



Connecting People Remotely

Evaluation and End of Pilot Summary



In a nutshell...

For a person with social care needs/on GP Learning Disabilities Register and are experiencing social isolation and digital exclusion.

The intervention:

- Given an iPad to keep
- Lent a SIM card with data for 6 weeks
- Provided with written guidance on how to use the tablet to navigate to [Hackney Council's Digital Skills web page](#)
- Offered one-to-one support from Riverside Engage Hackney or Age UK East London

Hackney's Assistive Technology Programme

Activities included:

Pilots - Personal Alarm Watch, **Connecting People Remotely** (iPads), Smart Flats (hospital discharge)

Resource development with LOTI - [Pilot Evaluation Framework](#), Template Plain English User Agreement and onboarding process

Workshops with staff to understand opportunity areas and discuss how AT complements a strengths-based approach

Assistive Technology Programme Vision

City and Hackney residents and carers feel empowered to manage their own lives using assistive technology, focusing on their strengths to meet their needs.

Partner Organisations/Teams

London Office of Technology and Innovation (LOTI) - Funding for 10 participants. Support to develop evaluation methodology and disseminate findings

Hackney Council: - Project Management and identification of participants (Adult Services) and Evaluation: User Research team

NEL CCG - Funding for 5 participants (not known to ILDS)

AgeUK East London - Provision of one-to-one digital support for people without a learning disability during the pilot

Riverside Engage Hackney - Provision of one-to-one digital support for people with a learning disability during the pilot

Family Action - Identifying some eligible participants

The logo for Loti, featuring the word "Loti" in a bold, pink, sans-serif font.The logo for Hackney, featuring a green arrow pointing right followed by the word "Hackney" in a bold, green, sans-serif font.The NHS logo, consisting of the letters "NHS" in white on a blue rectangular background.

**North East London
Clinical Commissioning Group**

The logo for East London ageUK, featuring a colorful abstract shape to the left of the text "East London ageUK" in a blue, sans-serif font.The logo for Riverside, featuring a blue square with a white stylized "R" inside, followed by the word "Riverside" in a bold, blue, sans-serif font.The logo for Family Action, featuring a green arrow pointing up and to the right with the text "family action" inside, and the text "Building stronger families" to the right.



Background to Connecting People Remotely Pilot

A pilot aiming to help people experiencing both **social isolation and digital exclusion connect with others.**

Initiated by Director of Adult Services in Summer 2020 as part of **pandemic response** and enabled by **LOTI funding.**

Incorporated a **CCG** pilot planned to use **Personal Health Budgets** to purchase devices to help people experiencing social isolation, and helps progress the **digital inclusion** work that is a strategic priority for Hackney.

The pilot had capacity for 15 individuals in total.

Costs of Not Intervening

Short Term

- Reduced access to **day opportunities** (including remote opportunities)
- Potential **reliance** on others for daily tasks e.g. buying groceries/ manage finances etc.
- Risk of **loneliness**
- Negative effect on **mood**



Limited independence and increased demand on informal and formal carers.

Medium Term

- Difficulty/inability to develop or maintain **relationships**
- Difficulty/inability to make use of necessary **facilities or services in the local community**
- Increased risk of **depression** and **anxiety**
- Reduced **sleep quality** and increased **stress**



Potential increase in care needs. Increase demand on VCS/Health organisations e.g. befriending services, MH services

Long Term

- Increased **cognitive decline**
- Higher risk of **cardiovascular disease**
- Long term impacts of **mental ill-health**
- Impaired **immunity**
- **Malnutrition**



Hospitalisation; reassessment for more complex health and care needs; loss of healthy life years.

Some Potential System Benefits of Providing Devices and Guidance

Means

Mechanism

Benefit

Primary Prevention

- Delay or prevention of higher care needs
- Reduce future spend on complex care
- Enabling access to support in own network

- **Cost avoidance for future care packages**
- **Reduced care requirements**

Access to Online Day Services

- Enable access to day centre online alternatives (covid response)
- Greater individual choice over day activities and providers

- **Increased value-for-money of commissioned day services**
- **More personalised day opportunities**

Secondary: promoting independence

- Accessing online LBH services/info
- Managing finances
- Ordering groceries
- Entertainment

- **Reduced demand on LBH Customer Services team**
- **Reduced demand on informal carers**

Secondary: Telehealth

- Health/wellbeing apps + online classes
- Medication reminders
- Remote GP appointments
- Device is a platform for telehealth equipment

- **Reduced hospitalisation risk**
- **Reduced reliance on carers (formal and informal)**
- **Reduced need for HRS hospital/GP transportation**

Rationale for Test and Learn Approach

It is difficult to identify the individual causes without a large-scale randomised controlled trial, which is not feasible with current resources.

Running an **exploratory pilot** with a small number of participants will provide an indication of:

1. How much individuals **benefit** from this intervention (with associated system benefits)
2. To what extent the model of delivery is **effective and scalable**

It also allows us to explore the idea with limited resources and minimal risk.

Previous device rollouts in the borough (e.g. Shared Lives) indicated that people who are digitally excluded require significant amounts of one-to-one support to get started, so we wanted to trial a pilot with this support included.



Hypothesis

“Providing a device, internet connection, written guidance and an offer of one-to-one support, will enable some socially isolated individuals with medium-low digital skills to make contact with others remotely.”

Eligibility - Who Could Take Part?

Individuals with **either**

- social care needs under the Care Act (already known to Hackney Council) including those with a learning disability **or**
- are on the GP learning disability register but are not known to Adult Social Care

who also

- Live alone and require assistance to access the community, or are otherwise socially isolated
- Are able to retain and understand information/without a cognitive impairment, and would be able to establish and agree goals of what they want to get out of using the device, for example knowing who they would like to contact
- Would be able to use a handheld device and charge it where required (or has support to do so from carers)
- Do not already own or use a smart device
- Are willing and motivated to learn how to use a tablet to connect with others, perhaps having experience of this in the past

CPR from a Participant's Perspective

Intention: 6 weeks

Actual: 6 weeks

Consent

Baseline

Receive
Device

Support

Independent
Use

Conclude

I am contacted by an practitioner* and I **consent** to participate in a device pilot for 6 weeks to address social isolation.

I **understand** that I will be given a device and provided with Internet connection for six weeks but I will be able to keep the iPad given to me. I receive a User Agreement in the post

I discuss my situation and what I'd like to **achieve with the device** with a Hackney Council User Researcher.

I **receive a device in the post**. Accompanying the device are some **instructions** on how to get started and some tasks to complete.

If I need it, I am connected with a **support worker** who helps me get setup with the device and checks back in with me regularly.

It's **up to me how I use the device** for the next few weeks. I have a **list of tasks** to try if I want, and am shown how to get to the **digital skills page** to help me achieve some of these.

I **answer some questions** with a Hackney Council User Researcher on how I've found the experience and whether it has been helpful addressing social isolation.

I return the SIM card and am supported set up my own internet connection if I'd like.

* LBH social worker/OT: social prescriber or GP (for LD register PHB cohort)

Evaluation

14 participants completed baseline conversations

9/14 successfully followed up

6/9 used the iPad → follow up conversation conducted

3/9 unable to use the device (due to illness, lack of sufficient support/motivation)

4/14 unable to reach

1/14 (alternative process, follow up conversation pending)

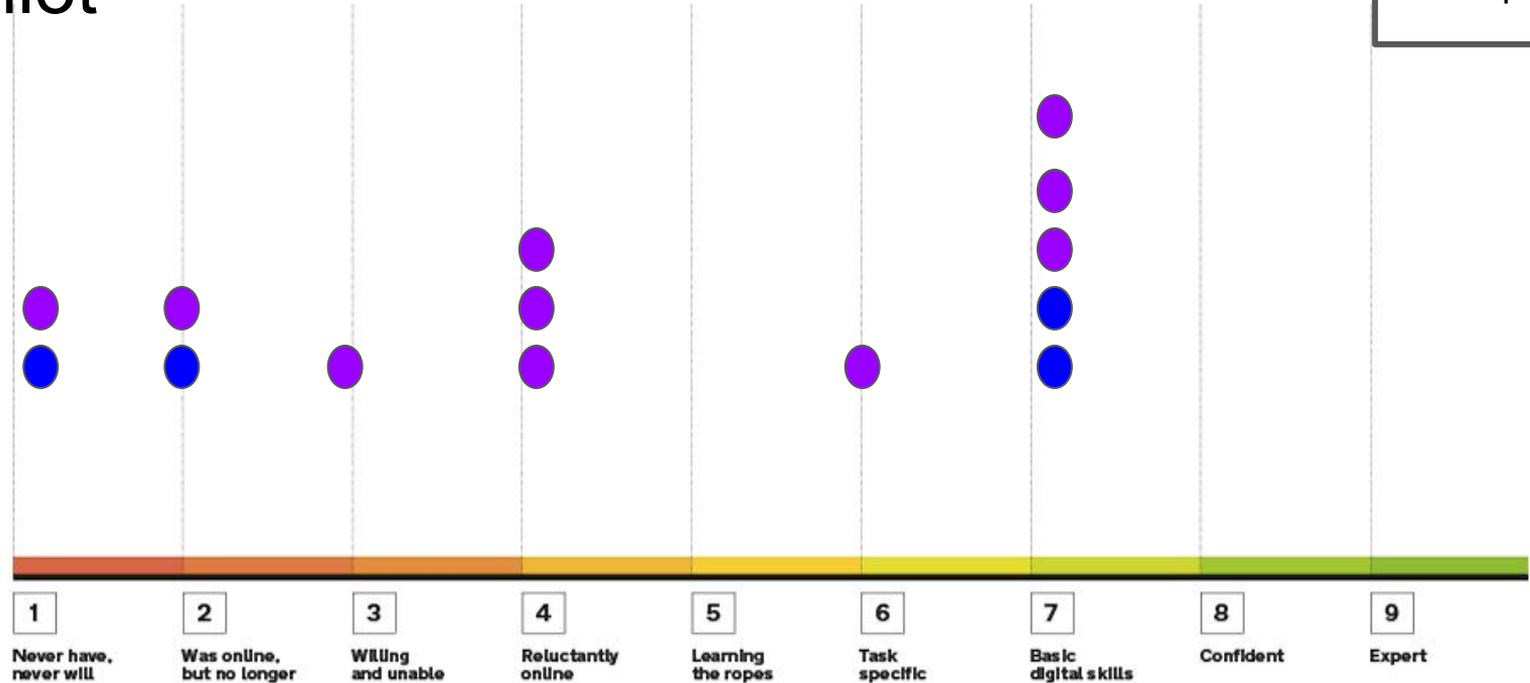


Results

Baseline vs Follow Up

	Baseline (N = 14)	Follow up (N = 6)
Participants who see friends or family at least once a week	71%	80%
Participants who enjoy speaking to family the most	71%	67%
All participants have some contact with other people	100%	100%
Reported feeling anxious	avg 3.5/5	avg 4.1/5
Reported positive outlook for the future	avg 3.3/5	avg 4.1/5
What was reported as making people happy the most?	Seeing friends and family and getting outdoors	Seeing friends and family and getting outdoors
Interests falling in the general category	96%	100%
Interests - individual vs social	88% participants interests are individual	69% participants interests are individual
	Varied response to the ease of contacting GP	Varied response to the ease of contacting GP
Proportion who never attend clubs/ faith groups / events	57%	50%
Relationship with neighbours	avg 3 / 5	avg 2.8 / 5
Home environment relaxing	avg 3.2 / 5	avg 3.1 / 5
Confidence using new technology	avg 2.7 / 5	avg 3/5

Participants' level of digital literacy at start of pilot

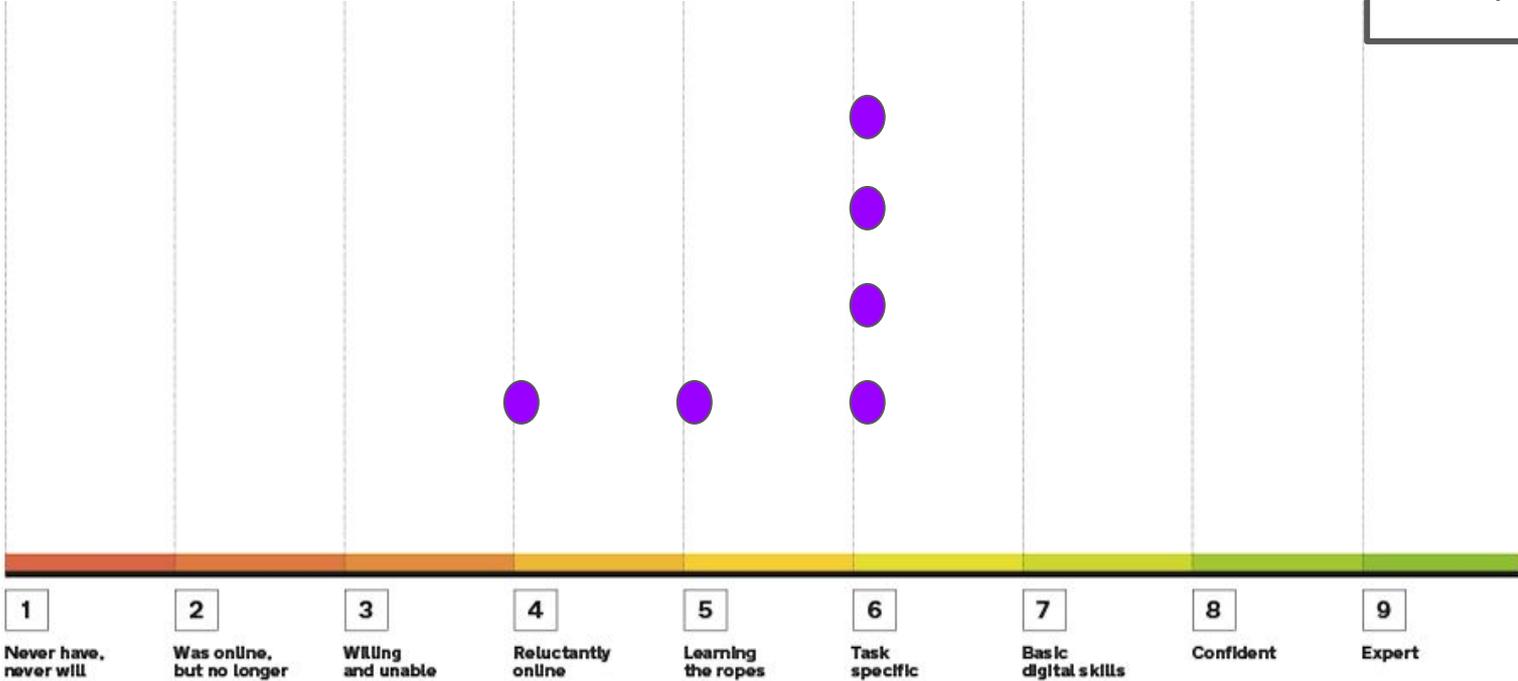


Digital inclusion scale

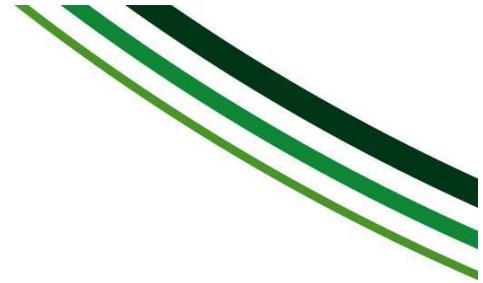
Participants' level of digital literacy at end of pilot

Key

- Carer ●
- Participant ●



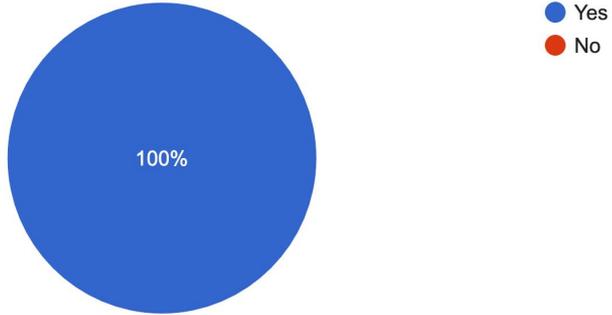
Digital inclusion scale



Feedback from the six participants who
used the device and completed a follow
up survey

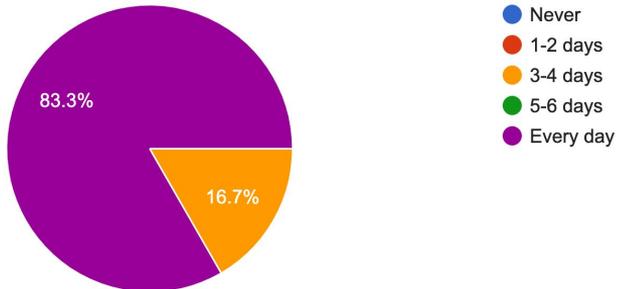
Are you able to use the iPad by yourself?

6 responses



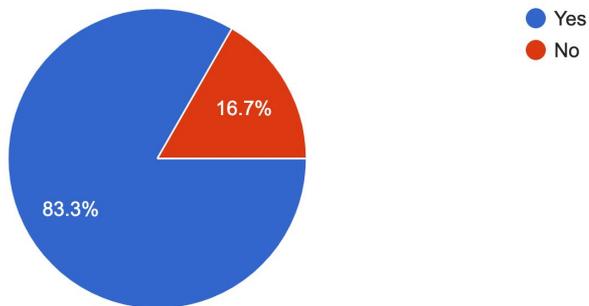
How many times a week have you been using the iPad?

6 responses



Do you use your ipad for activities that involved others i.e friends or family:

6 responses

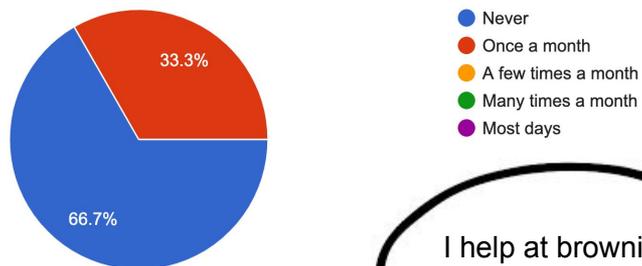


I talk to my sister - it's been great being able to see her

the ipad has enabled me to keep in contact with my friends and family

Did you use the iPad to attend online groups, clubs or faith groups/events?

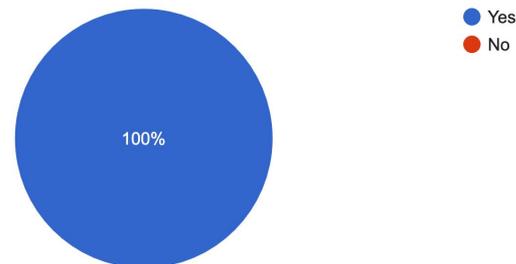
6 responses



I help at brownies and guides on zoom

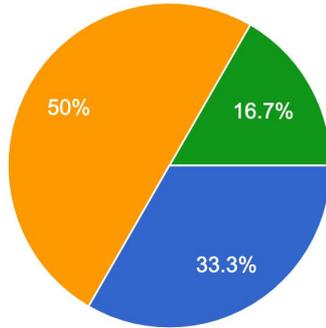
If never, would you like to use the iPad to attend online group activities?

4 responses



How often did you receive support?

6 responses

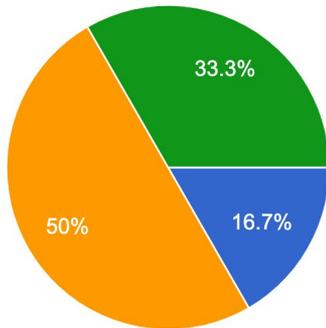


- 1- Never
- 2- Rarely
- 3- Sometimes
- 4- Often
- 5- Always

Very easy- a telephone number was provided with the paperwork

How easy is it for you to get support if you have any issues?

6 responses



- Very difficult
- Difficult
- Easy
- Very easy

I can ask my carer for support



Lessons Learned

Lessons Learned - Pilot Delivery

- **Baseline vs Follow Up**

- We were not able to engage the full cohort of people with a follow up interview, so a cohort-level outcomes analysis (as planned) does not provide as much insight as we hoped.
- Feedback from individuals about what they did with the device (outputs rather than outcomes) in this case has given us a better sense of how things worked).

- **Onboarding**

- The onboarding process generally worked well, although we needed to communicate better with participants about timescales - perhaps scheduling appointments

- **Feedback loop**

- One-to-one support was invaluable, and the team also identified other issues during sessions with clients. We could have worked more closely with support workers to capture the most important details (how much support was required, did they set up an internet connection) in a structured way.

- **Device procurement**

- We used a purchase card to buy refurbished iPads rather than the latest model. No issues with these other than one faulty charger which was replaced.

Lessons Learned - Referrals

- **Finding participants**

- This took longer than expected. It took a few months for the pilot cohort to fill up, although we were contacted about providing devices for other needs e.g. attending nutrition courses
- We received more referrals for learning disabled people

- **Eligibility**

- Some referrals were made which were **not eligible** (the individual already had a device) - but this was not indicated in the information provided. The referral process may need to be more robust.
- The baseline conversation summary also indicates that 71% of participants spoke to family at least once a week - although we didn't use a rigid definition of social isolation

- **Communication**

- There was one instance where the participant didn't realise the internet connection was only being provided temporarily - there may need to be more of a **thorough process** in place to check understanding of the terms.
- One referrer said the initial letter was a bit confusing for some people and might be better replaced or complemented by a call. They also suggested that the referrer could be involved in this to help clarify.

- **Feedback**

- Referrers said they'd like to be updated with how the person got on with the pilot.

Lessons Learned - Providing an Internet Connection

- We had initially hoped to provide a **pay-as-you-go data-only SIM** with the devices
- We were **unable** to do this because an email address is needed to agree to the mobile networks Ts&Cs - we cannot do this on their behalf
- As a **workaround**, we lent **Hackney Council SIM cards** to clients for six weeks and asked them to return the SIMs to us at the end of the pilot
- This created additional **logistical overheads** - people lost return envelopes, forgot, and **generally did not return the SIMs**.
- We would therefore not recommend pursuing this method in future
- In future **we would ideally provide a PAYG SIM and ask one-to-one support workers to help people set up an email address and agree to Ts & Cs as part of a standard setup offer.**
- TBC on whether people set up their own Internet connection for the long term

Feedback from Engage Hackney

- **Timescales**

- There was a **time lag** between initial referral for one-to-one support from Engage Hackney and when the support itself was required. This affected work allocations which were reduced in anticipation of CPR support being needed. This needs to be managed more closely.

- **Device**

- The team felt that an **Android** operating system would be easier for clients than the iPad which was provided that people **struggled with**

- **Complex Needs**

- One client is unable to independently read/write and has difficulties with his speech which made the process of using the device difficult, however Engage are looking at **external services** which may be able to provide long-term support.

- **Engagement**

- Some clients were **not particularly engaged** in the pilot which made it difficult to support them to use the device - this should be considered as part of referral.

- **Overall**

- Support workers felt this opportunity has made a **positive impact on some of the clients lives** and based on this the team feel that it would be great if LBH **scaled up** the pilot.

Lessons Learned - Scaling Up

- **Timescales**
 - To address the lag between initial referral and need for one-to-one support we should have made referral only after the baseline interview was conducted.
- **Managing demand for one-to-one support**
 - Although nearly everyone requested one-to-one support, some people said they didn't need any or very minimal support when they were contacted
 - To manage workloads, for one-to-one support we could look to agree a **certain no. of spaces** (say, 5) for clients to receive active one-to-one support from providers and operate a waiting list.
 - Scheduling in evaluation and follow up calls was time consuming, but if this was scaled up this should be integrated into BAU as an **assessment and review**.
- **Logistics**
 - We feel the logistics of CPR could be scaled up within a Telecare service, but comms around the use of the device would need to be carefully managed
- **Gifting Devices**
 - **Lending** iPads rather than gifting them would allow unused devices to be recovered, but would mean the Council/Telecare provider would be responsible for **maintenance etc**
 - For this reason we would like to explore the use of **Direct Payments** to provide devices

Summary

Hypothesis *“Providing a device, internet connection, written guidance and an offer of one-to-one support, will enable some socially isolated individuals with medium-low digital skills to make contact with others remotely.”*

- **Proved for this group of clients**
- 6+ were able to use the device independently, and 5/6 used it to contact other people
- 2-3 did not successfully use the device
- 5 TBC...

Next time: we would focus more on joining up communications between partners to ensure the process is clear and we capture and react to key information.

Sustainability: TBC on whether people set up an Internet connection for the longer term. One-to-one support was essential to delivering this pilot, at least one set-up session would be needed for everyone.



Appendix - Resources

Appendix - Comms Resources

Mailout	General	Easy Read
1	Referral cover letter	Referral cover letter (Easy Read)
	User Agreement	User agreement (Easy Read)
2	Cover letter with device	Cover letter with device (Easy Read)
	CPR Guidance - how to use iPad (sent to all participants)	
3	SIM Return Letter (self-addressed, prepaid envelope included)	SIM Return Letter (Easy Read) (self-addressed, prepaid envelope included)

Appendix - Project Resources

Document	Notes
LOTI Plain English User Agreement Template	Used this as a basis for this pilot's user agreement
Completed LOTI AT Evaluation Framework	
Lessons Learned	
CPR Provider Briefing	Briefing for potential 1 to 1 support providers
Delivery plan	This didn't run to time - we planned to complete in April. But might be a helpful prompt for other boroughs looking to do something similar



Questions

For any questions we couldn't get to in the Show and Tell or for a more in-depth discussion please email eden.munro@hackney.gov.uk