

Digital Technologies to support social wellbeing of community dwelling older adults in receipt of social care and their carers

Summary of findings from knowledge mobilisation events
with recommendations for policy and practice

BRIEFING SUMMARY 3



Executive Summary

This is the third and final briefing summary from a research project exploring digital technologies in adult social care to support social wellbeing for community dwelling older adults (DiTSoW). The research is led by the University of Hertfordshire, representing the East of England Applied Research Collaboration (ARC). It is one of four research projects developed by the National Priorities Programme of Adult Social Care and Social Work, a partnership of nine Applied Research Collaborations (ARCs) across England, funded by the National Institute of Health and Care Research (NIHR) and led by the Kent, Surrey and Sussex ARC (ARC KSS).

The DiTSoW study aimed to explore digital technologies in the context of Adult Social Care, where there has been accelerated adoption and innovation particularly during and since the COVID-19 pandemic. In England, the pandemic led to a series of lockdowns (2020–2022) when services, and individuals, had to adapt. Organisations responded with a range of solutions to ensure people have the support they need without the availability of face-to-face contact. Moving forward, Government and local authorities are committed to further digital innovation and implementation, which is seen as vital to ensure a sustainable future for social care. However, there are challenges, such as: the pace of technology development; a lack of evidence to support bigger scale implementation; and ethical issues related to data collection and use of artificial intelligence (reported in Briefing One). Simultaneously, many older adults are adopting digital technologies to support their social wellbeing, using (for example) smart phones for social connections, meaningful occupation and to provide ways to maintain independence, choice and control in daily life. Our study found older adults are more likely to use

digital technologies they have bought privately rather than those offered through adult social care. At the same time there are also many reasons why older adults are reluctant to engage with technology, such as: lack of understanding and accessible training; fear of technology; technologies not meeting their needs (reported in Briefing Two).

This briefing focuses on findings from two knowledge mobilisation workshops (further details on page 5) that were run to explore the following three topics, which were identified by our research as needing further exploration:

- How can we ensure that people who want to be digitally included are given the support to do so. And how do we ensure that those who cannot, or choose not to engage with digital technologies are not excluded from services and communities?
- How do we work together collaboratively to ensure the right technologies are being commissioned in Adult Social Care and that technologies meet the needs of older adults?
- How can we measure social wellbeing improvements and include this in the evaluation of digital technologies?

A range of stakeholders attended including:

- Older adults;
- Professionals working in Local Authorities;
- Representatives from the voluntary and charity sector who support older adults and/or digital inclusion;
- People who are developing and supporting the implementation of digital technologies for older adults.

This briefing provides recommendations primarily written to support professional policy and practice addressing future developments of technology and to support older adults engaging with technology.

Key Recommendations:

To support societal inclusion and reduce the digital divide:

NB: It must be remembered that it is still important to address issues such as digital poverty and exclusion, and wishing to engage with technologies or not is a personal choice.

- Start with what the older adult wants to be able to do in life before thinking about the technology to support this.
- Training and awareness for adult social care staff to understand why service users may feel excluded from technology adoption and the barriers faced by different groups of older adults.
- Older adults are not always aware of where to access support to adopt and use technologies – there is an identified need for more positive messaging (and spread of that messaging) about what tech is available and how it can enhance daily living and activities for older adults.
- A focus on accessibility:
 - Technology that people can use with ease regardless of (dis)ability.
 - Technology must be spoken about in a language that people can understand.
- Security and privacy concerns need to be addressed to reduce fears about technology and on-line platforms.
- Equitable non digital routes to access services are essential. These must be protected and made visible.

To support collaboration and the design of technologies to meet the need of older adults:

- Make technologies fit with what people are already using to support more successful adoption.
- Reduce the complexity of technology (i.e. number of functions) and improve interoperability (i.e. technologies working together).

- There needs to be collaboration between stakeholders, each of whom has a role to play. For example:
 - Role of community organisations is essential within the ecology of supporting citizens with technology, (e.g. supporting inclusion, leveraging community spaces and champions).
 - Input from a diverse range of older adults will support technologies being more accessible and better fitting the needs of this heterogeneous populations.
 - Local authority professionals, developers and older adults working together will support more efficient commissioning and better wellbeing outcomes for individuals.
- Adequate time and resources, and spaces, for partnership working with older people are essential to supporting successful collaboration. This needs consideration at the outset of design and development.

To support technology implementation for social wellbeing:

- A clearer focus on measurable outcomes of a technology (such as increased connection to family and friends, increased confidence to go out etc.) at the outset of design would support implementation evaluations.
- Developing routine standard data collection (related to measures of quality of life and digital inclusion) across organisations delivering services to older adults would improve the availability of base-line available to assist implementation of and more robust evaluations.
- Further exploration into the role technology can play in developing the evidence base for to support social wellbeing – through both the consideration of outcomes in design, inbuilt methods of collecting data and the use of Artificial Intelligence (AI) to help collate and share evidence.

Definition of Terms

Social Wellbeing is quite a nebulous term; more of a subjective feeling. Despite no universal definition in the academic literature, common facets include: social participation; inclusion; meaningful occupation; and the absence of social isolation and loneliness.



Public involvement is central to the National Priorities Programme of Adults Social Care and Social Work. The programme has a Lived Experience group, and DiTSoW has a research advisory group comprised of six older adults, who work with the DiTSoW academic research team. For this study we have consulted both groups and have co-designed the following definition:

‘Social wellbeing is the ability to live a meaningful life with a sense of belonging and purpose, to feel connected to family, friends and society and not be passed by. The boundaries of this are a personal choice. Social wellbeing sits alongside and is achieved in conjunction with all other types of wellbeing: physical, mental, financial and emotional.’

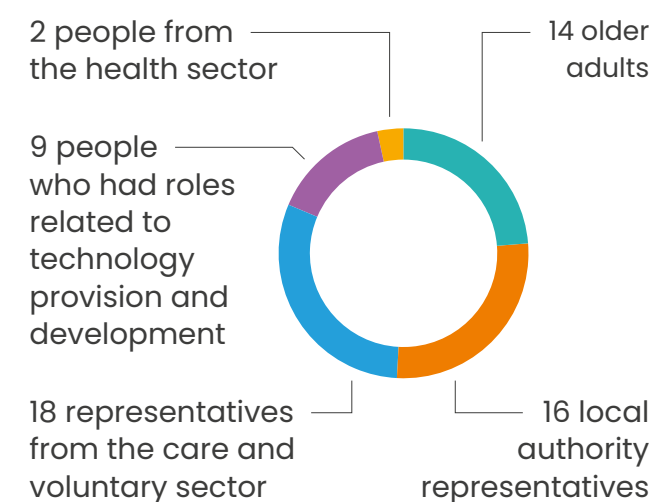
Digital Technologies are being kept purposely broad during this exploratory stage of the research and is inclusive of commissioned technologies (such as telecare/ remote monitoring, care management, and assistive technology including memory or visual aids or smart doorbells) as well as ‘consumer technology’ such as smart technology/IOT (Internet of things) including mobile phones or voice-controlled devices and apps available on the general market (e.g. WhatsApp).



Knowledge Mobilisation Events

The DiTSoW team hosted two half day knowledge mobilisation events. These events were run to disseminate and sense check our research findings with key stakeholders and to start collaboratively developing recommendations related to three areas as set out above in Table 1 (page 2):

The first event in October 2023 was an in-person event with 20 delegates from the East of England and the second online with 39 delegates in attendance from different regions. Delegates were identified and invited through a stakeholder mapping exercise and included: 14 older adults, 16 local authority representatives, 18 representatives from the care and voluntary sector supporting a range of older adults and supporting digital inclusion, 9 people who had roles related to technology provision and development and 2 people from the health sector.

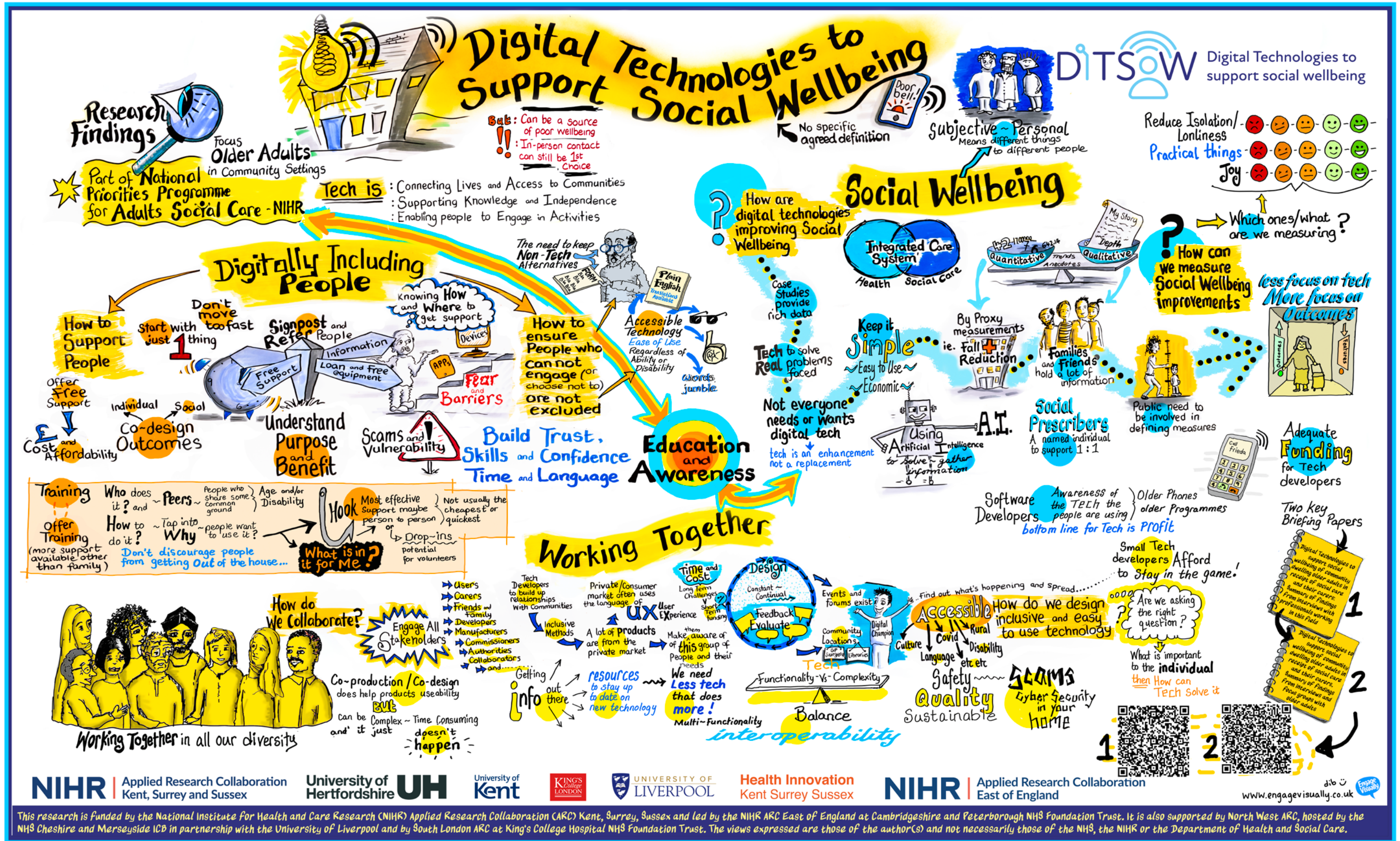


At both events a Graphic Artist documented the discussions (see pages 6–7).

A short presentation of some of the key findings from Briefing 1 (interviews with professionals working in roles related to older adults, social care and technology development) and Briefing 2 (interviews with older adults) was delivered to the whole group. Delegates were then allocated to mixed stakeholder groups of 6–8 people, for facilitated discussions around the 3 topics in Text Box 1 (see page 2/3). The same topic was discussed simultaneously by each group with time allocated to feedback key points from each table or break-out room to the whole group before continuing to the next topic. Members of the research team including members of the Research Advisory Group facilitated discussions and took notes.

This group supported the development and refinement the questions for the event, created topic guides for all facilitators and supported the organisation of the day so that it was tailored to ensure accessible to older adults, and other delegates, attending the event. Several of the advisory group also co-facilitated the discussion groups at the events.

Graphic representation of the events



The next few pages of this report provides more detail of the discussion points from the DiTSOW events which has informed our recommendations for policy and practice.



Topic 1: How can we ensure that people who want to be digitally included are given the support to do so. And how do we ensure that those who cannot, or choose not to engage with digital technologies are not excluded from services and communities?

It was argued in discussions that it is society that needs people to be digitally included for access to online services – not older people who would say that their technology needs are met or are non-existent. Many older adults still for have a preference of face/face or paper-based information and routes to services and there is anxiety that too much digital support will lessen the need to go out and see people, which delegates viewed was best way to support social wellbeing. Additionally, the need to use apps to book tickets, to pay for parking and so on are off-putting to many older people and reduce opportunities for social interaction. However, in light of the rapid digitalisation of services it was agreed that all professionals (across

health and social care), and citizens, have collective responsibility to help older people become digitally enabled whilst still ensuring that there is choice and equity of provision. It was suggested that digital inclusion needs to be considered alongside the Equality Act 2010 as delegates felt there was an increasing risk of discrimination towards those who do not have online access to goods and services. The Equality Act considers both physical and digital access to services and prohibits direct or indirect discrimination. This includes addressing people's ability to engage with digital technologies. There was also a desire for devices, apps and platforms to be regulated against quality standards to raise standards and support confidence in technologies.

To supporting inclusion, as highlighted in previous reports (see Briefing One and Two), factors such as cost and affordability, the ability to access the right support in a timely fashion, and building trust and confidence in digital technologies and platforms, were key to successful adoption.



Fundamental to support digital inclusion was the need to stimulate an initial reason for engaging with technology and recognition of the value proposition of technology to that individual – ‘what is in it for me?’ Without these considerations, there is significantly less chance of successful adoption. Similarly, the introduction of tech at a time of crisis was cautioned by professionals and older adults, because this was a time when there is less capacity to learn about new devices and it could increase rather than reduce anxiety.

When offering older adults support with technologies, allowing adequate time to get to know what is important to that individual is vital, as is talking about technology in a language that people can understand. The role of the voluntary sector

in supporting digital inclusion was praised, although it was acknowledged that this is not possible without adequate funding. With technology advancing at a rapid pace, it was also noted that training will need to be ongoing, as will support to stay safe online. It was felt that the role of peers and micro-communities was perhaps an under realised and utilised resource in supporting both interest in and adoption of new technologies.

Digital inclusion spans a complete spectrum of individuals – from totally disinterested to avid users/advocates. Some organisations were finding it helpful to bracket individuals into groups reflecting this to assist with both the tailoring of initial conversations about technology and implementing support more generally.

Three further themes threaded through Topic 1 discussions:

Accessibility

Accessibility means having technology that works well for everyone. it's about building inclusive products, breaking down digital barriers, and fostering innovation so that, regardless of abilities or disabilities, everyone who wants to can easily use and enjoy technology. This will be supported through working collaboratively with all stakeholders (see page 10).

Awareness

From the perspectives of professionals at the events, it was suggested that one of the greatest challenges is both in identifying those who are not digitally engaged and understanding the barriers inherent in reaching these people and

populations. Another issue identified was ensuring that older adults were aware of the support (for equipment and training) that is available in communities and the benefits they could gain by accessing this.

Safety

A major barrier for older adults is grounded in fears of scams and inappropriate use of an individuals' data. It was acknowledged by professionals that this is in some ways ‘the elephant in the room’ as the concerns are genuine; we can all be at risk. Better quality and safety assurance and more transparency and guidance from national government regarding AI development, online safety regulation of technologies and online data sharing would be welcomed by all stakeholders.



Topic 2: How do we work together collaboratively to ensure the right technologies are being commissioned in Adult Social Care and that technologies meet the needs of older adults?

One of the key messages from the events was the need to engage all stakeholder when designing and implementing digital technologies: users, carers, friends and families, commissioners, developers, manufacturers, VCSE collaborators etc. There were positive examples of consultation between different groups here, but rarely with all parties (older adults, developers and commissioners). Additionally insufficient consideration has been given to diversity (such as disability, culture, etc.) which would support more accessible and inclusive technological solutions.

It was appreciated that fully inclusive collaboration requires adequate resourcing of time, finance and people. This is challenging to implement within current pressures on social care services and requires a longer-term vision which does not sit easily with short term funding cycles, nor within health and social care systems whose bureaucracy and governance can present additional barriers. Looking forward technology developers and social care need to build this into the funding and infrastructure of future design and implementation. Additionally, there are certain groups

(such as people with dementia, or sight loss) who may have different needs in relation to technology and will require different support to participate fully in such collaborations.

The role of community organisations was seen as key. They are likely to have developed trust with local communities, creating links and leverage within many different population groups. They are well positioned to support a continual process of feedback into tech design and commissioning, with dissemination of information back into communities as well as helping residents in their area to navigate the range of technologies on the market. However, this again, is not sustainable without adequate resourcing.

In making technology more accessible, and integrated seamlessly into daily life, people were keen to see fewer, simpler technologies in preference to more complicated multi-functional technologies. While this may be less economically viable for technology developers in the short term, it would enable inclusion in a way that supports safe and sustainable quality technological solutions that can be used more widely.



Topic 3: How can we measure social wellbeing improvements and include this in the evaluation of digital technologies?

Participants agreed that social wellbeing was both a personal and subjective construct and will have different, and transient, meanings to people. Across the discussions social wellbeing centred around connections and relationships, reduction of loneliness and isolation,

practical things to support independent living and general feelings such as happiness, joy and feeling better. Whilst this mapped cohesively onto the working definition of our research, such subjectivity in meaning presents difficulties with measurement and evaluation.

Technology developers were advised to focus more on the intended outcomes of a particular technology, rather than functions. Stakeholders agreed the design and conception of digital technologies must be to solve 'real life' problems, as identified by those for whom the technology is being targeted. Too often it seemed to participants, that manufacturers and developers added features on to existing technologies which made them complicated to use, without necessarily adding value.

Particularly since Covid, an increasing number of gadgets, apps and consumer devices are being used by older adults to support their health and wellbeing. Professionals were keen to build a better evidence base for the efficacy of specific technologies to reduce costs and deliver better outcomes for older adults. This would aid commissioning decisions and support a more sustainable infrastructure for developers. Currently, there is limited data collected prior to, or during, evaluations to provide robust evidence of the impact of digital technologies. Quantitative information can (and is) supporting cost analysis showing, for example, a reduction of staff hours, however much of evidence about the ability of digital technologies to support social wellbeing remains reliant on case studies. Some organisations were using other wellbeing tools, such as ONS QoL measures¹, or the Ideal QoL questionnaire² for people with dementia, but it was acknowledged that this was 'not a perfect science' and that creativity was often needed to show impact and to justify a business case.

Delegates suggested that if both general digital inclusion measures and an individual social wellbeing gauge could be employed more consistently across organisations delivering services to older adults, there would be better data sets to start building more accurate benchmarking data for comparative evaluations. Additionally,

¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuresofnationalwellbeingdashboardqualityoflifeintheuk/latest>

² https://medicine.exeter.ac.uk/v8media/facultysites/hls/healthandcommunitysciences/documents/My_Life_Questionnaire.pdf

participants suggested AI had a role to play in aggregating evidence across the health and social care sector.

It was suggested social prescribers³ held a valuable role to support digital inclusion as well as improved wellbeing, as they work directly with people who have poor social wellbeing and link them to community and other resources to improve this. One participant spoke of a successful initiative where social prescribers had set up group drop-in IT support sessions in GP surgeries and it was questioned if they could be better used to support digital inclusion as well as to build evidence in relation to the measurement of social wellbeing improvements through technologies.

It was also acknowledged that there is a resistance to being measured or completing questionnaires and the risk of over-burdening people may impact data collection. Another issue, when mapping and measuring outcomes, is the reliance on people's retrospective memory of how they are feeling at any particular moment in time, and the additional factors that might influence this. Suggestions to overcome these issues included the role of proxy measurements (from families or through measuring times going out, absence of falls etc.). It was also suggested that the data collection for evaluative purposes could be built directly into the technology.

Lastly, participants mentioned that there a need to map the adoption of technology use for social connections over time, highlighting the importance of ongoing research to better understand technology use for older adults, how this may fluctuate, and the balance of benefits versus drawbacks for technologies over the longer term. After a surge of technological adoption and advancement following COVID-19 it is important that we continue to evaluate when digital technologies are working for whom, and in what circumstance.

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³ Social prescribers are link workers within health and social care who work with individuals making connections to activities, groups and non-medical support to improve their health and wellbeing.

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