First survey of Get Connected Grant Recipients

L Miller

First survey of Get Connected Grant Recipients

Linda Miller

Institute for Employment Studies

IES is an independent, apolitical, international centre of research and consultancy in HR issues. It works closely with employers in all sectors, government departments, agencies, professional bodies and associations. IES is a focus of knowledge and practical experience in employment and training policy, the operation of labour markets, and HR planning and development. IES is a not-for-profit organisation.

Acknowledgements

Contents

Executive Summary

This interim report sets out the findings from a survey undertaken of all care homes and domiciliary care organisations that had introduced changes to information and communications technology funded through the first round of the Get Connected grant scheme.

Surveys were drafted with assistance from SCIE and the Get Connected Advisory Board and sent out in waves during November, December 2010 and January 2011. Surveys were accessed on line through links sent out in emails to managers (or Get Connected main contact) and through these individuals to staff and service users.

Problems with implementation

A small proportion of grant recipients had encountered problems during implementation of the new resources. Most of the problems encountered during implementation had related to selecting and purchasing equipment. Another problem was finding a broadband service of sufficient speed and quality.

The majority of managers felt that, at the time at which they responded to the survey (survey distribution had been timed to go out shortly after the technology or software was fully operational) they had not fully achieved the majority of their aims. This was often because problems initially encountered in getting set up continued to cause difficulties (eg broadband access) or because roll-out was an on-going process (eg training being provided for staff on a rolling basis).

Planning

Only a small proportion of homes (around a fifth) and domiciliary care providers (around a sixth) had involved residents/service users in planning for the Get Connected grant. Around two fifths of care home managers and a fifth of domiciliary care managers said they had involved staff in planning.

Training

The great majority of managers said that they had provided, or were planning, training in use of the improved services for staff and residents/service users. The majority of staff who had wanted training said that they had received some training.

A minority of managers in Domiciliary Care Services planned to provide, or had provided, clients with training in use of the new technology. Where training for service users had been provided, this was primarily in use of email and the internet. Within residential care and nursing homes, nine out of ten managers had either provided training for residents, or were planning to do so.

Quite a wide range of training had been provided for residents. As well as training on getting started and use of the internet and email, at several sites sessions have been provided on activities such as the use of Skype, streaming video, storing and editing photographs and using spreadsheets.

The benefits

Most managers believed that the benefits were only starting to be realised as the changes bedded in. However, already, managers and staff were pointing to their increased ability to gain access to information and training on line and in addition undertake activities such as managing NVQ portfolios electronically. It could be of particular benefit to staff on night shifts who now had easier access to key documentation.

Residents reported being able to look at websites to do with their interests and hobbies, use internet shopping sites and communicate with family members, often overseas. Some had already noted beneficial impact on their carer's ability to help manage their condition. Users of domiciliary care services found that they now had improved access to carers and services as well as being able to use the technology to find advice and support groups.

There have been large increases in the numbers of staff and managers now using a computer either as part of their work and/or for training/CPD. The majority said that they could now do new things as a result of the changes. As well as helping them in their work with clients and in accessing training online, this sometimes had other benefits for their work – being able to find online directions when visiting clients for the first time, for example. In homes there were examples of the internet being used to help manage clients' conditions, for example where they were extremely anxious videos were used to soothe them.

Impact

Although a minority of managers felt that all of the changes had been completed at the time of the first survey, and many said their aims had not yet been fully achieved, nonetheless the majority said that their expectations for the impact of the changes funded through Get Connected had already been exceeded. The majority said that the changes had had a positive impact on residents' and service users' quality of life.

Some of the barriers to use of the technology by residents related more to factors outside the home rather than within it. For instance, homes reported having made efforts to engage families with the project and it is difficult to tell if this is attitudinal or if families do not have the technology at home to enable them to take advantage of the new resources available, such as Skype.

Many of the managers expressed their thanks to SCIE for the grant. Many were already thinking of ways in which they could further improve IT services in future.

Conclusions

There had been some challenges in purchasing and installing the hardware and/or software but most were now close to fully operational. Wider roll-out continued in many sites, though, as managers sought to include more of the staff and residents/service users.

It is clear that some applicants have very little experience with IT at all, and we have recommended that provision of some additional guidance (for example, on the items that will need to be included in the bid) to applicants would be helpful.

There is also some indication that IT companies had increased their prices once applicants found out they had been successful, and grant recipients were unsure of what they could do in such circumstances. Again, some guidance from SCIE on what they are able to do in such circumstances (whether they are allowed to seek quotes from elsewhere, for example) would be helpful.

First survey of Get Connected Grant Recipients

In April 2010 the National Institute for Adult Continuing Education (NIACE) and the Institute for Employment Studies (IES) were contracted by the Social Care Institute for Excellence (SCIE) to evaluate the impact of the first tranche of Get Connected funding.

The evaluation design agreed with SCIE was to undertake two rounds of online surveys with the Get Connected grant recipients, followed in each round by case study visits. This report details the outcomes of the first survey round.

It was agreed that the first survey questionnaire would focus mainly on implementation issues (challenges with obtaining, installing and using the equipment or software, and approaches taken to introduce the new resources to staff and service users), with some additional questions on impact, with the second survey (to be sent around five months after the first) focussing more on longer term impact.

Designing and piloting the survey instruments

Two versions of three questionnaires were drafted: a questionnaire for managers/main Get Connected contact; one for staff; and one for service users. One version was worded for use in residential nursing/care homes and one for use with staff and service users of domiciliary care services. The draft surveys were circulated to the SCIE Get Connected Advisory Board and final drafts were agreed in late September 2010.

Six sites which had been amongst the earliest to receive their Get Connected funding were contacted during October and asked to assist the project team by piloting the questionnaires. It emerged from these conversations with the sites that in many cases there had been significant delays in spending the grants: problems included suppliers withdrawing (and subsequently increasing) their initial quotes

for equipment; problems with identifying a broadband provider with adequate network coverage in the home's area; and delays while electrical works were undertaken.

To help us refine the survey instruments, those sites that had fully implemented, trialled the questionnaires in full and those sites that had not fully implemented answered as many questions as they could and gave opinions on the wording of the remainder. Some minor amendments were made to the survey questionnaires and the revised surveys were uploaded onto the IES website ready for use when the surveys commenced. The six survey questionnaires are shown at Appendices 1a-1f.

Following discovery that the sites had not progressed as far with implementation as had been initially anticipated, the research team agreed a change in distribution strategy with SCIE. The procedure adopted was to first send an email to first round grant recipients asking them how far they had progressed with implementation. Those who were at the stage of full implementation were sent links to the surveys at that point; those who had not made as much progress as they had anticipated were asked when they expected to have completed implementation. These were then sent the survey links in December or January, depending on the date on which they expected to complete implementation. Those who did not expect to have fully started by the end of January were told they would not be required to participate in the first round survey.

The first email was sent out in November 2010. The text of the email is shown at Appendices 2a and 2b. The follow-up email sent to those who had not fully implemented is shown at Appendix 3.

Those who had completed installation or upgrading of their equipment were sent three emails: one contained the link to the survey for the manager or main Get Connected contact to complete (Appendices 4a and 4b); one for forwarding to staff (Appendices 5a and 5b); and one for forwarding to residents or service users, where the main contact felt that they were capable of completing a questionnaire (Appendix 6 a and 6b). Note that only those residents or service users who were using the technology themselves were asked to participate[1].

The links were sent out in December and in January to sites who had said they would have completed implementation by then. In addition, care/nursing homes were sent a poster for displaying on notice boards to publicise the survey

---

[1]   This decision was taken based on the fact that the main focus of the questionnaire was on issues to do with introduction of the technology, rather than wider impact.

(Appendix 7a) and a poster (Appendix 7b) and flyer (Appendix 7c) were sent to domiciliary care providers.

The sites that had not completed installation by closure of the survey at end of January 2011 were not sent the survey. In total, then, 194 residential or nursing care homes and 45 domiciliary care organisations (Σ = 239) of the 248 Get Connected recipient organisations were sent the links to the surveys.

Residential and nursing care homes

To allow us to investigate whether different types of problems had delayed the sites that had implemented later or earlier the responses received by the end of December were stored separately from those received in January and February, to enable this comparison to be made. However, there were few differences in the types of problem encountered and so the data were compiled into a single data set for examination.

By the end of February 2011 some 88 managers had replied to the manager survey (a response rate of 45.4 per cent), and there were 117 responses to the questionnaire intended for staff. Fifty-two residents of care and nursing homes responded to the resident survey[2].

It emerged however that several managers and one resident had completed the survey intended for staff. These were removed from the staff sample for the quantitative analyses[3]; this left a total staff sample of 87. Analyses shown in the text are for this sub-group. Where free-response (ie, more qualitative) responses are listed in the appendices, the list of responses is shown broken down into these two groups.

Progress in implementation

Managers were asked first about their progress in implementation, whether they had achieved all the aims they had initially anticipated for the upgrade and the nature of any problems they had encountered.

---

[2]   Response rate for managers is calculated on the basis of one manager per home. Note that it is not possible to calculate response rates for staff or for residents as we do not know how many staff or residents were employed or resident within each home.

[3]   Note that they were not added to the manager sample as the questions for the two groups differed in content and nature.

Just over a quarter of grant recipients (24 respondents, 28 per cent[4]) had encountered implementation problems. Of these, one-fifth had encountered problems with selecting or purchasing equipment, one with buying software and one-fifth had had problems with loading or getting software to work. A further 13 gave other responses, with the main problems encountered being with finding broadband provision of sufficient quality, problems with security and censorship software, and delays in receiving equipment. The full list of responses is given at Appendix 8. It is perhaps worth mentioning at this point that several of the managers had written in following our initial contact email to give spontaneous accounts of the difficulties they had encountered; one of these illustrates in some detail the frustration that some sites had experienced with their suppliers:

> *'We are not yet able to use the technology/technology upgrade funded through the SCIE Get Connected grant but expect to be operational as soon as the IT consultants we have employed do the work. There have been numerous delays on their part and we are chasing them to do the work. They keep promising to install the equipment but so far have failed to do so. However, they have promised to do so before the end of the month.'*

Elsewhere more unexpected challenges had arisen:

> *'Located in listed building and have had problems with wireless technology - now sorted!'*

Aims of the funding requests

Managers were asked to indicate what their main aims had been when they requested the funding. As would be imagined, the main groupings of aims identified by managers centred around facilitating staff training, facilitating online access for residents, giving staff and residents the opportunity to gain more skills and encouraging residents to use the equipment to maintain contact with friends and family.

The majority of managers (68 per cent) felt that, as of the time of survey, they had not fully achieved the aims they had anticipated. There were few differences in the nature of the aims that had been fully, partly or not achieved. Where aims had been only partly achieved, or not achieved, respondents were asked the reason for this. Mostly the reasons for aims having not been achieved were closely linked to

---

[4]   Note that, ideally, percentages should not be used with sample sizes of less than 100. However, we have given percentages to provide a rough rule of thumb to indicate in general terms the proportion of respondents encountering difficulties, providing various types of training, etc.

the nature of the problems identified with implementation: homes where managers were still waiting for equipment to be installed, for broadband to be arranged or for training to be delivered. There was an overlap between these and the issues cited at homes where the aims had only partly been achieved: sites spoke of still 'ironing out' reception problems, training still being underway or ongoing, etc. However, the sites that said they had only partly achieved their aims also spoke of the need to make more progress with overcoming staff and residents' fears and encourage and help them to make more use of the new facilities:

> *'Technology is daunting for my older residents with dementia.'*

> *'We have many group sessions, but residents less confident on a one-to-one[5] basis.'*

> *'Staff to be encouraged to use facility more.'*

Full details of initial aims are set out in Appendix X.9, grouped by extent to which they had been achieved. For the aims that were only partially or not achieved at time of survey the reasons for this are also shown.

Communicating Get Connected

One of the intentions of the Get Connected project had been for staff to be involved in planning the upgrade and use of the equipment. However, this had happened in less than half the residential homes (40 per cent). For those staff not involved in planning, the way in which most were told of the initiative was through a meeting, with two-thirds of homes using this as a way of communicating with their staff. Table 1 indicates that a combination of methods was used in most homes.

Table 1: Managers' accounts of how they communicated with staff about Get Connected

	Frequency	%
Staff involved in planning	40	45.5
Staff informed individually	31	35.2
Staff informed on notice board	17	19.3
Staff informed by letter or e-mail	6	6.8
Staff informed at a meeting	58	65.9
Asked other staff member to inform staff	11	12.5

---

[5] Note this respondent probably means 'individual' rather than one-to-one.

	Frequency	%
Staff informed by other method	10	11.4

Note: multiple response option means that percentages sum to more than 100 per cent

While 40 per cent of managers said they had involved staff in initial planning, few of the staff who responded to the survey could remember having been involved. Just seven per cent of staff (six respondents) recalled having been involved in planning. The majority said they had been told about the initiative by their manager (see Table 2).

Table 2: Staff accounts of how they found out about Get Connected

	Frequency	%
Involved in planning	6	6.9
Told by colleague	2	2.3
Told by manager	49	56.3
Notice on notice board	4	4.6
Letter or email to all staff	4	4.6
Staff meeting	19	21.8
Cannot remember	1	1.1
Other	2	2.3
Total	87	100

Managers were also asked if they had communicated the news about the Get Connected initiative to their residents and if so, how. Their responses are shown in Table 3.

Table 3: Managers' accounts of how they communicated with residents about Get Connected

	Frequency	%
Residents involved in planning	20	23.5
Residents informed individually	30	35.3
Residents informed on the notice board	15	17.6
Residents informed by letter	8	9.4
Residents informed by letter to family contact	16	18.8
Residents informed at residents meeting	52	61.2
No need no changes to how residents used tech	3	3.5
Asked staff member to inform residents	9	10.6
Residents informed by other means	14	16.5

Note: multiple response option means that percentages sum to more than 100 per cent

Again, there had been some anticipation that residents would be involved in the initial planning. Nearly a quarter of managers said that residents had been involved in planning the upgrades; some 52 per cent of the residents who responded said that they could recall having been involved in the planning.

Aside from involvement in planning, managers had used a range of different means by which to inform their residents. Most often this was done at meetings, by telling them individually and also through notices and letters to their families. Forty residents recalled having been told about the initiative. Nineteen (36.5 per cent) said a member of staff had told them, 20 (50 per cent) said there was a meeting about it and one said they had seen a notice on a notice-board.

Training for staff

Most of the managers reported that they had either provided training, or had training planned, to enable staff to use the new or improved resources available.

Table 4: Staff training provided by managers

	Frequency	%
Training has been provided	37	42
Training not yet provided	47	53.4
No training provided	4	4.5
Total	88	100

The majority of managers either intended to provide (53 per cent) or had already provided training (42 per cent) for their staff to help them to make better use of the technology provided. Table 5 shows a breakdown of the types of training given or planned.

Table 5: Training arranged by managers for staff

	Training already given		Training planned	
	Frequency	%	Frequency	%
All staff received individual training from manager	4	10.8	2	4.3
Some staff received individual training from manager	17	45.9	12	25.5
Staff received group training from manager	6	16.2	2	4.3
Sub-total, trained by manager		72.9		34.1
Some or all staff received individual training from other staff member	14	37.8	8	17
Staff received group training from other staff member	4	10.8	4	8.5
Sub-total, trained by other member of staff		48.6		25.5

Staff received training from external provider	10	27.0	9	19.1
Staff given info sheet	4	10.8	2	4.3
Info sheet placed by computer	9	24.3	5	10.6
Info sheet on notice board	2	5.4	1	2.1
Training provided as and when staff asked	9	24.3	7	14.9
Staff received other form of training	9	24.3	3	6.4

Note: multiple response option means that percentages sum to more than 100 per cent

Most of the training provided or planned for staff was provided by the manager (57 per cent provided, 34 per cent planned), by other members of staff (38 per cent provided, 26 per cent planned), or external providers (27 per cent provided, 19 per cent planned).

Just over half of staff had wanted training (58 per cent) and a total of 44 per cent of staff had already received training. As would be expected, training was largely focused on those who needed it, with 85 per cent of those who wanted training having received it. A further 21 per cent of those who had not wanted training had also received some.

Nearly two-thirds of staff who reported the type of training they had received said that it had been individual training, with just under a third having taken part in group sessions.

Table 6: Type of training received

	Frequency	%
Received individual training	25	65.8
Received group training	12	31.6
Received information sheet	1	2.6
Information sheet placed by computer	3	7.9
Asked colleague	7	18.4
Other training	2	5.3

Note: multiple response option means that percentages sum to more than 100 per cent

Staff were asked for details of the types of training they received. Some examples are shown below; the full list of comments received is shown at Appendix 10.

'How to write a letter; how to access web.'

'Inform us how to use it and what website to go and username and password and what we can learn from the website.'

'Access to equipment and services. Access to on line training.'

Training for residents

Those managers whose initial aims for the upgrade included the intention for residents to use the technology were asked if they had provided any kind of training or support for residents. Fifty four of the 88 managers answered this question. Some 85 per cent of these managers had already provided residents with training with just a few still planning to do so. Just under ten per cent said they had not intended to provide any resident training.

Table 7: Training provided for residents

	Frequency	%
Provided residents with training	46	85.2
Intend to provide residents with training	3	5.6
No resident training provided	5	9.3
Total	54	100

Where managers reported having not provided training as such for residents, usually this did not mean that residents had been left unsupported:

'All residents have different skill levels. Some need one to one support to use the equipment whilst another has qualifications in basic computing so only requires occasional support.'

'We always sit with the residents and work through together.'

'Many of our residents have memory problems and require assistance every time they use equipment.'

'Residents require assistance from staff to use the computer because we mainly care for residents with dementia.'

Managers were asked to outline the main type of training provided for residents. These are shown in Table 8 below.

Table 8:

	Frequency	%
Residents received individual training from manager	9	19.6
Residents received individual training from another staff member	21	45.7
Residents received group training from another staff member	10	21.7
Residents received training from an external provider	4	8.7
Residents received an information sheet	1	2.2
An information sheet for residents was placed by computer	4	8.7

An information sheet for residents was posted on a notice board	1	2.2
Residents got training as and when they asked for it	13	28.3
Residents got other kind of training	15	32.6

Note: multiple response option means that percentages sum to more than 100 per cent

The majority of managers reported that training had been provided on an individual basis, either by the manager themselves or by another member of the care team or, in a small proportion of cases, by an external trainer. Training tended more often to be on separate topics (60 per cent of homes where training was provided) rather than general sessions (40 per cent). A few sites had adopted quite sophisticated approaches to training which in some cases were also designed to include relatives:

> *'A number of staff and volunteers have been trained in how to use the system and how to train the residents to use it. The 'train the trainers' sessions have been completed and the trainers are helping residents and, in some cases, relatives to access the computer.'*

Of the 52 residents who responded to the survey, 42 (80.9 per cent) said that they had wanted training in using the new facilities. Forty-three (83.2 per cent) had received training; 93 per cent of those who wanted training had received it; three of the seven individuals who did not feel that they wanted training had also received it. A list of the types of training identified by the residents is shown in Table 9, below:

Table 9:

Training in	Frequency	%
Getting started (eg opening up different programmes; saving documents etc.)	28	53.8
Email, including sending photos or documents by email	25	48.1
Using the Internet ('surfing the web')	35	67.3
Using Skype and/or video cameras to talk to family and friends	6	11.5
Using social networking sites (like Facebook)	4	7.7
Obtaining ('downloading') music	6	11.5
Streaming video	11	21.2
Storing ('uploading') and editing photos from a camera or phone	16	30.8
Using word processing software to write letters, reports, etc.	3	5.8
Using the calculator	0	0
Using spreadsheets	18	34.6
Using software to create presentations	1	1.9
Using voice recognition software	1	1.9

Using the 'SimplyUnite' system	3	5.8

Note: multiple response option means that percentages sum to more than 100 per cent

Two respondents mentioned that they had received training in use of a memory stick and in using paint and publisher software.

The benefits

The great majority of managers who responded to the survey saw the developments enabled by Get Connected largely benefiting both residents and staff. Ninety-four per cent saw residents as being the main beneficiaries and 92 per cent saw the main beneficiaries as being staff. Just over one- third (34 per cent) included themselves as also being a main beneficiary and just under a quarter (24 per cent) said that families of residents would also benefit from the changes introduced.

Benefits for residents

Asked to consider whether the benefits anticipated for the residents had been fully achieved, one-fifth of managers (21 per cent) felt that they had. The majority, though, felt that the benefits had only partly been realised to date (63 per cent). Fifteen per cent felt the anticipated benefits for residents had not materialised.

The types of benefits for residents that managers felt had been fully achieved were

'Access to web, web phone and email, greater access to some family members.'

'An additional activity, usage for communication purposes (eg Skype), an opportunity to learn a new skill, and use the internet for many different purposes.'

'Improved communication re activities to residents and family. Stimulation of conversation by weekly updates of photos.'

Some examples of the types of benefits for residents that managers felt had been partially achieved are shown below:

'Ability to communicate with family and friends through the computer, film afternoons, letter writing, family histories.'

'Ability to communicate better with relatives through memory prompts etc and also through Skype.'

'Accessing information on-line, being able to email/Skype their family, activities on the computer.'

'Better and more communication with families and friends.'

In comparing the fully/partially achieved categories, it would seem that while there is some overlap (Skype being the obvious one) it would appear from the comments in the 'partially achieved' category that these are largely issues to do with other people also having the requisite access to appropriate technologies.

Looking lastly at the types of comments made by managers who believed that the anticipated benefits had not materialised, it can be seen that again, there is little real difference in the types of comments seen.

> *'I thought they would benefit from internet / e-mail use to stay in touch with family and possibly gain new interest.'*

> *'It would ensure that they had opportunities to maintain contact with families and friends who maybe due to distance were unable to make frequent visits to the home. It would also allow them to use the internet to look at sites relating to topics that interest them.'*

> *'New areas of interest. Stimulation of the grey matter!'*

> *'Develop skills undertake and take ownership of small projects . improve hand eye coordination do research of the internet potential to improve social networks.'*

This selection of quotes rather suggests that, where the benefits have not been seen, this may be more to do with factors outside the managers' control (family resources or residents' own attitudes or capabilities) than to do with how the technology is being used within the homes.

Note that the full list of managers' views of the benefits for residents is given at Appendix 11.

Residents were asked about their previous and current use of computers. Amongst the residents, 37 (71.2 per cent) had not used a computer prior to the introduction of the Get Connected changes. Since Get Connected, seven of the residents (13.5 per cent) said they used the computer every day, 12 (23.1) used the computer more than once a week and 26 (50 per cent) said they used it two or three times a month. Just seven (13.5 per cent) said they used less it often than that.

Ninety per cent of the residents said that the changes had brought them both new / improved equipment and new services, with four saying there had been new equipment and three saying there was now a new service. Of the 90 per cent who had noticed new or improved services, 27 said they now had access to email (51.9 per cent); 45 (86.5 per cent) had access to the web; nine (17.3 per cent) had the use of a computer phone facility and seven (13.5 per cent) said that some other service had become available. Other new services mentioned included:

'Magnified reading and writing on the computer.'

'Football news.'

'Access to photographs.'

'Skype.'

Residents were asked if there was anything they could now do that they previously could not. Some 44 residents, 84.6 per cent, said that they could. The full list is given at Appendix 12 and some examples are given below:

'I now have an email address. I can contact my friends and family more through Facebook. I can now email my Dad who lives in America. I am working on my support plan. I am exploring opportunities that are there for me.'

'Use the internet. Use Skype. Watch films. Use the Wii.'

'Check on Chelsea and Crawley football teams and be able to e mail my brother.'

'I am a Wolves football team fan. I can now go into the history with help from staff.'

'I can send my son emails in Australia and I talk to him on Skype. I make cards and little notes on the computer with photos on and attach them to emails. Our activity co-ordinator helps me do this as I forget how to do it sometimes.'

'I'm having some one to one lessons with our activities co-ordinator, she shows me different websites on the internet. I really like YouTube and watching old videos. I also have lessons on internet shopping to make sure I'm buying safely.'

Benefits for staff

Regarding staff benefits, fewer felt that the benefits had been fully achieved to date (16 per cent); set against this, fewer too thought that the anticipated benefits for staff had not been seen (seven per cent). Three-quarters felt that the benefits for staff had been partly achieved by the time of the survey.

Some examples of the types of benefits for staff that managers felt had been fully achieved are shown below (see Appendix 13 for full details):

'Access to journals, training courses, development in good practice.'

'All of our staff are on a training plan and until now this has always been completed using external 'teachers' and DVD video training. Through the use of this equipment we can provide the ability to complete parts of training on the computers giving benefits that were not previously possible. It is still at the early stages but this will grow as staff become more proficient through training on the use of computers.'

'Being able to access NVQ e-portfolios and other online training.'

'Enhance their levels of communication and understanding regarding the service users.'

As with the benefits for residents, there were few real differences between the benefits that managers believed had been fully realised for staff and those that had been partially achieved. Some examples of the types of benefits for staff that managers felt had been partially achieved are shown below:

'All staff now have an organisational email address. This has improved communication between staff. We can now access lots of documentation and monitoring systems. We will be exploring e-learning. We are able to research without having to go to head office. Training dates are sent and responded to more effectively. We are able to support people to explore opportunities quickly. Research.'

'Assistance with NVQ preparation and other specialist training.'

'Better IT skills, more confidence. Better care planning, better record keeping.'

There are more similarities than differences between the comments from these two sub-groups of managers and the differences seem to be those of scale or extent of progress rather than any real differences.

The views of those managers who believed that benefits for staff had not materialised were examined. Here, the comments seem rather more specific and the majority appear to relate to failures to access training opportunities:

'More opportunities to use a dedicated PC and easier access to information and internet.'

'On-line learning access.'

'To access on-line training.'

'To undertake different training courses.'

It is not clear whether this is due to the homes being unable to locate appropriate training or the computers not being accessible at times when the staff can access them. This is an issue that will need to be addressed in the second round of the survey.

Staff at residential care and nursing homes were asked what their views had been when they had first heard about the Get Connected initiative. Table 10 shows a summary of staff responses.

Table 10: Staff initial reactions to Get Connected

	Frequency	%
Thought it would help residents keep in touch with outside world	58	66.7
Curious	56	64.4
Pleased to be able to use online resources to improve skills	55	63.2
Looked forward to helping residents use technology	54	62.1
Pleased the changes would make care home more attractive for potential residents	49	56.3
Thought I would get some or better access	36	41.4
Thought it would improve what I could do on computer	22	25.3
Wondered if I would receive training	17	19.5
Wondered if I would be able to explain changes to residents	15	17.2
Thought changes would make no difference	7	8
Changes not relevant	1	1.1
Other	1	1.1
Not interested	0	0

Note: multiple response option means that percentages sum to more than 100 per cent

Two-thirds of staff thought it would be of benefit to the residents. Similar numbers were curious about the changes and thought it would bring the opportunity to use additional skills. They also looked forward to being able to help residents learn to use the technology and felt it would make the home more attractive to potential residents. A few were dubious and thought the changes would have little impact and questioned whether they would be able to explain the changes to residents.

Staff were asked about their use of computers before and after the changes funded through Get Connected. Table 11 shows that there was a decrease (from two-fifths of care staff down to 13 per cent, a change of nearly 35 percentage points) in the numbers of staff who did not use a computer as part of their job following introduction of the changes funded by Get Connected. In line with this there was an increase in the proportions who were now using a computer for training and development (an increase of just over nine percentage points) and who now used the computer for both their job and for training and development (21.8 percentage points).

Table 11: Staff use of computers before and after Get Connected

	Computer use before Get Connected		Computer use after Get Connected		Change
	Frequency	%	Frequency	%	Percentage points
Do not use computer for job or training and development	41	47.1	11	12.6	-34.5
Use computer for job	23	26.4	26	29.9	+3.5
Use computer for training and development	13	14.9	21	24.1	+9.2
Use computer for job and training and development	10	11.5	29	33.3	+21.8
Total	87	100	87	100	

A follow up question asked staff about the types of change they had seen in the technology and software funded through the Get Connected funds scheme. Table 12 summarises the types of change that the staff reported.

Table 12 Types of improvement reported by members of staff

	Frequency	%
New equipment in work	73	83.9
Better equipment in work	33	37.9
New equipment for individual	31	35.6
Better equipment for individual	12	13.8
New service	38	43.7
Better service	14	16.1

Note: multiple response option means that percentages sum to more than 100 per cent

Amongst those who reported that the funding had enabled a *new service* to been introduced, staff responses indicated that the main types of service that were now being used were: use of the internet (29 people, 76.3 per cent of those reporting use of a new service); use of email (24 people, 63.2 per cent) and computer phone (13 people, 34.2 per cent). Amongst those who said that the changes had *improved an existing service*, nine people said they could now access the internet and nine said they had a more reliable internet service. Three now had access to email.

Asked whether these changes meant that they could now do something new, over three-quarters (76 per cent) said that they could now do things that they could not do before. Those who said they could now do new things were able to add comments; these included:

'Access internet at work to research info for NVQ. Complete assignments. Research health or other issues for residents.'

'Able to order prescriptions on line, book appointments, social networking for users of service.'

'We can now access the internet from all around the building which is beneficial as we can work in the main house instead of just in the office, so you feel more included.'

'Now the laptop is in the main house it is much easier. If a problem occurs within the main house you can be called on for help.'

'Look up conditions on the internet to gain more of an understanding of the implications these conditions could have on the residents in my care. It has allowed me to gain a better understanding issues I could be dealing with and has helped a lot with my training, building my confidence.'

The full list of things that the technology had enabled staff to do is shown at Appendix 14. Staff were asked if the changes had brought specific job benefits; some 85 per cent said that they had. Amongst the benefits cited by residential care and nursing staff homes were the following:

'I feel more confident and better informed.'

'Better options for one to one with residents. We can find out more detailed activities for the residents using the net.'

'We can get training from computer or internet which is good because we can do it when we have free time.'

'Good learning, new videos to watch on SCIE site, really good. Give more insight and understanding.'

Staff were asked if they could now make as much use of the computer as they would like. Nearly three-quarters of respondents (71 per cent) said that they could. Twenty-two per cent said they were unable to makes as much use of the technology as they had hoped, and they were asked the reasons for this. Three said it was because the training was still ongoing; eight said it was too difficult to fit into the working day and six gave other reasons.

Benefits for families

Reflecting on the benefits that they had expected for residents' families, the majority of managers, 57 per cent, felt that the expected benefits had been partially achieved and over a quarter (29 per cent) felt that the anticipated benefits for

family members had failed to materialise. Just five per cent of managers felt that these benefits had been fully achieved.

Some examples of the benefits that had been only partially achieved are shown below:

> *'Links to residents and care workers especially in periods of poor weather conditions when a site visit would create difficulties.'*

> *'Contact with residents by another means, some siblings live far away, access to the internet and email will make communication easier and make family links stronger.'*

> *'Encourage family to complete activities together.'*

Examples of the types of benefit that had so far not been achieved included the following

> *'Contact with family etc. Information on benefits etc.'*

> *'Gives accessibility to keep in touch and share news with their relative.'*

> *'So families can have regular contact with loved ones.'*

Again, this rather suggests that where the benefits have not been achieved this may be more to do with family members' access to computers.

Benefits for managers

Managers were also asked about the benefits that they had anticipated gaining from the changes introduced as a result of the Get Connected funding. In total, 90 per cent of managers who had expected to see some benefit as a result of the changes felt that the benefits had been fully (33 per cent) or partially (57 per cent) achieved.

There was a far more mixed set of benefits cited here, ranging from those which are to do with being able to respond better to the residents' needs through to those that are more purely to do with how the home is managed. Examples of the types of benefit that managers felt had been fully achieved included are shown below:

> *'Improved efficiency in the Office, the satisfaction of providing greater training opportunities and satisfaction of seeing the pleasure that Residents get from using the internet and talking to loved ones on video link.'*

> *'I am using the laptop and projector to enhance training sessions for staff.'*

> *'As above with staff benefits, it gives greater access to the WWW for research purposes and for educational purposes.'*

'Greater access to computers, increased presentation skills, instant access to e-mails, ability to carry out on-line research.'

Examples of the types of benefits for managers that had so far been partly achieved included the following:

'I have had many occasions when I have carried out meeting with residents and they have asked something that I have been unable to answer. Now it is all at my fingertips. If a resident is distressed or becoming anxious, I can use the equipment to provide a distraction and this has been very useful. For example, we have someone who was a teacher. When that person is anxious I now use YouTube to show video of babies laughing and kittens playing. She and the others love this. I can also use the equipment as a visual aid during residents and staff meetings. I can display items such as The Human Rights Act and other relevant information and it is more easily viewed and discussed. I am delighted that we can now offer staff a chance to develop their skills and use equipment that they would not have had access to had we not been given this grant.'

'It makes it easier to assist staff in their career development if they have the resources to achieve what they need. I am more able to delegate tasks which previously I had to do as only I had proper access to the computer.'

It should be noted that there were knock-on benefits for other staff which, while not being in line with the main objectives of Get Connected nonetheless show the wide range of benefits once such changes are introduced:

'The home's administration staff have benefited because our nurses now have the means to carry out their own on-line requirements, giving the office staff more time to deal with the home's work.'

Managers were asked about their use of computers before and after the changes funded through Get Connected. Table 13 shows that there was a decrease (from a fifth of managers to under six per cent, a change of nearly 15 percentage points) in the numbers of managers who did not use a computer as part of their job, and an increase in the proportions who were now using a computer for training and development (an increase of nearly 15 percentage points) and who now used the computer for both their job and for training and development (note that this accounts for the otherwise seemingly counter-intuitive finding that few said they were now using the computer for their job).

Table 13: Managers' use of computers before and after Get Connected

	Computer use before Get Connected		Computer use after Get Connected		Change
	Frequency	%	Frequency	%	Percentage points
Do not use computer for job or training and development	18	20.5	5	5.7	-14.8
Use computer for job	49	55.7	28	31.8	- 23.9
Use computer for training and development	3	3.4	16	18.2	+14.8
Use computer for job and training and development	17	19.3	37	42	+20.0
Total	87	98.9	86	97.7	

Wider impact on residents

Managers were asked if they believed that residents and staff interacted differently since the Get Connected changes were introduced. The majority of care home managers (two-thirds, around 68 per cent) believed that resident-staff interactions had changed (Table 14).

Table 14: Do residents and staff interact differently?

	Frequency	%
Yes residents and staff interact differently	60	68.2
No resident and staff do not interact differently	25	28.4
Did not answer	3	3.4
	88	100

Managers were asked about the ways in which such interactions had changed. A selection of responses is shown below (the full list of responses is given at Appendix 15):

'New areas of common interest with carers able to assist more than previously.'

'At present it is mostly that staff are communicating better with each other and with the families. The residents are slower to do this but we did expect this as residents are generally less able to retain information, however, staff are now spending time showing residents items on the computer and this has therefore enhanced the interaction between them. As I type this, my deputy is with the residents showing them news items about snow fall in the UK. This was in response

to a conversation she had with them. In the past that would have been the end of the subject but now we can expand on so much.'

'The creation of the residents breakthrough learning group has been widely welcomed by residents and staff alike with all parties offering input and suggestions resulting in some unexpected consequences of having this IT facilities.'

'Staff have adopted more of a mentoring and coaching role as opposed to a typical caring function and this has helped staff to think more independently rather than be mostly task orientated. In doing so, it has helped to break down formalised barriers that have historically been there between carer and resident.'

The majority of managers, over four-fifths, believed that the changes had brought about improvements to residents' quality of life (Table 15).

Table 15: Has there been an impact on residents' quality of life?

	Frequency	%
Yes residents' quality of life has improved	72	81.8
No residents' quality of life has not improved	13	14.8
Total	85	96.6
Did not answer	3	3.4
	88	100

A selection of managers' comments regarding the way in which Get Connected had impacted on residents' quality of life is given below (a full list is given at Appendix 16):

'Residents are able to access technology which they may or may not have used before, this is increasing their self confidence, enabling them to communicate with families and friends, and enhance their knowledge and skills.'

'Use of the internet means that they can access items of personal choice at a time to suit them, eg news reports, iPlayer etc.'

'The enjoyment that they get from watching the slide shows of their photographs are immense. We also take photos when their families visit and this assists residents that previously could not remember the visit, to see the evidence.'

'Absolutely the ICT suite has opened up a whole new world for residents allowing them to communicate with families and friends do research or even watch films.'

'It raises their quality of life by enabling continuity of contact with their family and friends. They feel less isolated and can see as well as hear daughters/sons/ grandchildren etc. when calling using webcams in the privacy of their own rooms.'

'I would say that staff already had a person-centred approach to care, but this has widened the opportunity to get to know the resident more. It has given residents a new interest and a way to keep in touch with their family which staff can help with (especially younger staff who have no problems using the computer).'

Residents were asked if they had noticed any change in the standards of care received. Twelve (23.1 per cent) said that they had; some examples of the way in which the service had changed are given below and the list of responses is given at Appendix 17.

'Everybody seems to know more, everybody knows where to look for the right information in my notes and more people understand about my illness.'

'The care has always been good but I now feel more involved with some of the things that the staff were not able to do with me before we had the computer.'

'I am well looked after. I can't take in the new technology so quick, but I enjoy looking at the things on the computer and it's much better as it has a big screen!'

Overall outcomes to date

Managers were asked to indicate whether the outcomes to date had been in line with their expectations. Table 16 provides an overview of their responses. As can be seen, the vast majority of managers believe that the outcomes achieved to date have been more than they had expected. It should be noted that they appear to have formed this view despite the fact that many reported that the benefits had yet to be fully achieved. This suggests the outcomes will be even greater in the longer term.

Table 16: Outcomes compared with expectations (residential care/nursing)

	Frequency	%
In line with expectations	20	22.7
Less than expected	5	5.7
More than expected	58	65.9
Total	83	94.3
Did not answer	5	5.7
	88	100

Final comments

Managers were invited to give further feedback. Many took the opportunity to comment that it was still early days and they expected to see more benefits in due

course. Many wished to express their gratitude for the grant and the benefits it had brought them.

'A very positive thing for the home and given more time to implement and develop skills sets, I think it will become and invaluable asset to the home!'

'Thank you so much. I thought it would bring a new dimension to the lives of everyone here but didn't realise just how much.'

'Just a fantastic idea and over time will prove its worth, the process of involving residents is a challenge because there is a fear of technology but in small steps I think it will prove very beneficial.'

'We are grateful to the scheme for giving us the opportunity to expand our delivery of care and training to all staff.'

'Thank you very much for this opportunity. Broadband and the access to computers has enhanced all our day to day job satisfaction.'

'I think that this initiative has opened up a whole new world to a generation that would have otherwise missed out on this innovative and revolutionary technology. Some will never embrace the internet etc but others are grasping it with both hands (particularly where children and grandchildren are concerned), my own grandmother is a resident of our home and she was able to watch her newest great grandson take his first steps (recorded) on YouTube thanks to this technology, you can't beat that in my opinion, it was worth it for just that moment (personal to me and to her).'

'The process is at a very early stage so the benefits are not fully understood and there is likely to be much, much more development as the facilities are better understood by the users. The use is very much centred on learning and development of residents and staff.'

One respondent made a suggestion that might help with further waves of implementation:

'I understand that the scheme as a whole is very wide spread, but I believe many would have achieved more from this process by having an assigned mentor/guidance personnel. This would have helped at some stages of the process.'

Finally, one of the comments in this section would appear to throw some further light on the nature of the limitations noted earlier in achieving the full benefits of the technology for residents:

'Initially I was very excited about the project, we wrote to families asking for email address, social network contact details and also gave out our news letter. The response was very disappointing, of all the people we wrote to we did not get one

single response. The up side of this was a new lady who moved into the care managed to speak to her son in Australia.'

Domiciliary Care Services

Survey links were sent to 45 domiciliary care organisations. By the end of December managers of five domiciliary care service organisations had responded to the survey; by the end of February fourteen had replied, a response rate of 31 per cent. Twelve domiciliary staff had replied by the end of December; by close of survey in February this had increased to 31. Nine service users had responded to the survey by the end of December and this had increased to 12 by the end of February.

Progress in implementation

Managers were asked first about their progress in implementation, whether they had achieved all the aims they had initially anticipated for the upgrade and the nature of any problems they had encountered.

Unlike the managers at residential care homes, relatively few had encountered any problems with implementation; just two managers (15 per cent) had encountered problems. At one site their manager had left just before they obtained the funding, meaning that they were unable to purchase the equipment until the new recruit started work; the other had not realised that they should have budgeted for software:

'We were not told that the new computers did not come with Microsoft word it had not been budgeted for in the funding agreement.'

In keeping with the findings from the residential and nursing care home managers, the majority of managers (all but one, 93 per cent) felt that they had not fully achieved their aims at the time of the first survey. However, there were also only a few accounts of aims having not been achieved at all. The types of aims that had not yet been fully achieved were largely to do with the use of the new technology for training and further extension of services to clients. Mostly the reasons for any delays were concerned with arranging training sessions and identifying appropriate modules, and convincing clients and staff that computers were useful and (in the case of clients) fun. Appendix 18 shows their responses in full, grouped by the extent to which the aims have been achieved and the reasons why some may not have been fully achieved by time of survey.

Communicating Get Connected

One of the intentions of the Get Connected project had been for staff to be involved in planning the upgrade and use of the equipment. However, this had happened in fewer than a quarter of organisations (21 per cent). The ways in which managers had told their staff of the initiative was mostly on a one-to-one basis (57 per cent) and/or at a meeting (50 per cent). The figures show that managers used combination of methods to tell staff about Get Connected.

Table 17: Managers' accounts of how they communicated with staff about Get Connected

	Frequency	%
Staff involved in planning	3	21.4
Staff informed individually	8	57.1
Staff informed on notice board	1	7.1
Staff informed by letter or e-mail	4	28.6
Staff informed at a meeting	7	50.0
Asked other member of staff to inform colleagues	0	0
Staff informed by other method	2	14.3

Note: multiple response option means that percentages sum to more than 100 per cent

In keeping with this, just 13 per cent of domiciliary care staff (four respondents) said that they had been involved in initial planning. The majority said they had been told about the initiative by their manager.

None of the service users recalled having been involved in the initial planning.

Table 18: Domiciliary care staff accounts of how they found out about Get Connected

	Frequency	%
Involved in planning	4	12.9
Told by manager	18	58.1
Letter or email to all staff	4	12.9
Staff meeting	3	9.7
Other	2	6.5
Involved in planning	4	12.9
Total	31	100

Three of the twelve service users who responded to the survey remembered having been told about the changes, and these had been told by their carer.

Training for staff

Most of the managers reported that they had either provided training, or had training planned, to enable staff to use the new or improved resources available.

Table 19: Staff training provided by managers

	Frequency	%
Training has been provided	9	64.3
Training not yet provided	5	35.7
No training provided	0	0
Total	14	100

The majority of managers had either provided (64 per cent) or intended to provide training (36 per cent) for their staff to help them to make better use of the technology provided. Table 20 shows a break down of the types of training given or planned.

Table 20: Training arranged by managers for domiciliary care staff

	Training provided	
	Frequency	%
All staff received individual training from manager	1	11.1
Some staff received individual training from manager	6	66.7
Staff received group training from manager	1	11.1
Sub-total, trained by manager		*88.9*
Some or all staff received individual training from other staff member	0	0
Staff received group training from other staff member	1	11.1
Sub-total, trained by other member of staff		*11.1*
Staff received training from external provider	2	22.2
Staff given info sheet	1	11.1
Info sheet placed by computer	0	0
Info sheet on notice board	1	11.1
Training provided as and when staff asked	4	44.4
Staff received other form of training	0	0

Note: multiple response option means that percentages sum to more than 100 per cent

Amongst the nine organisations that had already provided training, most of the training had been provided by the manager (89 per cent), with some being provided by external providers (22 per cent provided) or other staff (one, 11.1 per cent). The five providers who said that they had yet to provide training did not give details of the type of training they planned to provide.

Nineteen staff at domiciliary care organisations who responded to the survey (58 per cent of) said that they had wanted some training. Just under a quarter, 22.6 per cent, said they had not wanted any training, and six respondents did not answer this question. Of the nineteen staff that had wanted training, 84 per cent (16) had received training and 16 per cent (three people) had not. Four of the ten people who had not wanted training had received some too.

Three-quarters of staff who had received training said that it had been provided on an individual basis, with three people (17 per cent) having taken part in group sessions. Four had asked their colleagues and some had relied on information sheets.

Table 21: Type of training received

	Frequency	%
Received individual training	14	77.8
Received group training	3	16.7
Received information sheet	3	16.7
Information sheet placed by computer	3	16.7
Asked colleague	4	22.2
Other training	1	5.6

Note: multiple response option means that percentages sum to more than 100 per cent

Respondents were asked for details of the types of training received. The comments received included:

'Providing care at home for people with dementia. Disabled Children & young people enhancing Access to Leisure. Nutritional care for older people.'

'Infection control; Protection of vulnerable adults.'

'Dementia, role of the carer.'

Training for clients

Those managers whose initial aims for the upgrade included the intention that clients should be able to use the technology were asked if they had provided any kind of training or support for clients. Just under half of the managers (44 per cent) said that they either provided clients with training or intended to do so. Half said they did not plan to do so.

Table 22: Proportion of managers who provided training for clients

	Frequency	%
Provided clients with training	3	21.4
Intend to provide clients with training	3	21.4
No client training provided	7	50.0
No answer	1	7.1
Total	14	100

The three managers who said that they had already provided training for their clients were asked what types of training they had provided. Two had arranged for individual training and two had set up training sessions at the offices; these had been supplemented by information sheets.

Table 23: Training provided for service users

	Frequency	%
Users received individual training from manager	1	33.3
Users received individual training from other	1	33.3
Users received an info sheet	0	0
An info sheet for users was sent to family	1	33.3
An info sheet for Users was given to carer to pass on to user	2	66.7
Training session organised at offices	2	66.7
Users received other kind of training	0	0

Note: multiple response option means that percentages sum to more than 100 per cent

Amongst the service users only two said that they had needed some help with the new technology, but two-thirds (67 per cent) had received help. Five of these had received help directly from their carer; one said they had asked their carer to explain, and a further two said that they were expecting training sessions in the future.

The clients were asked to indicate the topics covered in the training. Table 24 shows the topics covered; using the internet was the most-frequently mentioned, followed by email.

Table 24: Client use of new technology

	Frequency	%
Getting started	2	25
Email	3	37.5
Using internet	7	87.5
Using Skype to talk to family and friends	1	12.5
Storing photos	2	25
Using word processing software	1	12.5
Other	1	12.5

Note: multiple response option means that percentages sum to more than 100 per cent

The benefits

The great majority of managers who responded to the survey saw the developments enabled by Get Connected largely benefiting both staff and clients. Ninety-three per cent saw staff as being the main beneficiaries and 79 per cent saw staff as being the main beneficiaries. Half of the respondents (50 per cent) included themselves as also being a main beneficiary and 43 per cent said that families of clients would also benefit from the changes introduced.

As with the responses from the residential care and nursing homes we indicate the numbers of managers who believed that their various aims had been realised and benefits achieved. However, given the small size of this sample, and in particular the small numbers saying that the benefits had been fully achieved at time of surveying, we have not attempted to group the supporting comments into 'fully' or 'partly' achieved here. The comments instead serve to indicate the broad benefits that may emerge as the changes bed down and staff and clients become more accomplished in using the technology.

Benefits for clients

Only two of the twelve managers felt that the benefits had been fully realised at the time of the first survey, with eight saying they had been partly achieved to date. Nonetheless managers listed a range of benefits (full details are given at Appendix 19):

> *'It has enhanced their lives by ie shopping on line for a disabled gentlemen who was unable to go shopping, communication with family abroad by email. They are able to seek advice and information from search engines that they cannot find locally.'*

> *'To have access to sensory programs whilst at home and internet access.'*

> *'Greater contact with distant family and relatives, chance to browse shopping on line, more involved with arts.'*

Eight of the twelve clients who responded (67 per cent) had noticed changes in the technology available. Six people said that they could now access the internet or email using the laptop or handheld device that their carer brought to their home. Six also said that they could now do things that they could not do before. These included:

> *'Access the internet and put my work into print form.'*

> *'Access to the internet, to help me to get on the home choice site for me to be able to bid for a home so eventually I would be able to move on. Also I am able to do online shopping if I wish.'*

> *'Communication with long distance family is more regular, shopping on line due to disabilities, advice through search engines.'*

> *'I am able to stay in regular contact with people and get regular information from them.'*

> *'Confidence with it and reassured I can access more services.'*

Clients pointed to the sorts of benefits the new technology had brought:

> *'We can access internet.'*

> *'Being able to use the laptop with support staff.'*

> *'I have made purchases on line.'*

> *'Have been able to use search engines for advice etc, direction finding.'*

> *'Support groups etc found by search engine.'*

> *'Letter writing as unable to write by hand for long periods.'*

Benefits for staff

Regarding staff benefits, again only two of the managers felt that the benefits had been fully achieved so far (16 per cent); set against this, fewer too thought that the anticipated benefits for staff had not been seen in full (7 per cent), while 11 (85 per cent) felt they had been partly achieved by the time of the survey.

Quite a wide range of benefits were cited; some examples are shown below (see Appendix 20 for full list of benefits):

> *'Engage staff with independent groups of elderly, disabled people in the local community, and understand their needs.'*

'All staff will have email addresses. Completing pieces of work whilst in the community and gather information.'

'Staff on night shifts can make appropriate updates to care plans/Risk assessments. Service Users can be totally involved with the above process.'

'Another option for training helping to achieve a higher uptake. Also by managers, clients and carers to connect via ICT it open up communication channels to share information/reading, recommend websites etc.'

Staff working for domiciliary care services were asked what their views were when they first heard about the Get Connected initiative. Table 25 shows a summary of staff responses.

Table 25: Staff views when they first heard about the changes

	Frequency	%
Pleased to be able to use online resources to increase my skills	25	80.6
Curious	19	61.3
Thought I would get some or better access	14	45.2
Looked forward to helping service users use technology	11	35.5
Thought it would help service users keep in touch with outside world	9	29
Wondered if I would receive training	9	29
Thought it would improve what I could do on computer	8	25.8
Pleased the changes would maker us more attractive for potential service users	5	16.1
Wondered whether they would be able to explain changes to service users	3	9.7
Changes not relevant	1	3.2
Thought changes would make no difference	1	3.2
Other	1	3.2
Not interested	0	0

Note: multiple response option means that percentages sum to more than 100 per cent

Four-fifths of staff were pleased they would be able to use their skills and nearly two-thirds felt curious about the initiative. Similar numbers were curious about the changes and thought it would bring the opportunity to use additional skills. They also looked forward to being able to help residents learn to use the technology and felt it would make the home more attractive to potential residents. A few were dubious and thought the changes would have little impact.

Staff members in domiciliary care organisations were asked about their use of computers before and after the changes enabled through the Get Connected funding. Table 26 shows that there was a decrease (from over half of domiciliary

care staff to 29 per cent, a change of nearly 23 percentage points) in the numbers of staff who did not use a computer as part of their job following introduction of the changes funded by Get Connected. In line with this there was an increase in the proportions who were now using a computer as part of their job (up six per cent) and an increase of nearly 26 percentage points in the proportion of staff using a computer for training and development.

Table 26: Staff use of computers before and after Get Connected

	Computer use before Get Connected		Computer use after Get Connected		Change
	Frequency	%	Frequency	%	Percentage points
Do not use computer for job or training and development	16	51.6	9	29	- 22.6
Use computer for job	11	35.5	13	41.9	+6.4
Use computer for training and development	3	9.7	9	29.0	+25.8
Did not answer	1	3.2			
Total	31	100	31	100	

Staff were asked about the types of change they had seen in the technology and software available. Table 27 summarises the types of change that the staff reported. Note that respondents could make multiple responses and therefore the proportions sum to more than 100 per cent.

Table 27: Types of improvement reported by members of staff

	Frequency	%
New equipment in office/base	24	77.4
Better equipment in office/base	16	51.6
New equipment for own use	10	32.3
Better equipment for own use	3	9.7
New service	17	54.8
Better service	8	25.8

Note: multiple response option means that percentages sum to more than 100 per cent

The majority of staff had seen new (77 per cent) or better (52 per cent) equipment being introduced in the main/base office. Nearly one-third had received new equipment for their own use. Over half of respondents said that a new service was now available that was not available previously. Amongst those reporting they now had access to a new service, over half (53 per cent) now had access to email,

71 per cent said they had internet access, and two people had access to a computer phone service (12 per cent).

Asked whether these changes meant that they could now do something new, 24 people, (77 per cent) said that they could now do things that they could not do before. Those who said they could now do new things were able to add comments; these included:

> *'Faster computer means able to do online training courses. Larger memory means can support service users to put their photos. New programmes on computer have improved how can support people to produce their person centred plans.'*

> *'Road maps, access to medical information, pharmaceutical information, email clients, online training modules.'*

> *'I can access the database from home , saving time and travel. I can find information for myself rather than having to ring the office staff.'*

Staff were asked if the changes had brought specific job benefits; 25 of the domiciliary care staff (81 per cent) said that they had. Amongst the benefits cited by staff of domiciliary care organisations were the following:

> *'There is a lot of information available and your knowledge is tested as you learn so it is a good way to study.'*

> *'. .it's individual and lets me learn at my own pace and gives me the confidence to carry out my job role and pass on the information to others.'*

Staff were asked if they could now make as much use of the computer as they would like. Nearly three-quarters of respondents (74 per cent) said that they could. Seven (23 per cent) said that they could not. These seven were asked the reasons whey they were unable to makes as much use of the technology as they would like. The two main reasons given were because they had not started the training yet, or that training was ongoing. Other reasons cited were that it was too difficult to fit into the working day and that it was difficult to gain access to the computer.

Benefits for family carers

Six managers had felt there might be benefits for the family carers of service users. Reflecting on the benefits that they had expected for carers/families, only one felt that these benefits had been fully realised at time of surveying. The majority of managers who had felt there might be some benefits for family carers felt that, at that stage, the expected benefits had been only partially achieved (83 per cent).

Some examples of the anticipated benefits are shown below:

'Partners of our clients have used the laptops which they found beneficial, due to being restricted and limited in their own homes.'

'The service users we attend to are children as well as adults the parents have some what benefited for the use of the laptops as well.'

'They would be able to assist other members of their family to have access to ICT.'

Benefits for managers

Managers of domiciliary care services were also asked about the benefits that they had anticipated gaining from the changes introduced as a result of the Get Connected funding. Seven managers had seen some benefit for themselves emerging from the changes introduced with the Get Connected funding. A larger proportion of these managers felt that these benefits had been achieved. Three of the seven said these benefits had been fully achieved, and four said they had been partly achieved.

As with the responses received from the care home managers, there was a wide range of benefits cited here, ranging from those which are to do with being able to respond better to the residents' needs through to those that are more purely to do with how the home is managed. Examples of the types of benefit identified by the managers included the following:

'As people we support, their family and carers and the staff I employ benefit then this enhances the quality of the service that we provide which obviously is of benefit to me as my aim is to offer quality support that meets people's needs and can offer something that is different and by staff who are provided with sufficient time and the appropriate needs to support people effectively and achieve positive outcomes.'

'To enable the organisation to provide a training programme that provides flexibility and enables home care staff to support group learning previously undertaken.'

'It would enable me to offer a greater range of continuing personal development to staff members.'

'I can now remotely access my desktop and am writing this from home.'

Managers were asked about their use of computers before and after the changes funded through Get Connected. Table 12 shows that prior to the changes funded through Get Connected one manager had not been able to use a computer at all, who now had access. It should be noted that while there is a decrease in the number of managers reporting that they used a computer for their work, this is explained to some extent by the increase in those who were now using a computer for both their job and for training and development (although not entirely; it

would appear that some people made an error in responding to this question[6]). It should be noted that, in a follow-up question, 12 of the 14 managers in this group said that they had used the computer to access training and development since the changes brought in through Get Connected.

Table 28: Managers' use of computers before and after Get Connected

	Computer use before Get Connected		Computer use after Get Connected		Change
	Frequency	%	Frequency	%	Percentage points
Do not use computer for job or training and development	1	7.1	0	0	-7.1
Use computer for job	11	78.6	5	35.7	-42.9
Use computer for training and development	0	0	3	21.4	+21.4
Use computer for job and training and development	2	14.3	6	42.9	+28.6
Total	14	100	14	100	

Wider impact on clients

Managers were asked if they believed that clients and staff interacted differently since the Get Connected changes were introduced. The majority of managers (57 per cent) believed that resident-staff interactions had changed (see Table 29).

Table 29: Do clients and staff interact differently?

	Frequency	%
Yes clients and staff interact differently	8	57.1
No clients and staff do not interact differently	5	35.7
Did not answer	1	7.1
Total	13	92.9

Managers were asked about the ways in which such interactions had changed. Two examples of the comments made by domiciliary care managers are shown below (the full list of responses is given at Appendix 21):

[6]   The pattern of responses suggests they had responded as if answering a question about *additional* things they were now using the computer to do.

'Promoted greater conversation and insight into a person's life history and encouraged 1:1 time with a range of activities which helps to develop positive relationship between home support staff and the person. There is greater purpose to the interaction and something very positive for both parties to look forward to and focus on.'

'Some of the families we work with haven't been able to afford computers and internet access. We have been able to provide them with this facility on a loan basis, which we have been able to do at no cost to the families. The staff have been able to teach the families how to use the laptops and the internet service.'

The majority of managers, (10, 71 per cent), believed that the changes had brought about improvements to clients' quality of life (Table 30).

Table 30: Has there been an impact on clients' quality of life?

	Frequency	%
Yes clients' quality of life has improved	10	71.4
No clients' quality of life has not improved	2	14.3
Did not answer	2	14.3
	14	100

A selection of managers' comments regarding the way in which Get Connected had impacted on clients' quality of life is given below (a full list is given at Appendix 22):

'One client really got the computer bug so much so she bought her own laptop! another gentlemen found the services so beneficial it was very gratifying to see his response when he was able to choose his own clothing.'

'I would say that the people that we support in Domiciliary care are now more able to sit down with someone and develop their own support plans and document the outcomes they would like to achieve.'

'Encouraged independence and promoted their communication and positive outcomes.'

Twelve clients responded to the survey. More of this group had previously had access to computers (seven, or 58 per cent)

Overall outcomes to date

Managers were asked to indicate whether the outcomes to date had been in line with their expectations. Table 31 provides an overview of their responses. As can be seen, the majority of managers believe that the outcomes achieved to date have

been more than they had expected. In keeping with the managers of care homes it should be noted that domiciliary care home managers appear to have formed this view despite the fact that many reported that the benefits had yet to be fully achieved. This suggests the outcomes will be even greater in the longer term.

Table 31: Outcomes compared with expectations (domiciliary care)

	Frequency	%
In line with expectations	3	21.4
More than expected	11	78.6
Total	14	100

Final comments

As with the managers of care homes, several of the domiciliary service managers also wanted to express their thanks for the grant and gave an indication of where they see the project going in the future:

'Many thanks for the grant to get the computers - next year I am looking to move the two computers to a bigger room, perhaps get one or two more computers and run group sessions of online training to encourage further uptake - I think that this will work well.'

'The initial reviews are good but this is only the beginning of what I foresee in 2011 as our business is growing rapidly and the computers will certainly enhance all aspects of the services we provide and offer.'

'We very much see the Get Connected funding as a positive way for us to move forward with our on-going training programme. It will enable home care staff to access training when convenient to them or to use a cancelled appointment in a more constructive way. We are planning our training programme for the next year and both traditional and e-learning will play a part.'

'When I have stated that I think the expectations have only been partly met this is because we are a small agency that only started to provide support to people approx a year ago and so the work to date with the equipment we purchased has been limited. As we grow the benefits from the equipment and the number of people who we support and the number of staff that have access to it will increase. systems are now in place for newly recruited staff to use this immediately and to access e-learning and a range of other training information and resources such as skills for care, SCIE etc which social care staff do not always have access too. Also the number of carers who can benefit will also increase. I have attended a futures market for the families and young people who have learning disabilities regarding future support when they leave school and we promoted the equipment that we now

have available to use with people and especially the touch screen laptops and cameras which was received extremely positively by everyone.'

Discussion and conclusions

The Get Connected grants had led to a wide range of initiatives aimed at benefiting residents and service users. Implementation had been delayed at many sites but real difficulties had been experienced in only a minority of organisations. Such difficulties had in some – perhaps most – cases led to managers' aims having not been fully achieved by this relatively early stage of the evaluation. Despite the various impediments to progress the organisations had encountered, they nonetheless felt in the majority of cases that already their expectations had been exceeded. There were many accounts of the ways in which the technology had started to bring real benefit to residents and to staff alike.

However, some messages do emerge for any future rounds of implementation. It should be noted that for many managers this was virtually their first experience of getting to grips with purchasing computers. As one site indicated, they had not realised that machines did not come pre-loaded with software – an easy mistake to make without prior experience.

'We were not told that the new computers did not come with Microsoft word it had not been budgeted for in the funding agreement.'

This suggests that some basic guidance on the things that should be borne in mind when costing a bid would be helpful to sites bidding for future funding.

Secondly, there were accounts of companies revising their tenders to provide equipment when they discovered that sites had gained funding. We were able to refer such queries back to SCIE as and when we received them, and so re-assure these managers that they were allowed to go elsewhere for quotes if they wished. However, it might be helpful if this could be stated somewhere in the guidance materials sent to sites who win grants in the latest bidding round. It should be remembered that their hesitancy in challenging providers' quotes stems from their fear that in so doing they will be breaching SCIE 'rules', so some guidance on this point would be helpful.

Many providers have encountered challenges in equipping listed buildings, or buildings in remote settings, with broadband and/or Wi-Fi access. It would be helpful again if it could be suggested to managers that they investigate such issues ahead of (or shortly after) submitting their grant application so that in the event of winning funding they are not delayed unnecessarily by having to address such issues at that point.

Lastly, it would appear that some of the barriers to achieving the desired outcomes for residential and nursing care homes relate more to the situation beyond the home rather than within it. Homes reported having failed to engage families in the project and it is difficult to tell whether this is attitudinal or whether families simply do not have the technology or the confidence to install the relevant software (eg Skype) that would enable them to participate in the new communication opportunities.