providers have now opened up access to digital technology with significant positive outcomes for all involved.

In residential care settings, service users have significantly increased communications with ‘the outside world’ through emailing and Skype connections with their friends and families, and also through online links to hobbies, interests and shopping opportunities. Access to online information, forums and services have also supported service users to play a more active role in the management of their own care. In the domiciliary and community care sector there have been some significant developments in using the technology to enable more independent decision-making and lifestyles. Quality of service is also being improved by more ready access by staff to information and training on-line, while improved office systems are an additional side-benefit.

Although a significant amount of learning still needs to take place in order to ensure that the technology is fully utilised by both service users and staff, funded sites are already able to identify some of the positive impact that taking part in the Get Connected programme has brought about. Attitudes towards technology are beginning to change among both service users and staff and the technology has facilitated greater levels of communication and social interaction among service users and between service users and staff, which in turn has positively impacted upon the standard of care provided.

Funded sites had faced and overcome a range of challenges. Our evaluation highlighted a number of critical factors that will need to be addressed in order to

ensure that the value of this and any future investment in digital technologies is optimised:

- Selecting and purchasing the right equipment and software was a significant challenge for many sites; Social Care providers would benefit from more detailed guidance in relation to IT specification, an issue which SCIE is currently considering.
- High level commitment to digital inclusion is a crucial requirement if the use of new technologies is to flourish in care settings. The attitude and leadership of care managers is therefore crucial in enabling digital inclusion to become embedded in a sustainable way.
- In many of the funded sites, it is also evident that success to date has been as a result of the enthusiasm and efforts of a key individual, such as an Activities Coordinator. Achieving long-term impact will likewise depend upon having a 'digital champion' who will drive this work forward. There is perhaps potential for a development programme to support individuals in such roles in care organisations.
- Care staff have a crucial role to play in supporting service users to get the most out of new technologies, while avoiding some of the pitfalls. Training and support will also be needed to enable care staff to fulfil this role effectively.
- For many sites, providing access to technology for service users and for the full range of care staff has been a completely new venture and has involved a steep learning curve. Social care providers would benefit from guidance and support on the potential uses of technology in adult social care. This was a particular issue for those working in domiciliary care who suggested that access to a wider network of domiciliary care agencies who had also received funding would facilitate the sharing of good practice with regards to engaging service users with ICT. Similarly, those who had envisaged using the technology to improve quality of life for people with dementia had struggled to make full use of the technology's

potential. To address this challenge SCIE have commissioned a guide to the use of ICTs with people with dementia, and this will be published later this year.

- Finally, while many care staff and managers discussed their perceptions of the impact of receiving Get Connected funding, none of the sites appeared to be systematically collecting evidence on the impact that the introduction of technology has made. If ongoing investment is to be made, it will be important that providers are able to demonstrate, either to themselves or to others, the value of continuing to do so.