

# CW+ / NHS Charities Together Digital Inclusion Pilots Evaluation

Pilot 1: DigitALL



SEPT 2023

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# 1. Overview of the DigitALL pilot

## 1.1. DigitALL pilot activities and aims

DigitALL is a partnership programme led by Open Age in the Tri-borough area (Royal Borough of Kensington and Chelsea, Hammersmith and Fulham, Westminster London Boroughs). DigitALL’s coalition of third sector organisations provide six months of device and data access alongside personal skill assessment and support for older adults and adults with learning disabilities (ALDs). The aim of the pilot is to support digitally excluded populations to achieve their goals, and increase wellbeing and connection.

The delivery organisations for DigitALL were:

- Open Age (lead)
- Age UK Westminster
- Age UK Kensington and Chelsea
- Age UK Hammersmith and Fulham
- Iranian Association
- Equal People MenCap
- MenCap Hammersmith & Fulham
- Learning Disability Network London

Each delivery organisation provided support in formats tailored to their organisational size, set-up and cohort needs (see Appendix A for intervention details). Open Age worked with delivery organisations to set targets based on the number of participants they could support (See Appendix C, Figure 13, Figure 16). The DigitALL programme essentially provided delivery organisations with an overarching structure of shared aims, personal learning targets, and consistent measurement and evaluation of programme targets and outcomes. This evaluation was based on a “before-and-after” design, measuring the baseline for the key outcomes at the start of the programme and again at the end and comparing the change seen in participants, without having a control group. A recall survey was done to understand how participants were doing after having graduated from the programme and whether benefits were maintained. A more in-depth description of the methodology used can be found in Appendix A.

<b>Aim of programme (from proposal)</b>	To support digitally excluded populations to achieve their goals, increasing wellbeing and connection
<b>Organisations</b>	<p>Delivery organisations: OpenAge (lead); Age UK Westminster; Age UK K+C; Age UK H&amp;F; Iranian Association; Equal People MenCap; MenCap H&amp;F; Learning Disability Network London</p> <p>Referral organisations: There are more than 40 referral sources for the DigitALL Project. Top referrers include: One Westminster, Carers Network, Tell it Parents Network, Community Shield Hub</p>
<b>Participants</b>	<ul style="list-style-type: none"> <li>• Older adults over 50 y.o. (OA)</li> <li>• Older adults with English as a Second Language (OA-ESL)</li> <li>• Adults with learning disabilities (ALD)</li> </ul>
<b>Intervention</b>	See details in on intervention in Appendix B.
<b>Intended outcomes</b>	<ul style="list-style-type: none"> <li>• Improved wellbeing</li> <li>• Improved ability to access services virtually</li> <li>• Improved motivation and ability to engage online (e.g. socialise)</li> </ul>

Figure 1 – DigitALL intervention summary



## 1.2. DigitALL logic model

A logic model was co-developed with the initial DigitALL team (see below) and agreed in early 2022 leading to the development of an outcomes framework. Since the initial logic model was developed, the project partnership recognised that outcome measurements differ slightly for the two main cohorts (Older Adults and ALDs). For example, end DARTS for ALDs measure excitement in using a device or the internet rather than specific skill acquisition (Figure 26 in Appendix C).

Inputs	Activities	Outputs	Outcomes – digital inclusion	Outcomes – health, wellbeing & other	Impact
<i>The resources we put in</i>	<i>What we do as part of the programme</i>	<i>Data about the quantities of activities delivered</i>	<i>Short- and medium-term results we expect to see (e.g. at individual level)</i>		<i>Overall aims of the programme; long-term, system-level goals</i>
<ul style="list-style-type: none"> <li>Funding</li> <li>Programme management and support from Open Age</li> <li>Programme support and delivery time within each partner</li> <li>Volunteer time for applicable delivery partners</li> </ul>	<ul style="list-style-type: none"> <li>Digital Assessment Readiness Tool</li> <li>Provision of devices</li> <li>Delivery of support either 1:1 or in groups, e.g. personalised support plans</li> <li>Drop-in and 1:1 sessions</li> <li>Group workshops on digital skills</li> <li>Potential for a health and care core module</li> </ul>	<ul style="list-style-type: none"> <li>Achieving target number of referrals (~700)</li> <li># of devices handed out</li> <li># of people supported to become digitally active</li> <li>Identifying cohorts (older participants, ALD)</li> <li># of training sessions</li> <li>Satisfaction with sessions/support</li> </ul>	<ul style="list-style-type: none"> <li>Participants able to achieve their personal digital goals</li> <li>Increased ability to access online and offline socialising and activities, e.g. Accessing video calls (keeping in touch with family, GP)</li> <li>Confidence in digital skills</li> <li>Increased frequency of device use</li> <li>Increased motivation for digital engagement</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in quality of life</li> <li>Improvement in mental health and wellbeing</li> <li>Improved ability to engage with online healthcare services (e.g. appointments, online prescriptions)</li> <li>Accessing non-health services online</li> <li>Benefits for volunteers (e.g. job opportunities, satisfaction, skill development)</li> </ul>	<ul style="list-style-type: none"> <li>Develop and test a sustainable model for tackling digital inclusion that includes providing devices and data</li> <li>Capturing effective referral routes for digital inclusion programmes and understanding why people exit the programme</li> <li>Improvement in health and wellbeing for digitally excluded groups (e.g. older people, people with disabilities)</li> </ul>

Figure 2 – DigitALL logic model

## 2. Activity and reach to date

By the end of June 2023, DigitALL had received 665 referrals and 549 people had started support, with 528 participants “graduating” (i.e. completing all sessions and recall survey) (Figure 3). Participants did not all start at the same time, but were staggered across the April 2022-June 2023 pilot evaluation period. There were also recall surveys conducted by the DigitALL team 3-6 months after participants had finished the programme, to measure skills retention. The relatively low number of recall surveys (n=118) compared to graduated participants was due to the resource required, as the DigitALL programme manager called participants individually to administer the recall survey.

During the pilot period there were more than 40 referral sources for the DigitALL project. DigitALL is on track to meet its original referral targets by cohort and delivery partners at the end of the delivery period (See Figure 13 in Appendix C). Targets were set in conjunction with delivery partners at the beginning of the programme. Targets were determined by an organisation’s size and capacity to support participants. Older adults were the key cohort DigitALL targeted and made up the majority (76%) of those supported (Figure 3). The third sector delivery partners made up the majority of referrals (79%) (See Figure 15 in Appendix C). The proportion of participants by borough (Figure 4) reflects the locations where these organisations are based rather than a desire at the start to reach a specific number of participants per borough. After third sector partners, the next largest proportion of referrals was self-referral (15.9%) (See Figure 15 in Appendix C).



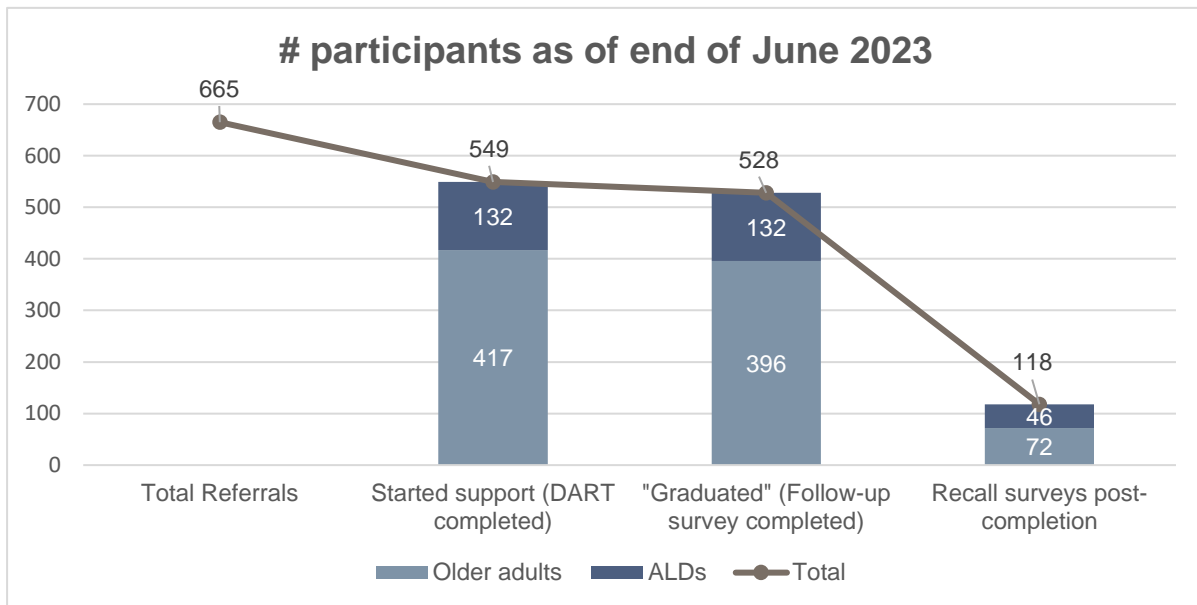


Figure 3 - Number of participants supported to June 2023, by status

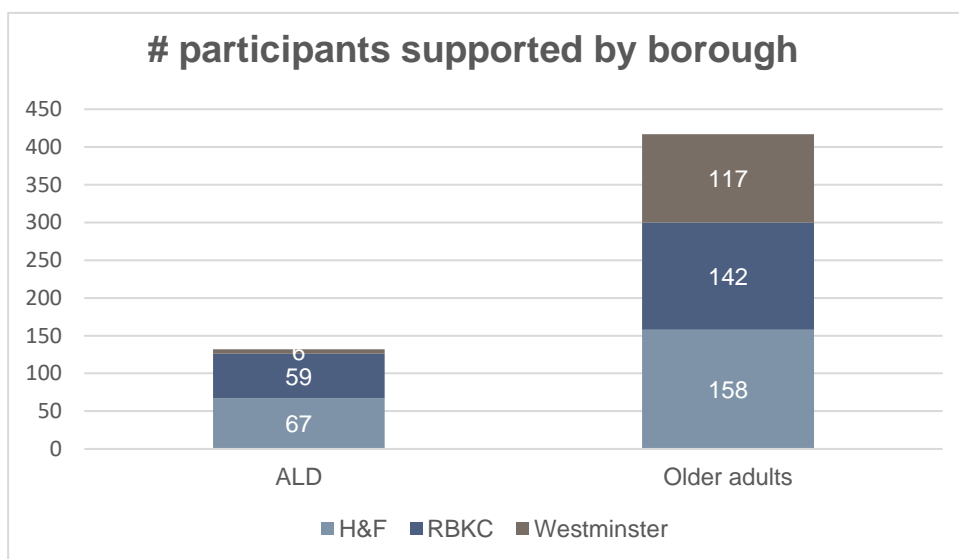


Figure 4 - Number of participants supported by cohort and borough. H&F was DigitALL's key borough of focus. There were no DigitALL delivery organisation who worked with ALDs in Westminster borough

In terms of participant demographics, most participants were female older adults (Figure 18 in Appendix C), evenly distributed across the triborough area (Figure 4).

Those of Asian, Black, and Mixed ethnicities made up 57% of DigitALL participants compared to 29% of the triborough population (Figure 5 below).



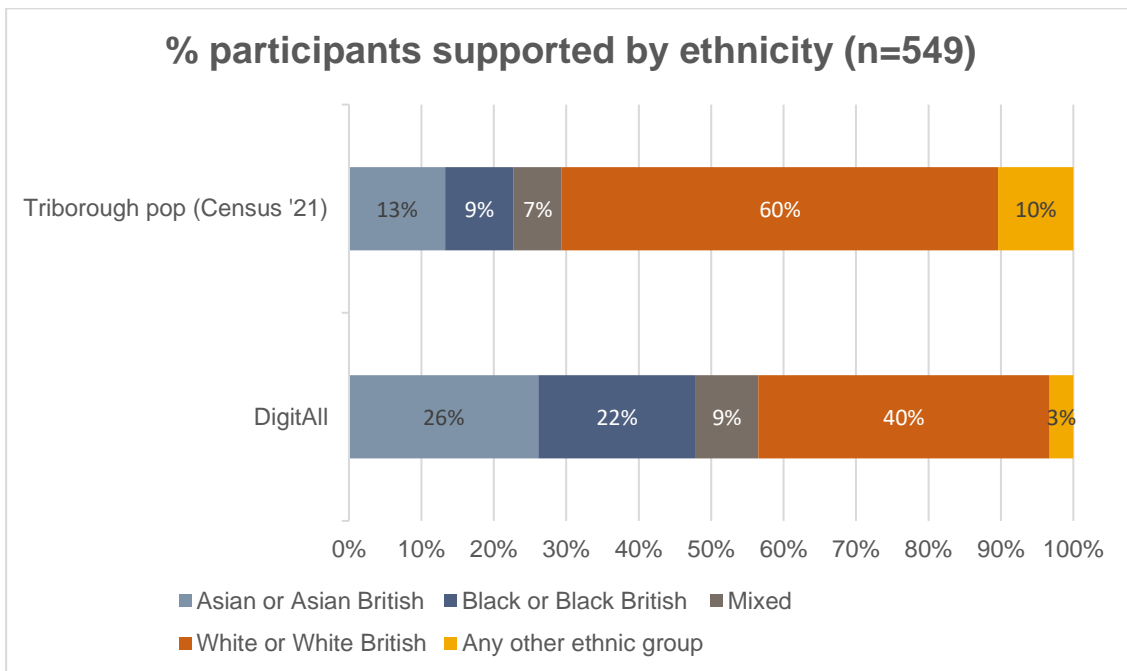


Figure 5 – Percentage of DigitALL participants supported by ethnicity, compared to triborough population

Of the older adult cohort, 65% did not have English as a first language (See Figure 20 in Appendix C) and 46% of participants overall reported a learning difficulty (See Figure 21 in Appendix C).

About half of the participants either had a device or Wifi access when they started DigitALL (See Figure 19 and Figure 22 in Appendix C). Even for participants who already had a device, the project found that they often did not know how to use it and required skills support.



## 2.1. Personal Learning Targets

Participants set personal learning targets when they started the DigitALL programme. Thematic analysis of all (open text) targets set by participants (n=549) categorised the targets under the themes below.

### Types of personal targets set by DigitALL participants

- Basic device operation
- Internet usage and search skills
- Social media and online communication
- Email setup and management
- Online safety and avoiding scams
- Zoom and video calls
- Accessing health and medical services and information
- Online shopping and banking
- Educational apps and learning languages
- Digital art and creativity apps
- Accessing entertainment and music online
- Job search and work skills
- Gaining confidence and independence
- Creating and managing word documents
- Booking tickets and travel arrangements online



### Top 5 most popular targets

- Basic device operation
- Internet usage and search skills
- Email set up and management
- Online communication and social media
- Gaining confidence and independence

Over 80% of participants surveyed (older adults only) reported that they had met their targets by the end of their support through DigitALL. Another 10% responded that they had either mostly met their targets or partially/were still progressing. Only 1.5% of post-survey respondents reported they had not met their targets.

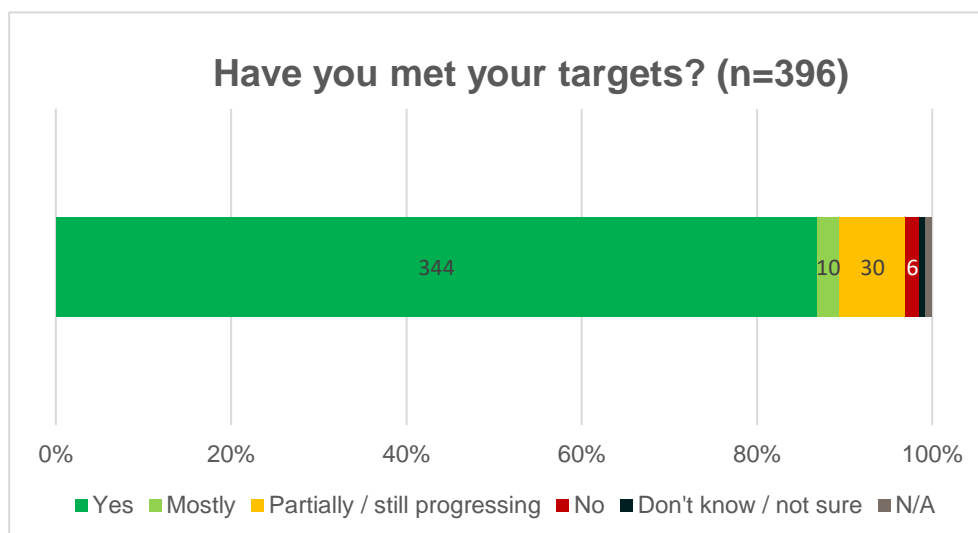


Figure 6 – Self-reported achievement of targets at the end of DigitALL



### 3. Participant experience of DigitALL

Participants who completed the programme were very satisfied with the support received and reported they had learned useful skills and met their targets.

Over 90% of participants reported that:

- the support they received was 'Very good' (Figure 7)
- they learned useful skills (Figure 23 in Appendix C)

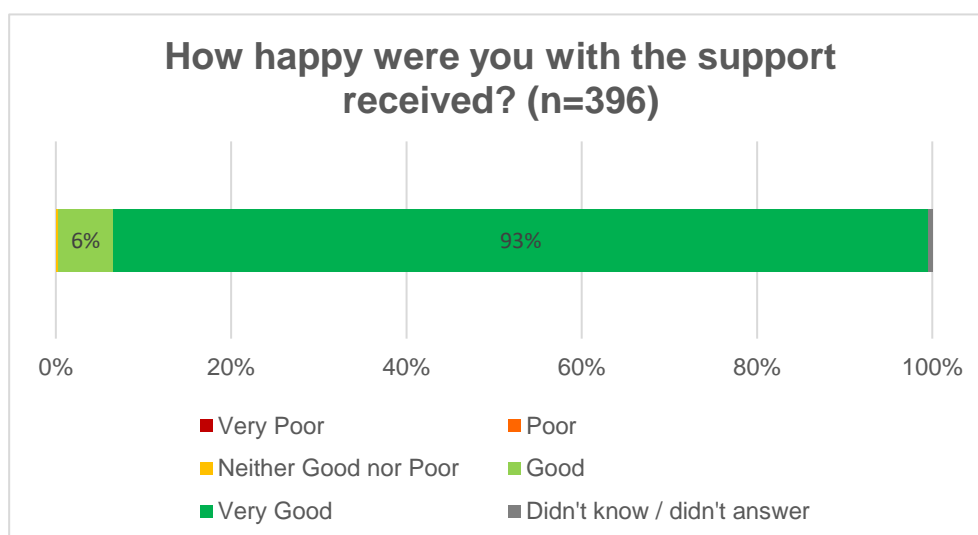


Figure 7 – Participant rating of support received through DigitALL

#### 3.1. Feedback from participants

Thematic analysis of participants' responses (n=521) to an open-text comment field "Feedback on support received" highlighted that the vast majority of participants had positive feelings about the programme, and were appreciative of the learning opportunities and support provided.

“ I have looked forward to our sessions every week and I am grateful to have someone who is willing to come out to me to help me as without it I would feel quite left behind. Thank you so much to the tutor. ”

Three key positive elements of the DigitALL programme were identified:

##### Confidence building

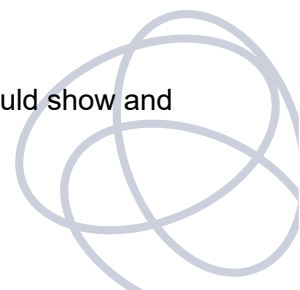
"The support gave me a lot of confidence and it was so good and helpful to receive support in the home as not able to get out."

##### Personalised learning and effective tutoring

"The support was excellent and the resources that the tutor provided were really helpful."

##### Practical skills acquisition

"The tutors have been so helpful. Whatever I have asked to learn something new, they would show and guide me."





Suggestions for improvement were primarily around desiring additional support:

- "More support needed to purchase equipment."
- "Would need some more support as still a beginner."
- "Very helpful but went too fast."

## 4. Improvement in digital inclusion skills and confidence

Participants reported that their confidence across digital skills increased by the end of the DigitALL programme. The percentage of DigitALL participants who used the internet daily grew by over 70% by the end of the programme, with all respondents saying they used the internet at least weekly at the end of the programme (Figure 8).

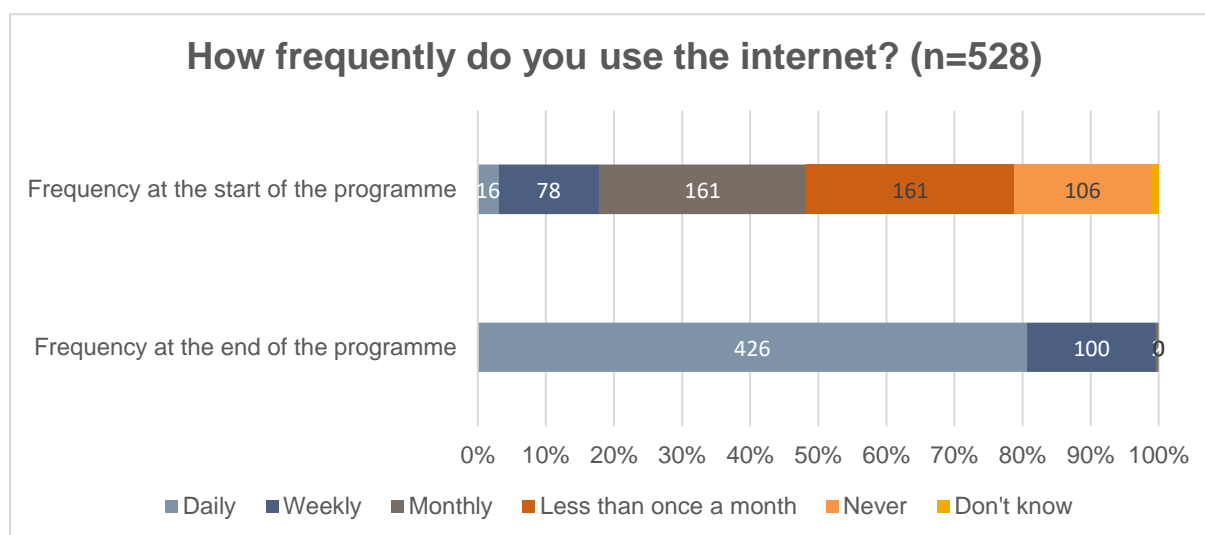


Figure 8 – Participant frequency of internet use at start and end of DigitALL

Self-reported growth in confidence was stronger for skills where participants had set targets most frequently (in participants' ability to look up information on the internet and communicate with friends and family) (Figure 9 and Figure 10). Participants not only reported growth in confidence in their skills between the start and end of the programme, but also reported additional growth in confidence in recall surveys conducted 3-6 months after the programme. Feedback from the recall surveys shows that some participants are still using skills from DigitALL because they have continued to attend group courses or drop-in sessions with delivery partners.



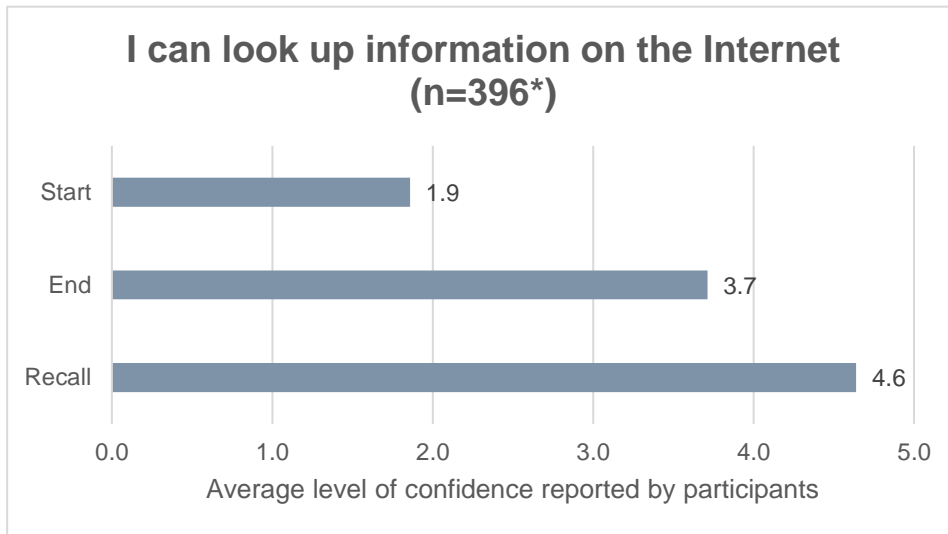


Figure 9 – Participant confidence in looking up information on the internet at start, end, and post-DigitALL Older Adults only.

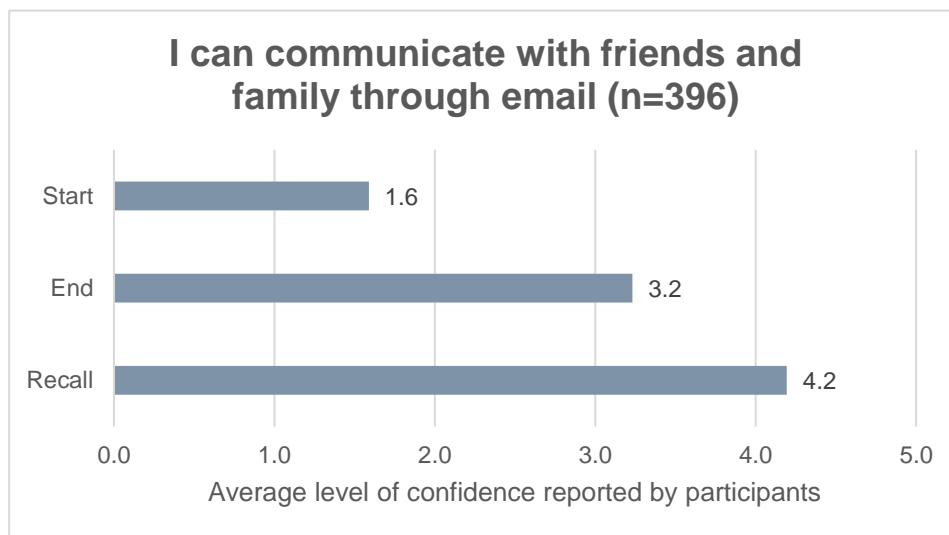


Figure 10 – Participant confidence communicating with friends and family through email at start, end, and post-DigitALL. Older Adults only.



## 5. Improvements in health and wellbeing

Improved ability to engage with online healthcare services was a core DigitALL project aim identified in the logic model. As one of their support session topics, participants chose to either learn how to access their GP website or order a prescription online. Feelings of confidence for accessing health services online grew substantially by the time they completed the programme, with participants continuing to report their confidence growing in recall surveys.

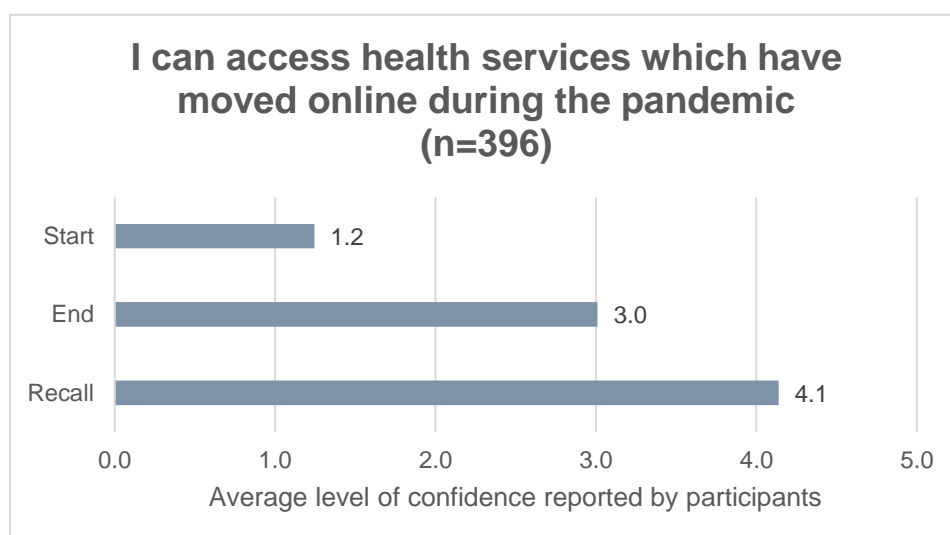


Figure 11 – Participant confidence in accessing health services online at start, end, and post-DigitALL. Older Adults only.

At the end of the programme, 81% of survey participants felt confident in accessing their GP website online. In comparison, at the beginning of the programme, only 8% of participants had accessed their GP website online (Figure 27 in Appendix C). At the beginning of the programme, only 4.5% of participants had ordered a prescription online, whereas 50% felt confident to do so at the end.

A key outcome area for DigitALL was to understand whether using technology to achieve personalised targets in participants' lives (e.g. contacting family and friends) could lead to improved wellbeing.

We used the ONS4 survey to measure personal wellbeing in participants across 4 dimensions: life satisfaction, worthwhile, happiness and anxiety. Across all 4 dimensions of personal wellbeing, participants in the DigitALL programme had very poor wellbeing compared to the general population of the Triborough at the start of the programme.

Figure 12 shows that levels of self-reported life satisfaction increased from a low baseline to levels closer to the Triborough area average by the end of DigitALL support. Similar trends can be seen in the other three wellbeing dimensions (life worthwhile, happiness, and anxiety in Figure 31, Figure 32, and Figure 33 respectively in Appendix C).



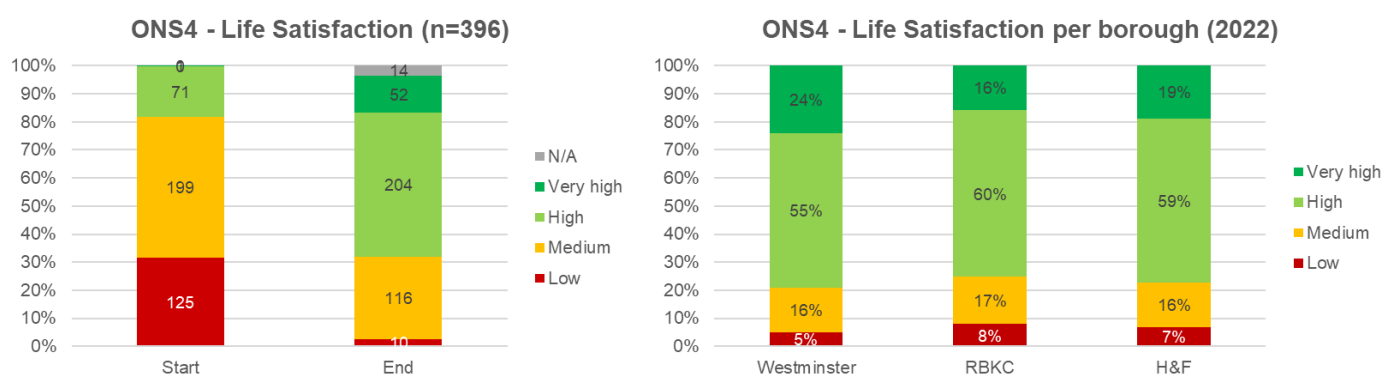


Figure 12 – Comparison of life satisfaction for DigitALL participants at start and end of programme. Note that since participant start dates were staggered, participants will have started in either 2022 or in 2023. Similar values from ONS4 survey conducted in Westminster, RBKC and Hammersmith and Fulham shown for comparison and benchmarking.

## 6. Pilot delivery and sustainability

### 6.1. Costs and resources needed to deliver DigitALL

Each of the pilots supported received approximately £300,000. In the case of DigitALL, the total budgeted to support this project was £369,465- £334,000 from the NHS Charities Together grant and a further £35,000 from the Imperial Health Charities “Compassionate Communities” fund. A breakdown of the budget is shown below to depict the original amounts allocated to each type of expenditure required to run this pilot.

The costs to deliver the DigitALL pilot are shown in Table 1. 77% of costs related to the direct delivery of the service to participants, i.e. devices, data and payments to delivery partners providing personalised support. Around 23% of costs were spent in centrally managing the partnership, primarily to cover the salary of the project coordinator and other Open Age management costs.

The total number of people fully supported by the end of June 2023 was 528. This gives an approximate cost per user of ~£700 per participant based on values to June 2023, including both central programme management and variable costs. However, the DigitALL pilot has continued to enroll participants since data was collected for the evaluation and is well on track to meet their original target of 700 participants. The cost per participant if we assume the target number will be achieved would be £527 per participant.

In reality expenditure did not match the budget exactly and there was some underspend especially around equipment that the team reallocated to support more participants, which was agreed with CW+. The reasons for this underspend in equipment were:

- The DigitALL consortium was able to apply for and secure large-scale data offers from corporate entities, e.g. 250 SIM cards from Vodafone as part of their Charities Connected data offer
- Some of the partners also had existing stocks of devices they deployed for this project e.g. Open Age has previously secured 200 Samsung tablets from a Greater London Authority scheme
- There were lower equipment requirements than anticipated due to a mix of some participants being DigitALL excluded primarily due to poor skills, but having their own device; and some partners set up delivery models that did not include a 1:1 ratio of participant to device e.g.

MenCap set up a drop-in centre with devices that people could access rather than handing out devices.

The DigitALL team plan to continue to apply for further device and data offers if the programme continues beyond the end of this grant, as they see that as essential to ensure sustainability (see next section).

Table 1 - Costs of DigitALL pilot (budgeted)

	<b>TOTAL (budget, £)</b>	<b>% of total</b>	<b>Type of cost</b>
<b>Staff</b>	<b>81,665.70</b>	<b>22%</b>	Central management
Project Co-ordinator costs to employ	68,478.00	19%	
Other staff costs	2,916.00	1%	
Open Age management costs	10,271.70	3%	
<b>Equipment</b>	<b>67,600.00</b>	<b>18%</b>	Direct delivery
Devices	26,400.00	7%	
Data	31,200.00	8%	
<b>Delivery costs</b>	<b>220,200.00</b>	<b>60%</b>	
Marketing	1,800.00	0%	Central management
Payments to delivery partners	218,400.00	59%	Direct delivery
<b>TOTAL</b>	<b>369,465.70</b>	<b>100%</b>	
<i>Subtotal - Central management</i>	<i>83,465.70</i>	<i>23%</i>	
<i>Subtotal - Direct delivery</i>	<i>286,000.00</i>	<i>77%</i>	

Notes: Budget for two years of project rather than actual costs (not available). Actual equipment costs are less than indicated by budget given donated devices and SIM cards. Assumed that any Open Age costs are central management and counted payments to delivery partners as direct delivery of skills support.



## 6.2. Enablers and barriers to delivery and sustainability

A final interview reflection with the project coordinator highlighted the following enablers and barriers to successful delivery of the project in Year 2 and enablers for sustainability going forward.

### What went well

- Maturity of partnership model: the DigitALL partnership model came into its own in Year 2. Partner organisations grew in confidence to bring questions and challenges to sessions for support. Having a shared assessment framework and collecting data in one place also created a shared evidence base and helped the partnership to show greater impact as a group.
- Referrals to the project were constant: the project has met or exceeded its goals to reach target audiences.

**“ We never had a dry spell in terms of attracting people to the project. And I think a lot of that was just down to the partnership – if Open Age had a waiting list and or a backlog of people, we could go to Age UK and see if they had vacancies there. We had a policy around contacting participants. We said every participant should be contacted in maximum five days after their referral and we stuck to that throughout. [...] And again I think that was only possible because we had a partnership of organisations. So I think that kind way of working works really well. ”**

### Challenges

- DigitALL assessments have not worked as well in a group setting, which is preferred by some cohorts. Some groups, particularly ALD cohorts, have struggled more with graduating the project (challenges around changing routine, removing support provision).
- Data collection management: Coordinating data collection amongst the high number of partners has required a great deal of effort, even with a dedicated resource.

### Enablers for sustainability

- Being able to continue to offer long-term loans or gifting of devices.

“The narrative has been [that the devices are] loans with the caveat that [participants] can evidence usage, such as using the devices for accessing follow-on support.[...] If the data clearly shows a strong correlation between people’s interest [in digital] being peaked and increasing from having a device, I think it would be very hard then to take that device back.”

- The partnership model has also supported sustainability because it enables the consortium of organisations to apply for funding at a greater scale than would be possible for them individually. It has been crucial to have project coordinator resource to manage the partnership.

## 6. Appendices

### A. Details of intervention – overview and by delivery partner



#### Key elements of DigitALL delivery across partners

1. **Referral** to DigitALL coordinator for eligibility check and assignment of a participant identification code
2. **Meeting with tutor from the delivery organisation and completion of the DART (Digital Assessment Readiness Tool)**, a survey developed by Open Age. As part of the DART, the participant sets personal learning targets to complete while on the programme
3. **Provision of device and/or data plan** where needed
4. **Provision of support:**
  - **What:** Drop-in sessions, small group classes, and/or 1:1s, depending on the organisation and the client's needs
  - **Who:** Paid tutors, staff (e.g. support workers), and/or volunteers
  - **Where:** Premises including organisations' own facilities, local community centres, sheltered housing, participants' homes
  - **How long:** Delivery partners provided between 7-14 support sessions, with sessions lasting approximately an hour
5. **Exit assessment**, measuring growth in participants' digital skills and confidence

#### Intervention – Open Age (target population: older adults)

Category	Description
<b>What - Materials</b> - any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers	Devices + sim cards / data Handouts for participants (e.g. document on online health services) Signposting resources postintervention
<b>What - Procedures:</b> Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities	Referral made to Coordinator using referral form > eligibility checked and participant code assigned > delivery org uses code for assessments Meeting with tutor: mix between a dropin and a class (tutor preps content but participants also come in with questions) – first and last sessions are assessments; the first to complete DART and set goals; the last to assess how it went + giving handout on accessing health services and doing an exercise accessing either GP appt or ordering prescription; then signposting to other activities (e.g. OpenAge classes)
<b>Who -</b> For each category of intervention provider (such as psychologist, nursing assistant), describe their expertise, background, and any specific training given	Tutors are qualified teachers part of OpenAge community programmes, paid to do ~4h per week (3 1h 1:1s with participants + 1h of course planning / developing handouts) Project coordinator: recruitment of participants, project management, coordination of sessions and support to tutors and participants
<b>How -</b> Describe the modes of delivery (such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group	Face to face, 1:1; in groups only when requested and appropriate (e.g. mother and daughter)
<b>Where -</b> type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features	OpenAge facilities and participants homes
<b>When and How Much</b> - number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity, or dose	Up to 8x 1h sessions
<b>Tailoring / personalisation</b> - If the intervention was planned to be personalised titrated or adapted, then describe what, why, when, and how	Initial assessment means that all the goals and sessions are personalised to each participants' needs. All participants must do a health services access exercise at the end, but are given a choice between different health service access modules



## Intervention – Age UK (target population: older adults)

Age UK Westminster / Age UK Kensington + Chelsea / Age UK Hammersmith + Fulham



Category	Description
<b>What - Materials-</b> any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers	Devices + sim cards / data Handouts for participants where necessary (e.g. document on online health services) Signposting resources postintervention
<b>What - Procedures:</b> Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities	Referral to DigitALL Coordinator using referral form > eligibility checked and participant code assigned > delivery org uses code for assessments Meeting with tutor; delivery ranges from mix between drop-ins, small group classes, one to ones and collaborative group sessions. Content can be prepared but participants also come in with questions First and last sessions are assessments; the first to complete DART and set goals; the last to assess how it went
<b>Who -</b> For each category of intervention provider (such as psychologist, nursing assistant), describe their expertise, background, and any specific training given	Use of volunteers and dedicated support workers.
<b>How -</b> Describe the modes of delivery (such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group	Age UK K&C are predominantly doing group sessions but there is capacity to do 1:1 where they are able to. Would like to do. Do 1:1s when there is a real need (e.g. people who are housebound). A mixture of structured sessions and drop-ins depending on the need of the participant.
<b>Where -</b> type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features	Age UK K&C run some sessions at sheltered housing/housing association and collaborate with other community groups (e.g. Pepper Pot Centre). Majority of delivery is either in centres or through home visits
<b>When and How Much-</b> number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity, or dose	Varies on the organisation and method of delivery but typically each participant receives between 7-14 sessions which are delivered on a weekly basis. Drop-ins can be over a longer period of time Sessions usually last for an hour
<b>Tailoring / personalisation-</b> If the intervention was planned to be personalised titrated or adapted, then describe what, why, when, and how	Initial assessment means that all the goals and sessions are personalised to each participants' needs, or at least needs of the whole group in a group session

## Intervention – Iranian Association (target population: older adults with English as an additional language )



Category	Description
<b>What - Materials-</b> any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers	Devices + sim cards / data Handouts for participants where necessary (e.g. document on online health services) Signposting resources postintervention PC's/Laptops in centre Documents explaining the project (in Farsi)
<b>What - Procedures:</b> Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities	Referral to DigitALL Coordinator using referral form > eligibility checked and participant code assigned > delivery org uses code for assessments Meeting with tutor; delivery ranges from mix between small group classes and one to ones. First and last sessions are assessments; the first to complete DART and set goals; the last to assess how it went

## Intervention – Equal People Mencap, HF Mencap and the LDN (target population: adults with learning disabilities)



Category	Description
<b>What - Materials-</b> any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers	Devices + sim cards / data Training materials through apps Laptops in centre for participants with higher needs Headphones and earphones for participants with sensory needs
<b>What - Procedures:</b> Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities	Workshops focussing on: staying safe online, wellbeing, using Zoom, using youtube to access information and music Using training programme 'Learn My Way' individual decides which topics they want to focus on Kahoot online programme (games and quizzes) Building Alexa/voice recognition into regular routines for people with learning disabilities to give more freedom online and to support wellbeing (e.g. playing music when sad)
<b>Who -</b> For each category of intervention provider (such as psychologist, nursing assistant), describe their expertise, background, and any specific training given	Staff and volunteers delivering group sessions and some one-to-one
<b>How -</b> Describe the modes of delivery (such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group	Face to face group sessions. People complete the training individually and can ask when they need help. There have also been some one to one or sessions with two members of staff per participant.
<b>Where -</b> type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features	In centre or sometimes through home visits
<b>When and How Much-</b> number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity, or dose	For people with LD- drop in sessions. People usually stay for 45 min. Content will be based on 20 min learning followed by breaks. Participants typically stay on the course for a longer period of time and come in centre weekly
<b>Tailoring / personalisation-</b> If the intervention was planned to be personalised titrated or adapted, then describe what, why, when, and how	High degree of tailoring for people with learning disabilities. Encouraging people to walk through what they are looking to access (particularly when they can't read or write). Importance of tapping into what they are interested in reflected in their assessment



## B. Methodology

This evaluation was conducted in 3 main stages:

- A discovery stage in 2021-early 2022, in which we co-designed logic models for each of the pilots with pilot teams, and compiled outcome frameworks for each pilot
- A data collection stage, where we supported teams to design and implement data collection tools and gather data for the evaluation
- A reporting stage, where we analysed and summarised all data from the evaluation

This final evaluation report was preceded by an interim evaluation which was primarily a process evaluation, capturing key learnings from pilot delivery and outlining recommendations for improvement. Information for this final evaluation was collected in the following ways:

### 1. Survey data

Data for each programme was collected via several surveys, and the appropriate data sharing agreements were put in place so that pseudonymised data could be shared with ICHP (participants were given a unique identifier). Results were pseudonymized so we could compare how people did in their start, end and recall surveys. Recall surveys were conducted by the DigitALL team to understand if benefits from the programme had been maintained, i.e. to evaluate retention of digital skills. These recall surveys were voluntary (participants gave consent to be contacted again when filling in the “end” survey for either pilot). Recall surveys required the programme manager to call participants individually, which was resource intensive: for that reason, a target number of responses (100) was set.

The surveys were done as follows:

- Referral forms: a short form conducted by delivery partners and sent to the programme management on key participant demographics, reason for referral, and why participants are interested in joining the project.
- DART (Digital Assessment Readiness Tool) (older adults): a survey conducted by a delivery partner support worker when the participant began support, which asked about participant demographics, current wellbeing, their device and skill needs, and their current use of the internet and confidence in using the internet in different aspects of their lives, including for accessing health services. Participants were also asked to set personal learning targets for their DigitALL support.
- Final survey (older adults): the final survey or ‘end DART’ was conducted by a delivery partner support worker and followed the format of the programme start survey to compare measures. A few questions were changed inadvertently from the beginning DART (i.e. initial questions about experience of the internet to access GP websites, order prescriptions, or have online consultations were changed to be questions about confidence in doing these things, rather than experience).
- DART (ALDs) / Final survey (ALDs): The DART for ALDs replicated the structure of the DART for older adults, but included questions about participants’ individual access needs (dependent on their disability). The language of some questions (e.g. around wellbeing) was made simpler and more accessible.
- Recall survey (older adults / ALDs): The recall survey was conducted by the DigitALL programme manager 3-6 months after participants’ had received support and asked about individuals’ continued use of their device, continued used skills learnt, any engagement with further digital support, and repeated questions about confidence in doing different things online.
- Early exit form: For the minority of participants who left the programme before completion, delivery partners were asked to fill out a short form about how long the participant had taken part in DigitALL and why they left the programme.

The number of responses / participants at the end of June 2023 are shown below.

**For DigitALL, data from eight forms or surveys was received:**

Survey	Referral form	DART* (older adults)	DART* (ALDs**)	Final survey (older adults)	Final survey (ALDs)	Recall survey (older adults)	Recall survey (ALDs)	Early exit form
<b>responses</b>	N=665	N=417	N=132	N=396	N=132	N=72	N=46	N=21

\*DART = Digital Assessment Readiness Tool (starting survey) \*\*ALDs = Adults with learning disabilities

Some participants may have chosen not to answer specific questions, so the total number of responses for a given question may not match the totals above.

Survey data was analysed by ICHP and aggregated by unique participant number where relevant, to understand how individual participants’ outcomes had changed over time. Thematic analysis was conducted on key open-text fields to identify the main themes mentioned by participants on targets set or satisfaction with the pilots.

**2. Semi-structured interviews**

We carried out brief semi-structured interviews online with key stakeholders between June-July 2023 including:

- Project delivery teams
- Delivery partners (voluntary organisations)

The aim of these interviews was to capture any main changes to project delivery in the past year and understand how the teams are preparing for project sustainability. For DigitALL, we only conducted one interview with the programme coordinator due to few changes in the pilot over the past year. Interview findings were analysed using thematic analysis.

**3. Evaluation methodology and limitations**

This study had several limitations. First, the design used was a before-and-after design. This is one of the weaker types of evaluation design since it does not include a control group: without a control group we cannot conclusively attribute changes seen in the study period to the pilot itself. For example, where there is an improvement in wellbeing we cannot say if that improvement was seen in the overall population (for example, due to the lifting of Covid-19 lockdown policies) or only in those being supported by the pilots.

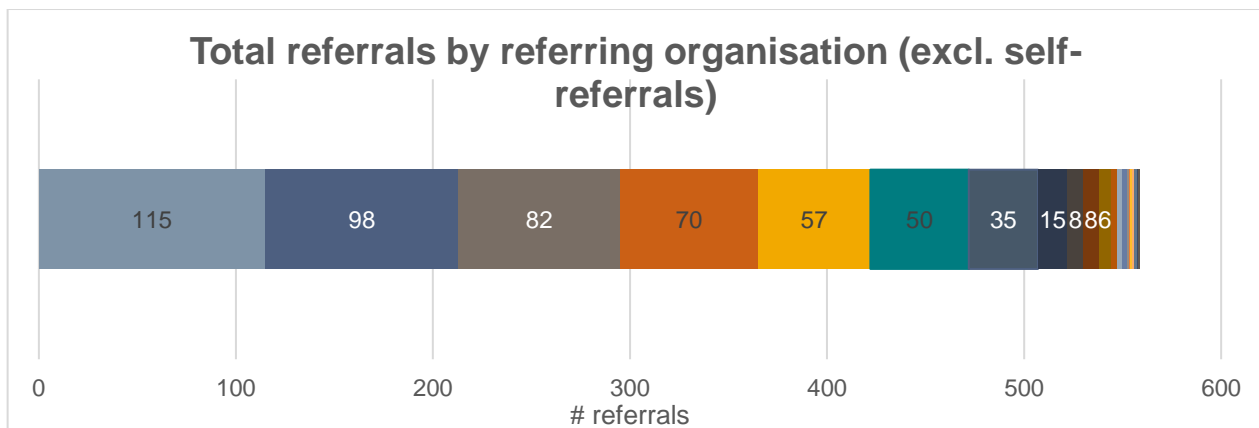
The pilot interventions being evaluated targeted multiple populations, they comprised multiple formats and variations of the intervention being delivered, flexible targets and varying duration of support. While personalisation was a key feature of two of the pilots, this complicates measurement of the level of improvement for participants as a whole since there is a difference in seeing no improvement because the intervention does not work vs because most participants did not set a target to improve in a specific area.



### C. Additional data charts

Organisation	Total
Open Age	100
Age UK Westminster	120
Age UK Hammersmith & Fulham	120
Age UK Kensington & Chelsea	120
Equal People Mencap	65
The Iranian Association	65
HF Mencap	70
Cohort	Total
ALD	135
Older adults	525

Figure 13 – Initial targets by delivery partner and cohort



- RBKC Age UK
- H+F Age UK
- Westminster Age UK
- HF Mencap
- Equal People Mencap
- Open Age
- The Iranian Association
- MCMW
- Social Prescriber
- LDN London

Figure 14 – Number of referrals by referring organisation (top 10 listed in key on left)



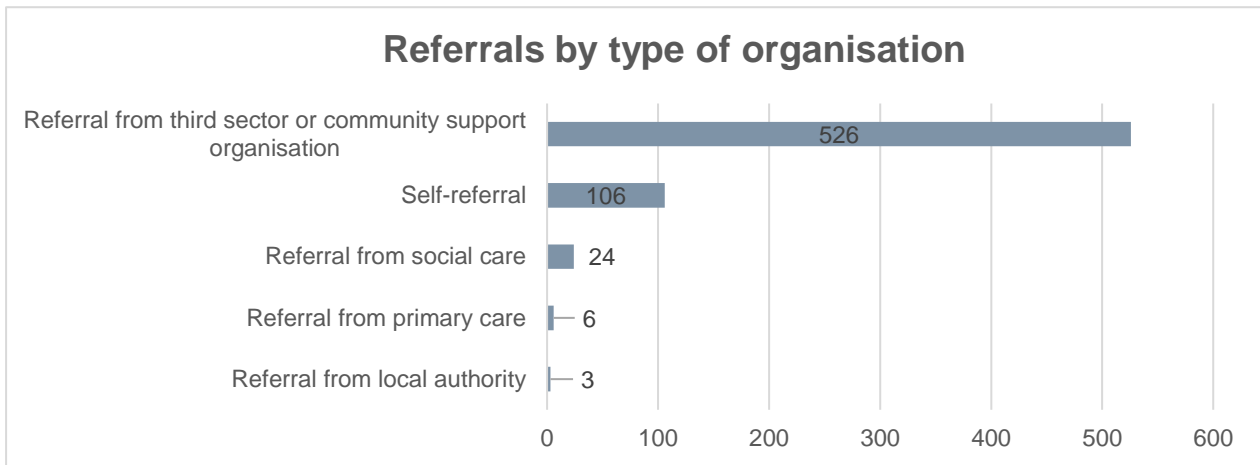
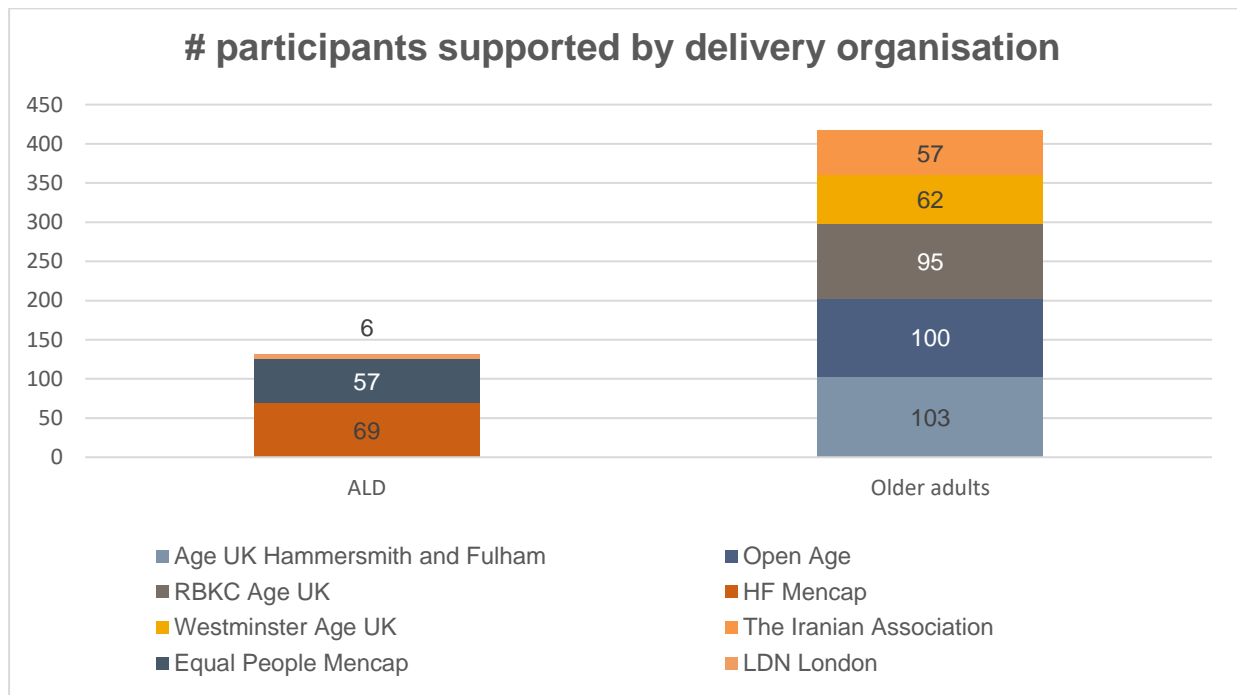


Figure 15 – Number of DigitALL referrals by type of organisation



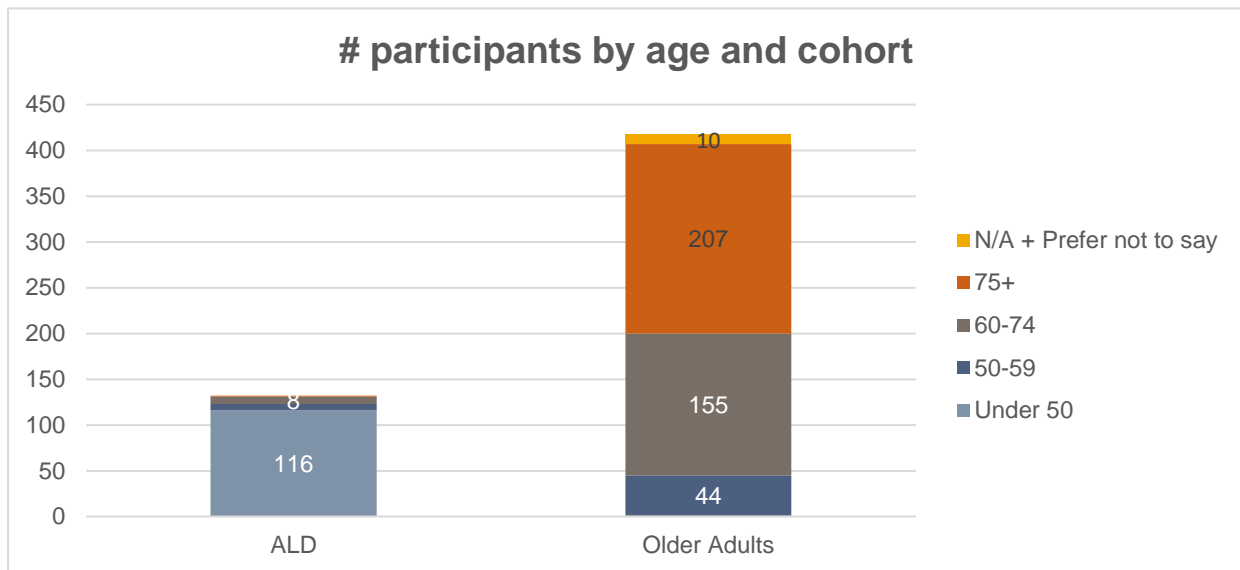


Figure 16 – Number of DigitALL participants supported by delivery organisation and cohort

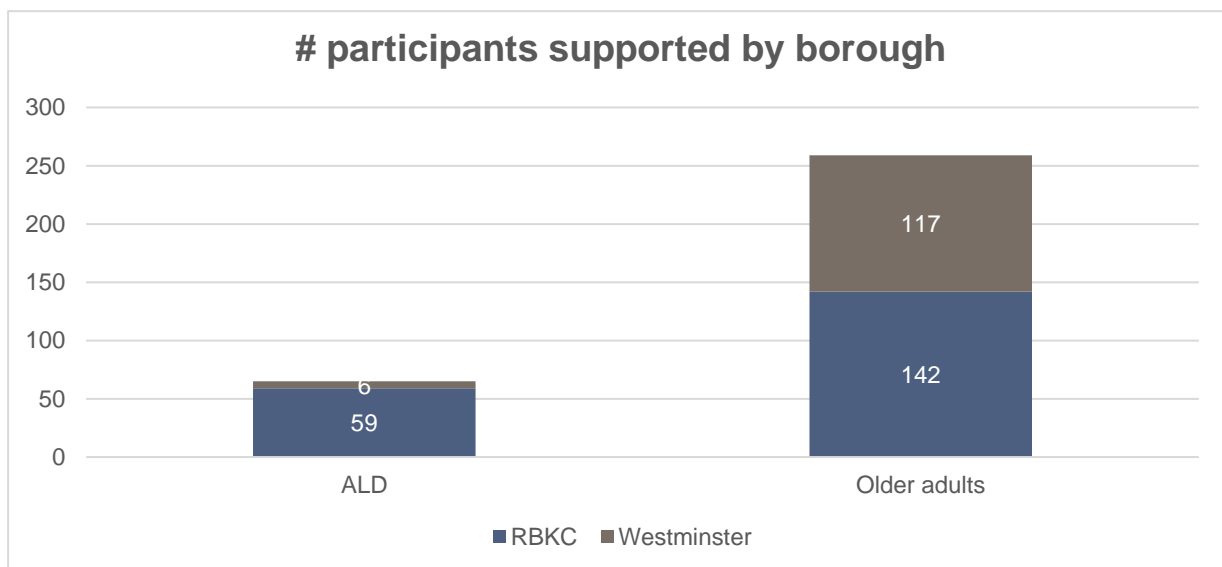


Figure 17 – Number of participants by age and cohort

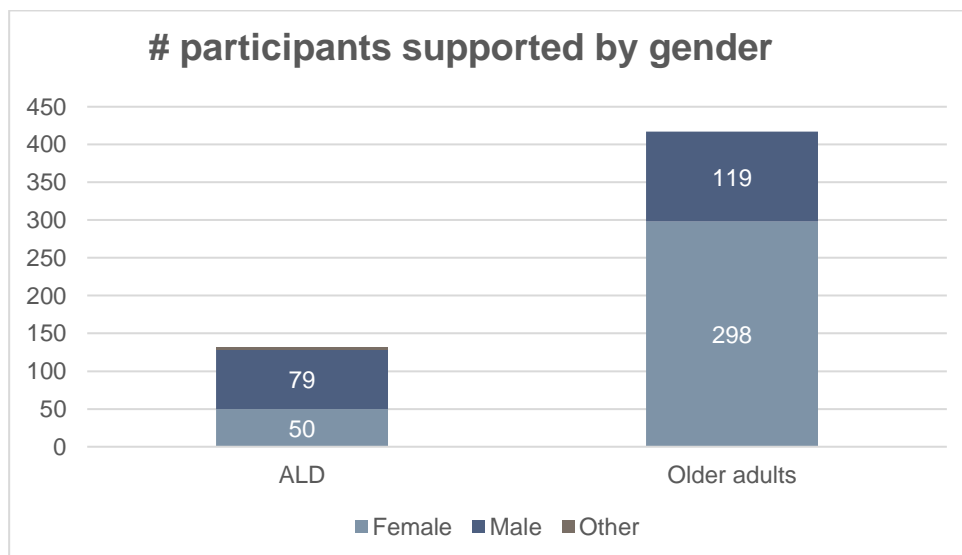


Figure 18 – Number of DigitALL participants supported by gender



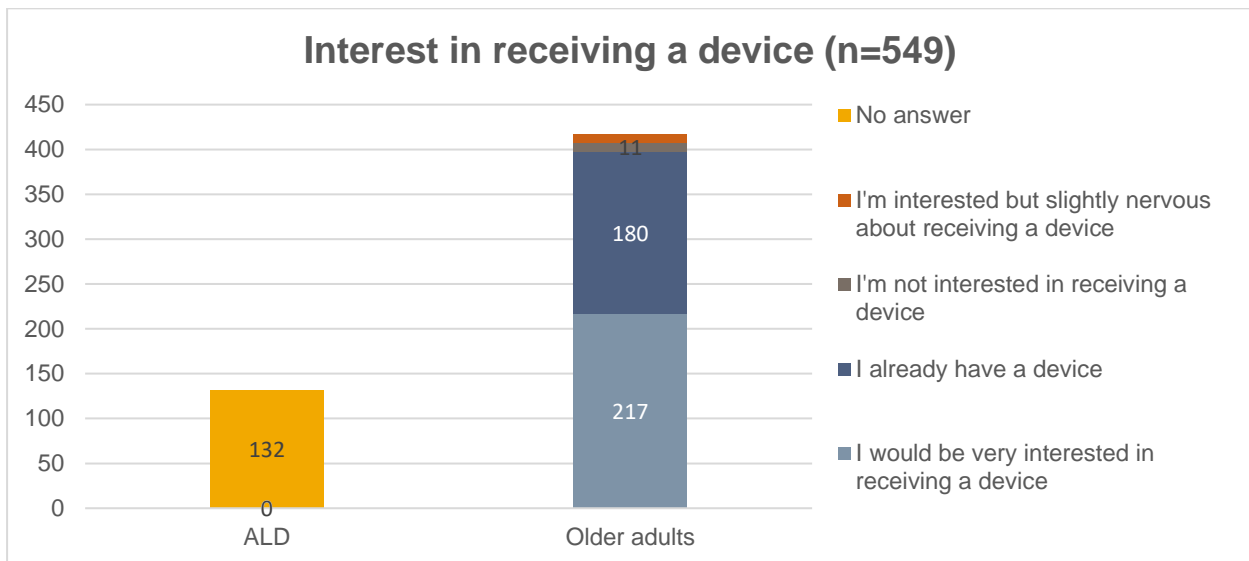


Figure 19 – Number of DigitALL participants interest in receiving a device at the start of the programme

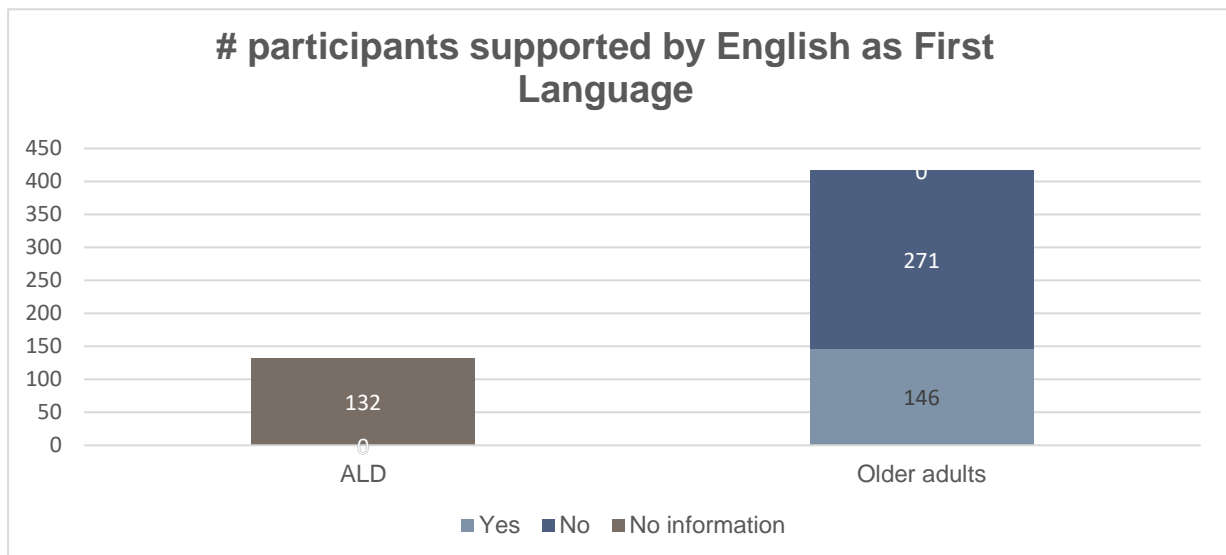


Figure 20 – Number of DigitALL participants by whether or not English is a First Language

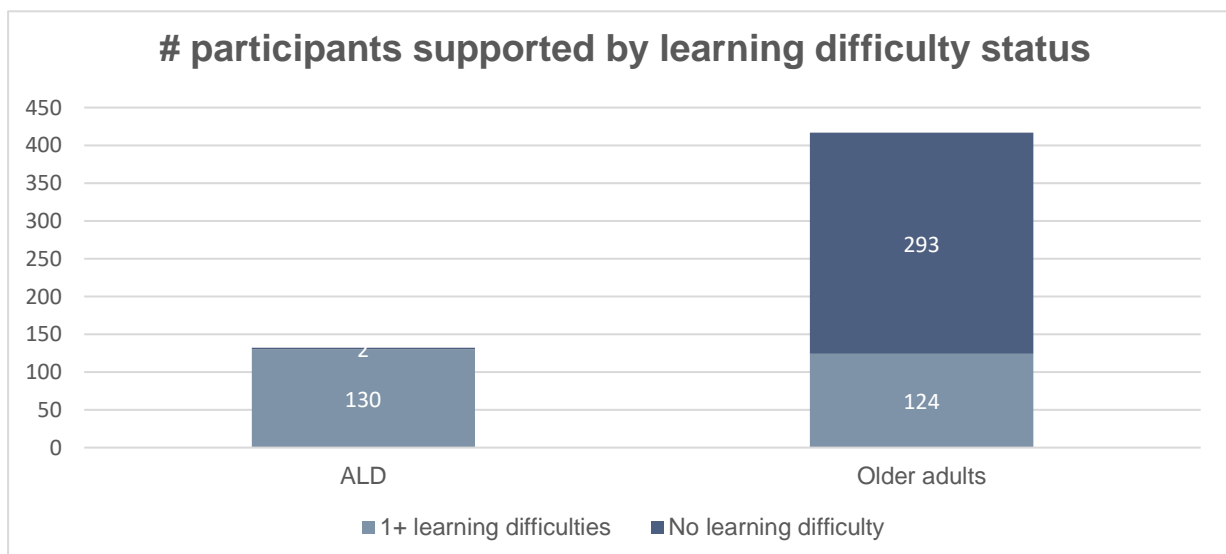
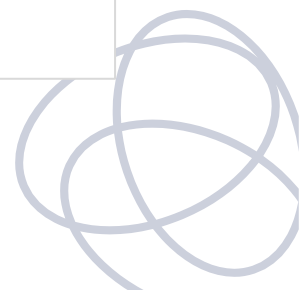


Figure 21 – Number of DigitALL participants by learning difficulty status



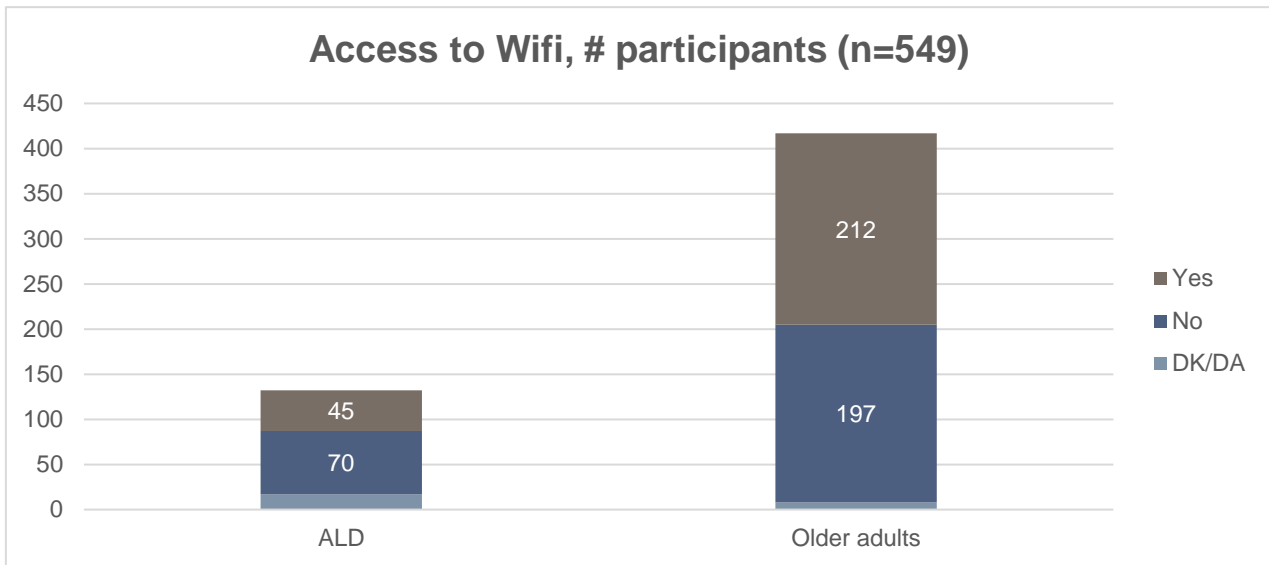


Figure 22– Number of DigitALL participants with access to Wi-Fi at start of programme

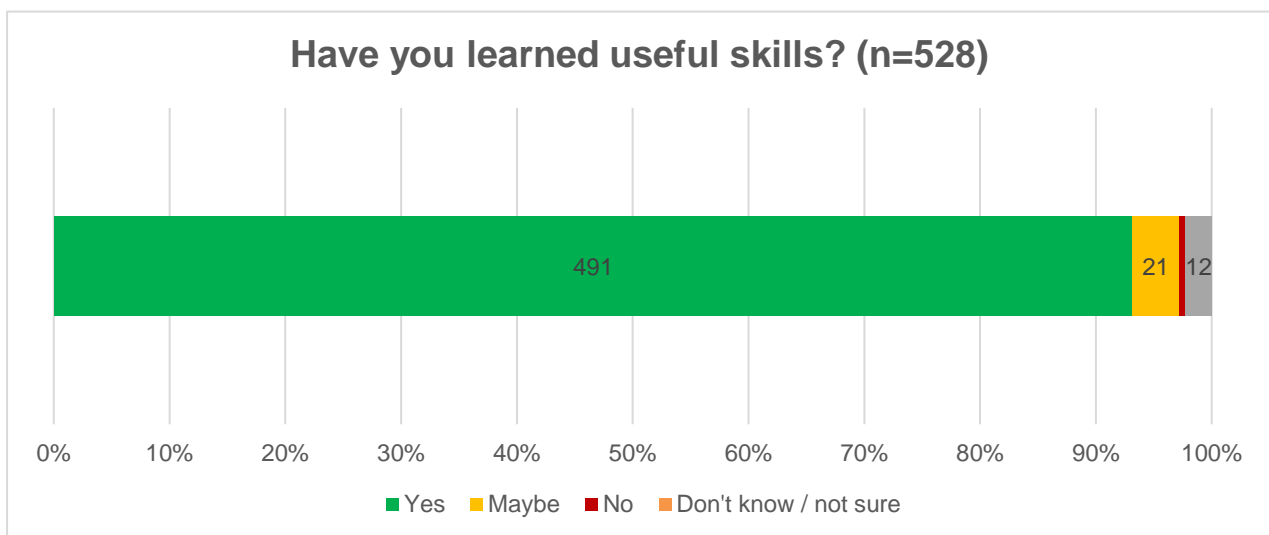


Figure 23– End DART participant reflection on whether or not useful skills were learned on the DigitALL programme

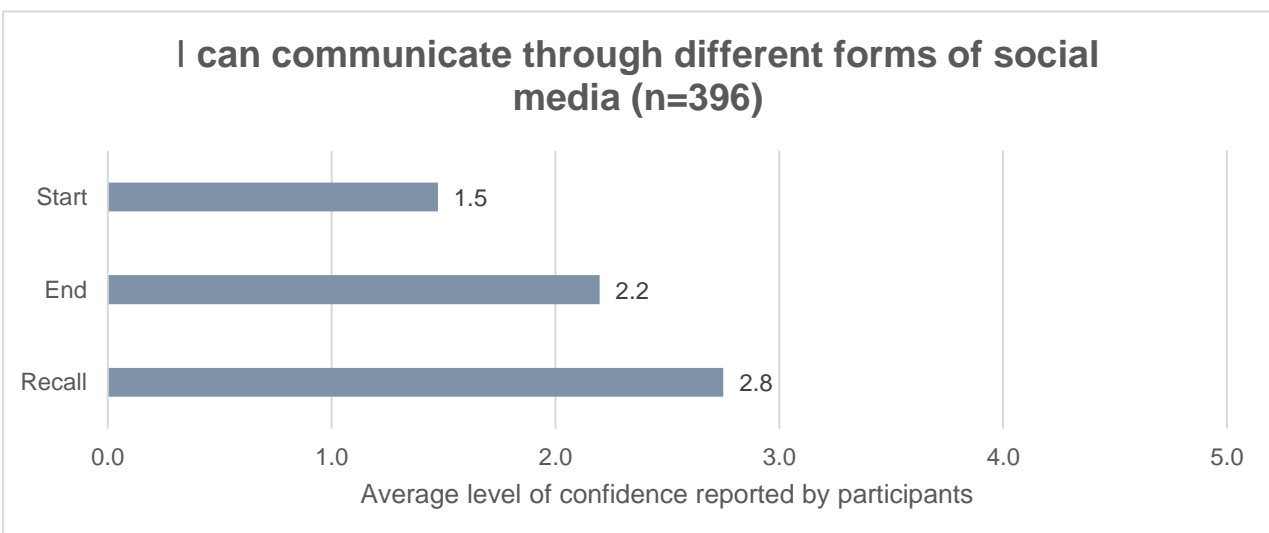


Figure 24– End DART participant confidence in communicating through different forms of social media. Older Adults only.

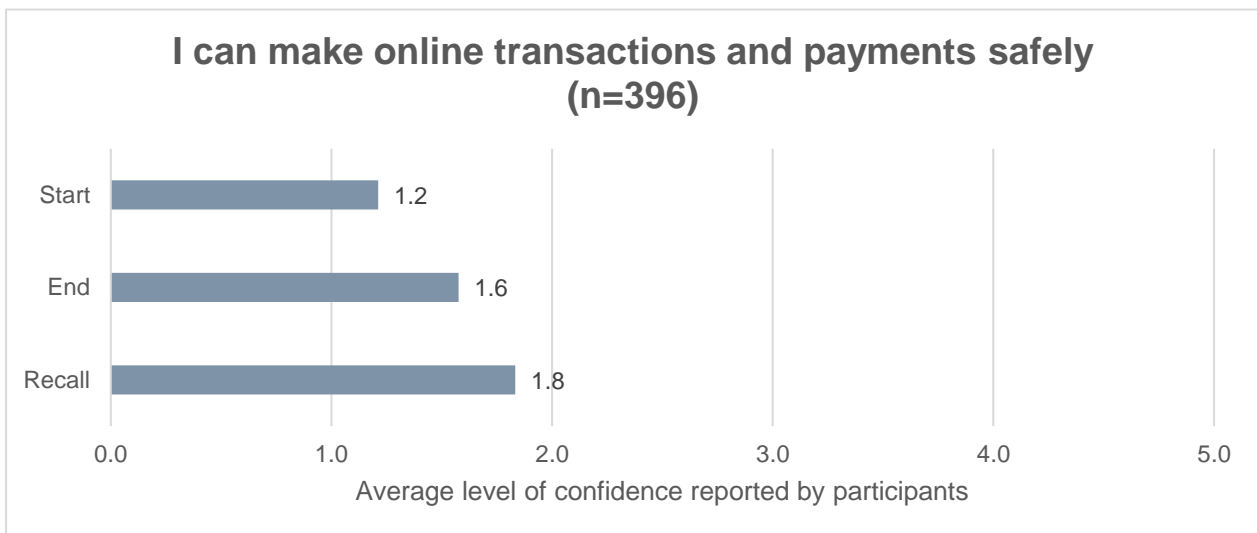


Figure 25 – End DART participant confidence in making online transactions and payments safely. Older Adults only.

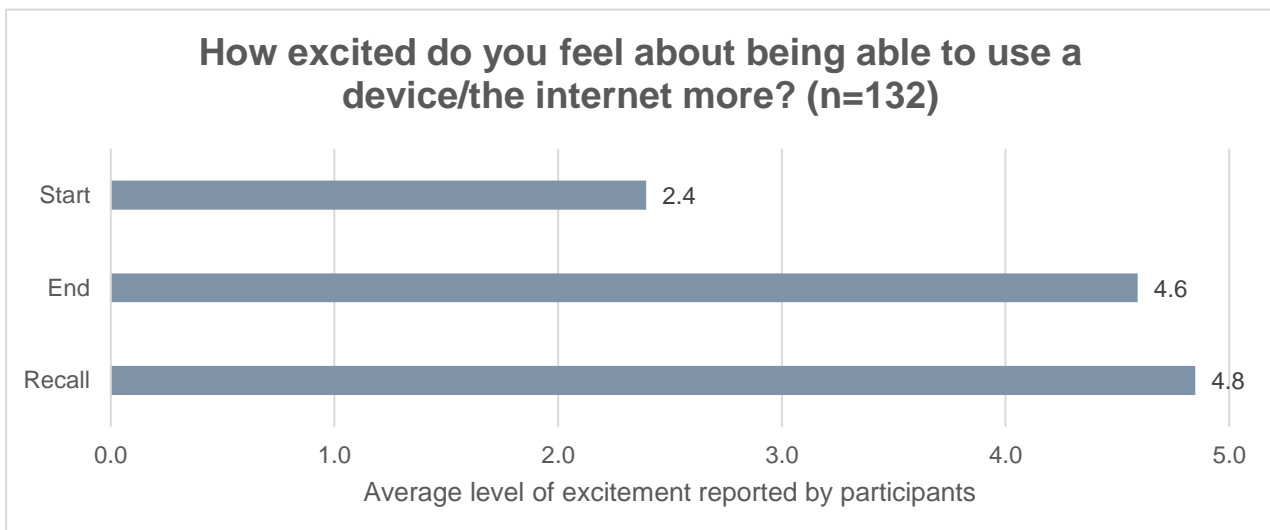


Figure 26 – End DART participants' excitement about being able to use a device/the internet more. ALDs only.

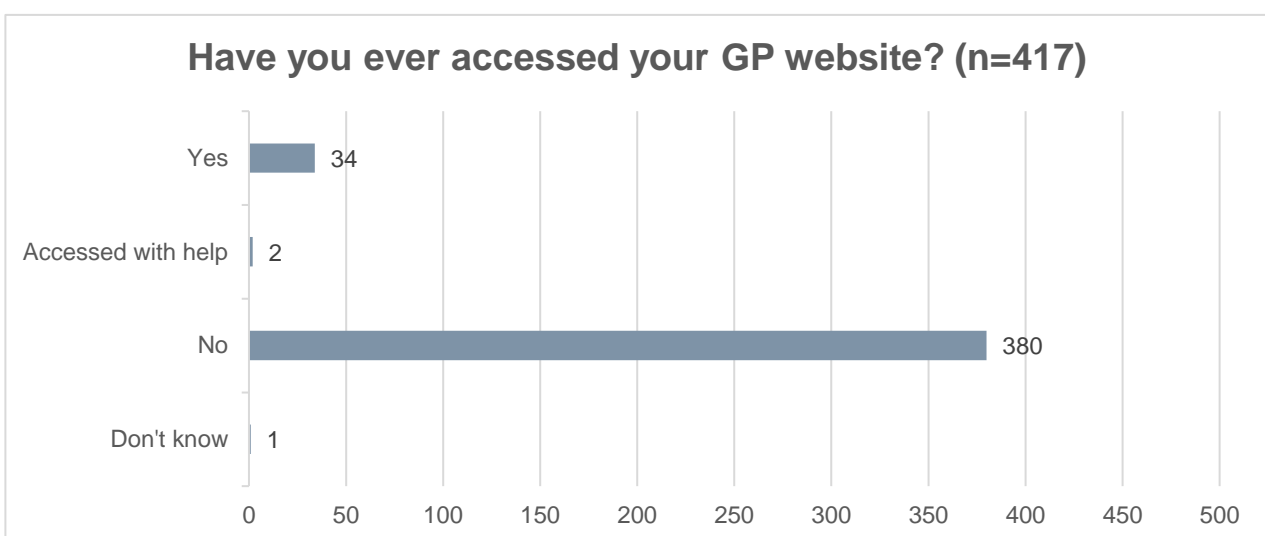
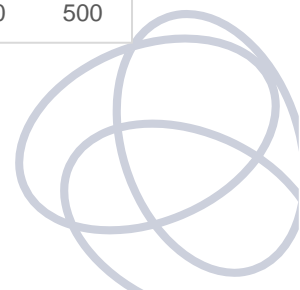


Figure 27 – DigitALL participants' starting experience of accessing their GP website.





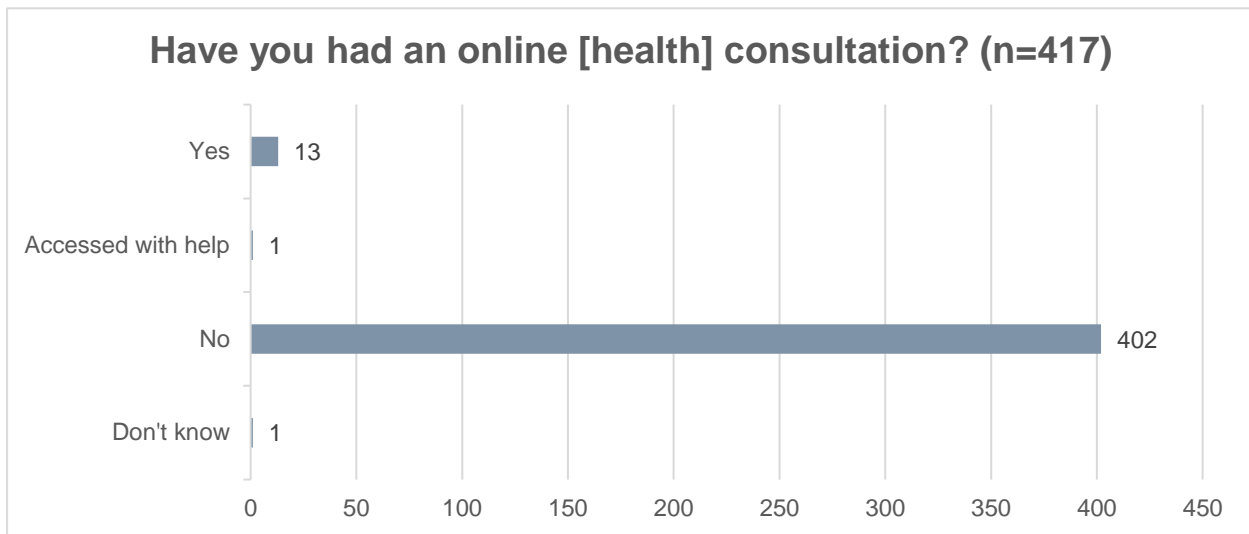


Figure 28 – DigitALL participants' starting experience of online consultation. Older Adults only.

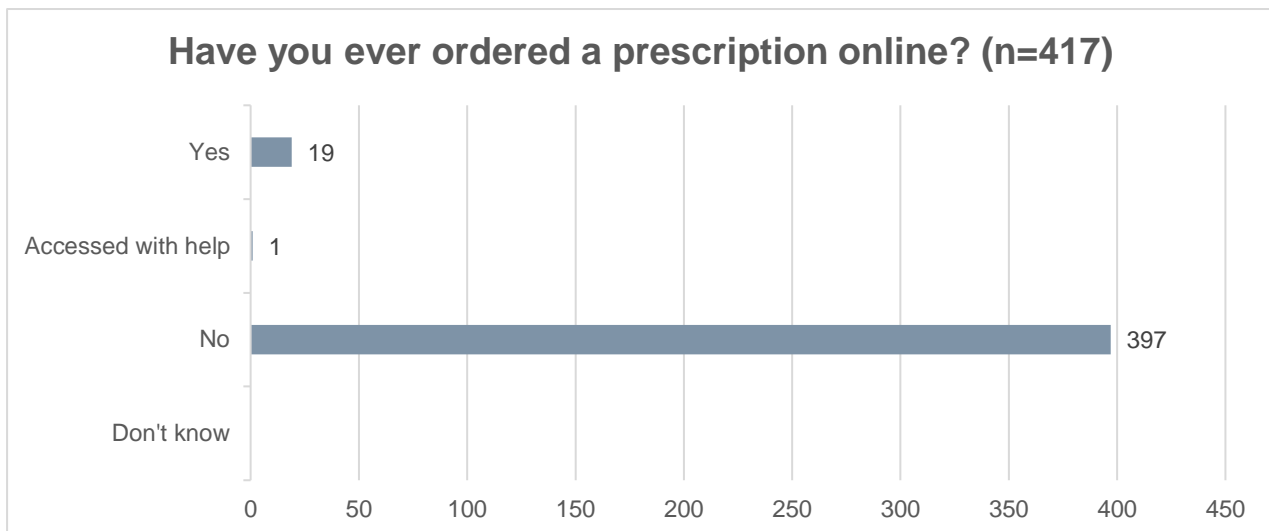


Figure 29 – DigitALL participants' starting experience of ordering a prescription online. Older Adults only.

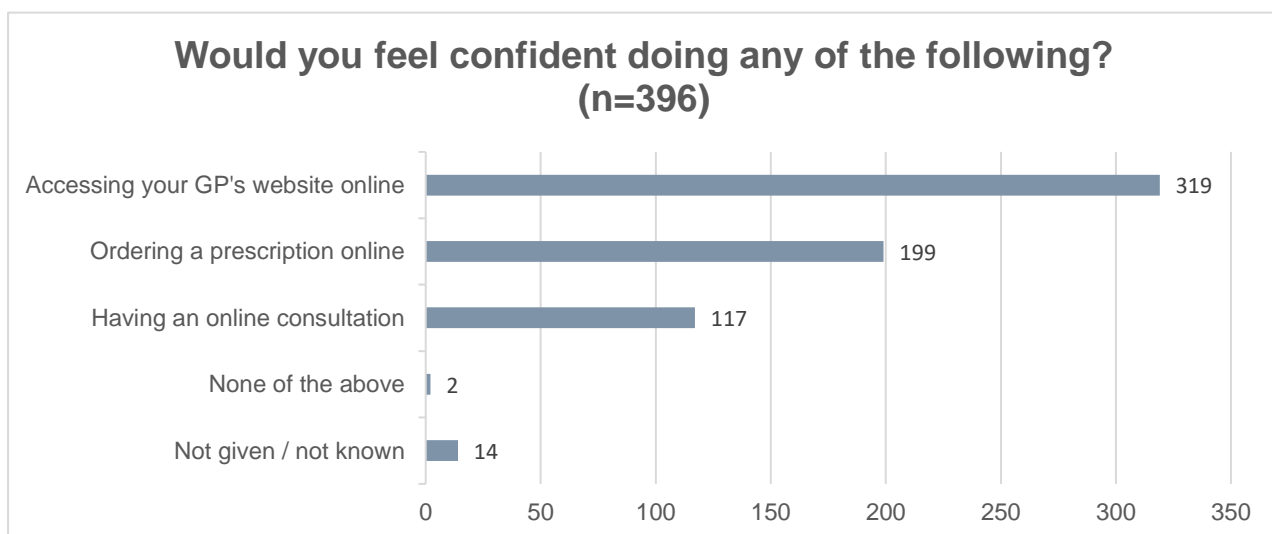
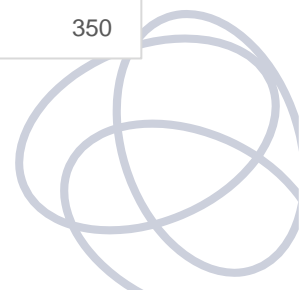


Figure 30 – End DART participant confidence in accessing health services online. Older Adults only.



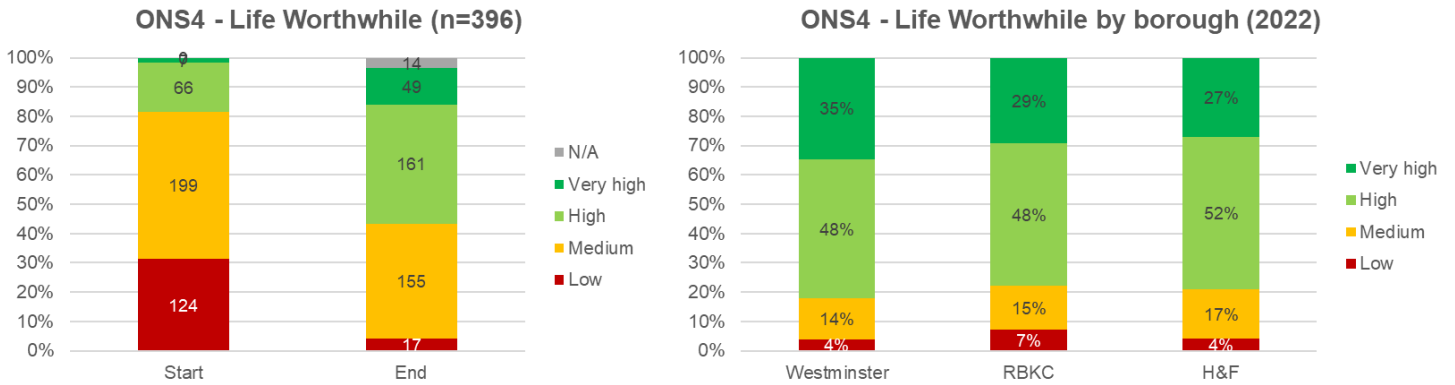


Figure 31 – Comparison of life worthwhile measures for triborough population (left) and for DigitALL participants (right) at start and end of programme.

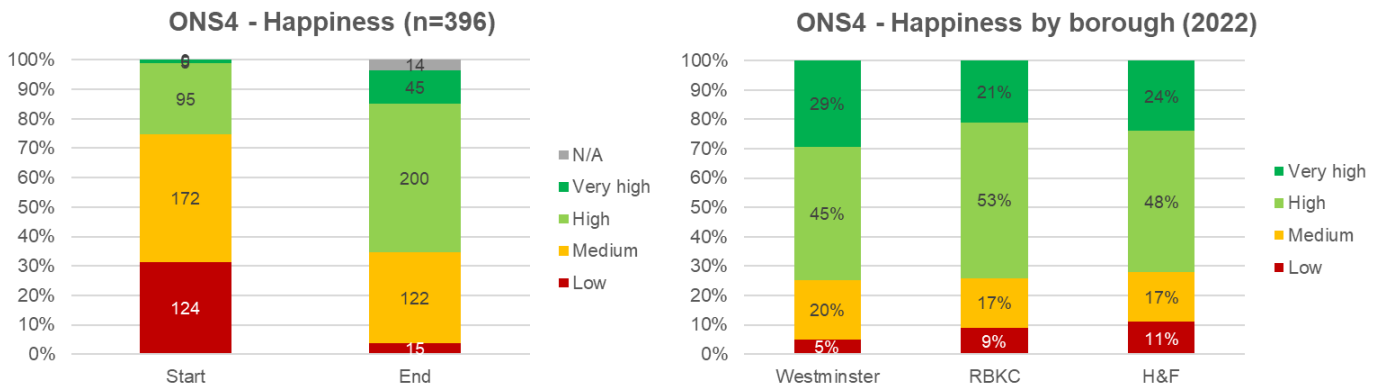


Figure 32 – Comparison of happiness measures for triborough population (left) and for DigitALL participants (right) at start and end of programme.

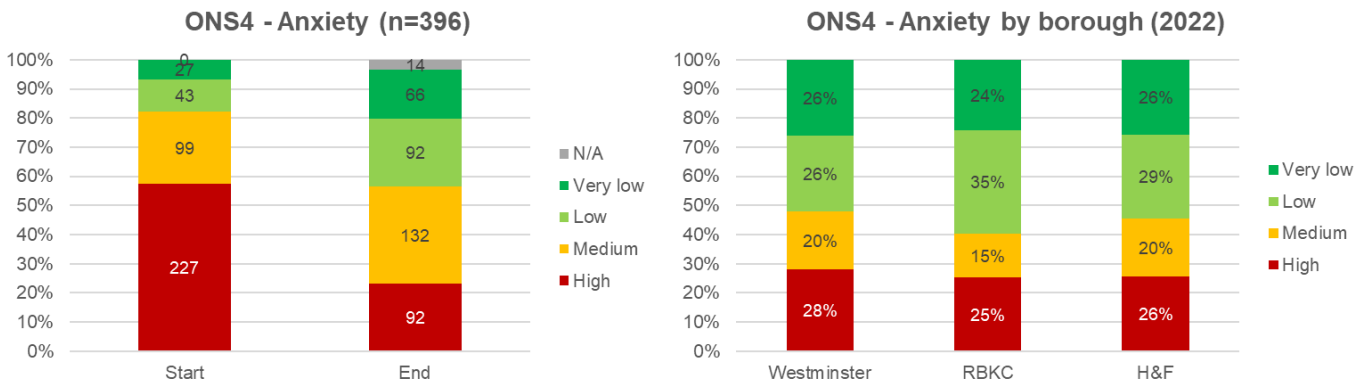


Figure 33 — Comparison of anxiety for DigitALL participants at start and end of programme (left) with anxiety for the Triborough population (left).

