

# Connecting Care Project 2013–2016

## Final Evaluation Report

Sara Dunn  
April 2016

**“Support from the Connecting Care team at Lasa has helped us deepen our impact and have greater positive outcomes for the older people we support. We have identified technology solutions that we didn’t know existed, and saved huge amounts of money by making the right ICT choices for our charity.”** Connecting Care participant

**“Connecting Care has given us a level of professionalism in our approach which we simply did not have before. In six months’ time, thanks to Lasa, we will have proper IT support, and the right kind of software and services. And we will also be using ICTs with our service users in ways we would not otherwise have done.”** Connecting Care participant

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# Executive summary

## 1 Background

The Connecting Care project, delivered by technology charity Lasa with funds from the Department of Health, ran for three years between 2013 and 2016. Its aim was to improve the use of information and communication technologies (ICTs) in voluntary and community sector (VCS) social care organisations. The project was delivered by a small team of expert ICT advisors at Lasa, who visited VCS social care organisations across England to assist in strategic ICT planning and to improve ICT knowledge and skills amongst staff, volunteers, service users and carers.

The project was evaluated throughout its duration by an independent evaluator using a shared learning approach. Learning from the previous year informed the design and delivery of the project as it progressed. The findings from the overall evaluation – based on interview and survey data from more than half the participants – are summarised here.

## 2 Project overview

Forty (40) small social care organisations (i.e. with fewer than fifty staff) from across England participated in the project. They included residential, homecare and community services providing support to adult clients including older people, people with disabilities, people with long-term conditions and carers.

The project team had identified three principal challenges they were seeking to address:

- a lack of organisational capability to make best use of ICTs in VCS social care organisations
- low levels of ICT confidence and skills amongst staff, and
- low levels of ICT access and support for people using services.

The team sought to address these challenges by delivering strategic ICT support – in the form of site visits to deliver tailored ICT self-assessment, action planning and development – and ICT skills support – principally through face-to-face ‘Show and Tell’ sessions demonstrating the potential for mobile devices in care settings.

## 3 Evaluation findings

### Successes

Respondents to the evaluation reported consistently positive experiences of the project. Those who engaged with the strategic planning activities cited resultant benefits including:

- having a better understanding of current ICT status and future priorities
- being better able to align ICTs with organisational objectives
- being more confident and informed purchasers of ICT products and services.

The organisations particularly valued the way the Lasa team combined technical ICT expertise with an understanding of the values, priorities and constraints of voluntary sector social care provision. It mattered to participants that Lasa ‘got’ voluntary sector social care, and as a result could help the organisation to utilise ICTs in the service of their fundamental objective of

providing care and support. A jargon-free, practical approach was of the essence. Evaluation respondents told us that they felt more confident and capable of managing strategic ICT challenges as a result of Connecting Care's support.

Some social care organisations did not have the capacity, or feel the need, to engage with ICTs at a strategic level. These organisations – often micro-organisations operating with mostly volunteer staff – reported significant benefits from the project's 'Show and Tell' workshops. The Lasa team added these to the project offer from year two onwards, partly in response to participant feedback, and partly to reflect the increasing ubiquity of tablet devices. The Lasa team's practical and supportive demonstrations of how tablet devices can be used to enhance everyday activities in care settings were well received by staff, volunteers, people using services and carers. Participants told us of previously sceptical – or unconfident – staff becoming engaged with ICTs for the first time. They also identified lasting benefits in terms of improved knowledge and skills, and demonstrable improvements to the direct support of service users.

Participants we spoke to were dismayed that the project was ending. They anticipated an ongoing need for both strategic ICT support and ICT skills support, and were unaware of any other sources that could deliver the effective help Lasa had provided.

## Challenges

The Lasa team faced a number of challenges during the three years of the project. The first challenge was recruiting organisations. One expected source of recruits was not as fruitful as anticipated, and at the start of the project Lasa had a relative lack of pre-existing network links with VCS social care. Recruitment messaging is also difficult for these kinds of project-based, time-limited interventions. The offer needs to come to an organisation's attention at the very moment they are aware of a problem *and* have the capacity to address it. As a result, the team had to spend more of their time on marketing and recruitment than they had planned.

The other principal challenge concerned the use of expert ICT volunteers. The original project plan incorporated the use of specialist volunteers to deliver discrete development tasks identified during strategic planning. As it turned out, there was insufficient volunteer expertise to support the Lasa team. The team addressed this challenge partly by stepping up the level of developmental support they offered themselves, partly by helping organisations source commercial products and services cost effectively, and partly by broadening their activities to focus on mainstream ICT skills support as described above.

## Learning points

- Care sector VCS organisations continue to struggle with ICT capability at both a strategic and operational levels. The result is an inability to take advantage of the benefits ICTs can bring to organisational efficiency, service quality, and service user experience.
- ICT expertise alone is insufficient to effectively support the VCS social care sector; attitudes and approach are equally valued, the most important of these being knowledge of beneficiary needs and an understanding of the constraints and challenges faced by SMEs working in social care.
- The scale and complexity of the ICT strategic support needs in the VCS sector cannot be adequately addressed with volunteer resource. Strategic ICT skills are as essential to the needs of the voluntary sector as competent financial management; they are not an optional add-on which can be left to the unpredictability of volunteer support.
- Dedicated, face-to-face ICT support is highly valued in this sector, where in-house capacity and capability is often minimal and sometimes non-existent.

- Digital skills support activities aimed at frontline staff, volunteers and service users are seen as highly valuable by VCS care organisations. Such activities are ‘quick wins’, and enable the engagement of participants who might otherwise feel ICTs are not relevant for them or their role.
- Frontline digital skills support activities are an effective way to leverage pre-existing volunteer resource, as volunteers do not need to have specialist ICT skills, merely an interest in using mainstream technologies to support people using services.

## 4 Recommendations

- Consider the business case for an ongoing social care ICT support service – designed to expand and contract with demand – on which VCS organisations can draw once they have recognised their own needs and are ready to address them.
- Consider a range of business models – for example a low-cost, partially subsidised service, where organisations pay for some elements of the service.
- Consider partnering with trade bodies or other organisations with extensive and sustained network connections to relevant recruits. This would also provide the opportunity for the kinds of cross-marketing and network effects needed in order to recruit at scale.
- Consider partnering with existing care sector volunteer schemes to train volunteers to use digital technologies with the people they support. This is a potentially productive and manageable focus for volunteer effort, whereas strategic ICT development requires more structured, formal and sustainable support.
- Accompany face-to-face ICT strategic support with an online ICT support platform, which would offer a structured and engaging set of assessment and planning resources for users, as well as encourage them to develop their own knowledge and skills.

# Background to project and approach to evaluation

The Connecting Care project ran from April 2013 to April 2016. It was delivered by technology charity Lasa, and funded by the Department of Health IESD programme. The project's overall aim was to support better use of information and communication technologies (ICTs) in voluntary and community sector (VCS) adult social care organisations, so that they in turn could improve organisational systems and service quality.

The project evaluation was conducted by Sara Dunn of Sara Dunn Associates. The evaluation was a developmental one, using a collaborative learning approach, with regular contact between the Lasa project team and the evaluator. Interim reports and recommendations were delivered at the end of years one and two, and adjustments made to project design and delivery in light of findings.

This final report summarises the project activities, outputs and outcomes across the project's duration, the challenges faced, and the overall impact. The report is based on data from the following evaluation activities:

- in-depth telephone interviews with representatives from 20 participating organisations
- data from 17 sets of responses from a wrap-up survey conducted by the evaluator in year three
- data from 6 responses to an interim survey conducted by the Lasa team in year two
- review and analysis of documentary outputs from participating organisations
- interviews and follow-up correspondence with Lasa team.

More than half of the participating organisations took part in the evaluation during its three-year course. We are very grateful to all the individuals who took the time to respond to the evaluation.

## Methodological issues

Evaluations of this nature are very prone to selection bias. The interviewees and survey respondents are self-selecting – in that they are willing to respond to invitations to participate, and this tends to result in a bias towards individuals who are more positive about the project. The data should be viewed in this light.

Mitigating actions taken by the evaluator throughout the project duration included incentives (online vouchers) for survey respondents, and a series of reminders about survey completion in order to maximise response rate. All organisations were invited to be interviewed, and the final interviewees were randomly selected from those who agreed to participate.

Twenty-three organisations contributed to the evaluation, over half of the 40 who were involved in the project overall, enabling us to provide comprehensive insights into the range of participants' perceptions and experiences.

# Findings

## 1 Connecting Care participants

### 1.1 Profile of participating organisations 2013–16

Organisations	
<b>Total number of participating organisations</b>	<b>40</b>
English regions represented (see Fig. 1 below)	9
Service types represented (see Fig. 2 below)	8
Staff	
<b>Total number of staff in participating organisations</b>	<b>891</b>
Average number of staff per organisation	22
Volunteers	
<b>Total number of volunteers in participating organisations</b>	<b>2168</b>
Average number of volunteers per organisation	54
People using services	
<b>Total number of people using services from participating organisations</b>	<b>16208</b>
Average number of service users per organisation	405

**Table 1: Summary profile of Connecting Care participating organisations 2013–16**

A total of 40 voluntary and community sector (VCS) social care organisations participated in the Connecting Care (CC) project during its three years 2013–2016. Anonymised profiles of the participating organisations are provided at Appendix 1.

The eligibility criteria for organisations were:

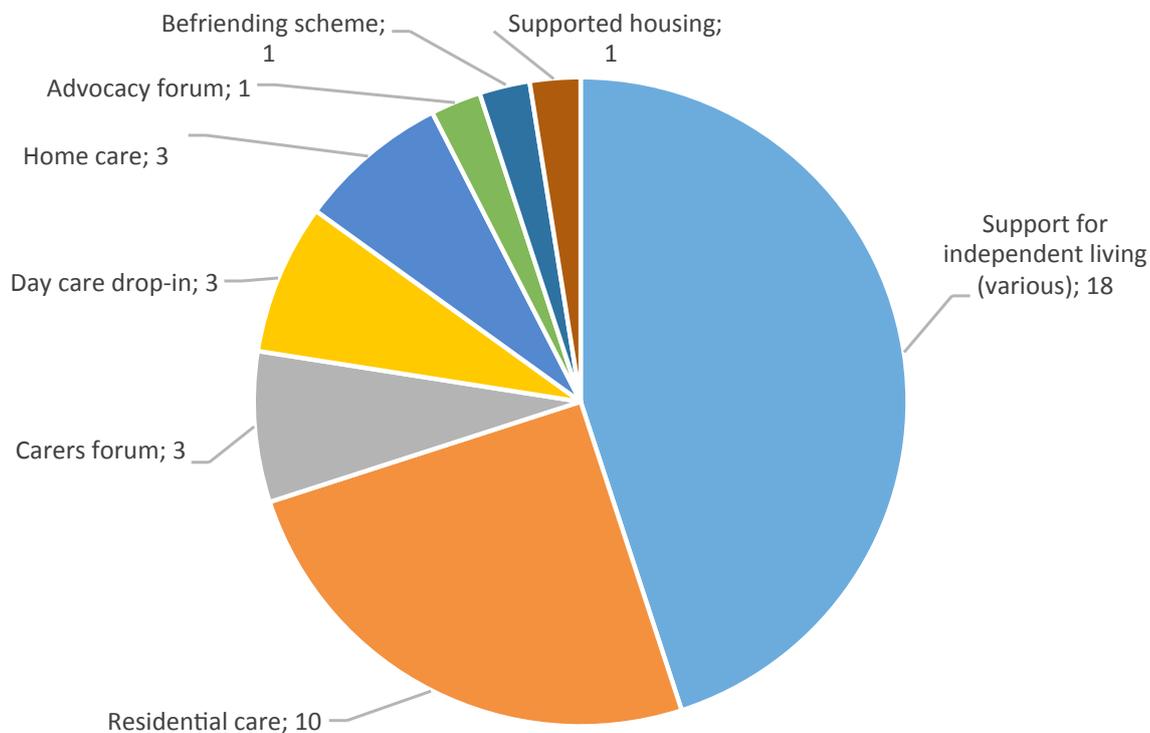
- charitable status
- based in England
- fewer than 50 staff
- providing services to older people, disabled people, carers or other adults in need of support.

As Figure 1 below shows, the participating organisations were spread across all the English regions. They were located in a mix of urban, semi-urban and rural settings.



**Figure 1: Locations of all Connecting Care participants 2013–16**

As Figure 2 overleaf shows, the recruited organisations also represented a good cross-section of VCS social care, a mix of residential, domiciliary and community services. They delivered services to a wide range of client groups including older people, people with disabilities, people with long-term conditions and carers.



**Figure 2: Connecting Care: all participants 2013–16 by service type**

## 1.2 Finding and recruiting participants

The original target for recruited organisations was a maximum of 60. Over the three years the team identified and engaged with 93 eligible VCS organisations, of whom 40 became active participants.

Recruiting VCS social care organisations is a challenging and resource intensive process.

The assumption at the start of the project was that the majority of participating organisations would be recruited from the VCS recipients of ‘Get Connected’ grants, a previous DH capital grant scheme aimed at improving ICT connectivity in the adult social care sector and administered by the Social Care Institute for Excellence.<sup>1</sup> The Get Connected evaluation identified an ongoing need for ICT strategic and skills support, and Connecting Care was intended, in part, to address this evidenced need.<sup>2</sup> A series of three targeted mailings to the 127 Get Connected grant recipients in the voluntary and community sector identified 48 organisations who met the project criteria listed above, of whom 15 were ultimately recruited.

The remaining 25 participants were recruited by the Lasa team through other channels, including one-off mailings via relevant sectoral bodies such as the National Care Forum, Skills for Care and NCVO, through existing Lasa networks both online and offline, through word of mouth, and via other stakeholder organisations.

The Lasa team had to work hard to find and recruit organisations. They also had to turn away some interested organisations, for example housing associations, because they did not fit the eligibility criteria (too many staff). We return to this point in the concluding discussion in Section 5.

1 [www.scie.org.uk/workforce/getconnected](http://www.scie.org.uk/workforce/getconnected)

2 [www.scie.org.uk/workforce/getconnected/research.asp](http://www.scie.org.uk/workforce/getconnected/research.asp)

### 1.3 Motives for participation

The participants we spoke to identified a consistent set of reasons as to why they decided to engage with the Connecting Care project. Key factors were:

- **Lasa's ICT expertise** – participants do not have sufficient ICT knowledge in-house
- **Lasa's independence** – participants did not want to be 'sold to' or to deal with suppliers with vested interests in particular solutions
- **Lasa's cultural fit** – it mattered to participants that the Connecting Care team 'got' voluntary sector social care and its culture, and communicated in a jargon free way
- **Connecting Care's focus on practical use** – matched to the priorities of VCS social care organisations
- **No cost** – participants did not want to spend scarce financial resources on ICT
- **Timing** – participants were already grappling with a known ICT challenge/s (see Appendix 2 for the issues participating organisations identified at the outset of the project).

Typical comments included:

**"We saw that there was free IT advice and that is what attracted us. The chair of our charity wants to improve the IT, both the kit we have and also to bring the care staff up to date. I mean we all know that eventually all the care planning will be electronic, so we have to try and get ready for that."** (Year 1 participant)

**"The Connecting Care offer appealed because it was directed at social care, it sounded non-judgemental, and it also came at a time when I knew we needed to address some specific issues with our database, which we did not really know where to start on."** (Year 2 participant)

**"We liked the non-techy approach, the avoidance of jargon, the focus on how technology can be used for practical everyday things by people who are not IT savvy. This really struck a chord."** (Year 2 participant)

**"I had a bit of funding with which I had bought some tablets to use with people with dementia. I soon realised that actually all our clients, and our staff, could benefit from using them. I liked it that the Lasa project was aimed specifically at the social care sector. We are not IT people, so we don't have the expertise in-house. They were experts, they were offering the thing free of charge, and the timing was perfect."** (Year 2 participant)

**"I knew I needed to talk to someone impartial who understands the sector and knows IT... I knew if I sat down and talked to our existing suppliers they would give us advice that involved using their products and services. The impartiality Lasa offered was really important."** (Year 3 participant)

**"I was like a woman floating in the ocean looking for a plank to grab hold of! Our IT was a hideous mess and while I am not an IT geek I do know enough to realise that it was badly holding the organisation back, and we needed to do something about it. But I did not know where to start. The CC offer came across my desk at just the time I needed it."** (Year 3 participant)

The data about motivation largely vindicated the assumptions the team had made at the start of the project about the types of ICT knowledge and skills gaps in VCS social care, and the approaches needed to tackle them.

Many participants mentioned the issue of timing; coming across the CC offer at the right time was crucial to engagement. The project had to come to people’s attention when a/ they were already grappling with a known ICT challenge and b/ they had both the capacity and capability to engage with potential solutions. We return to these points in the concluding discussion in Section 5.

## 2 Project activities and challenges

The principal project activities were:

- **Strategic ICT support** – structured around self-assessment, action planning and follow-up
- **ICT skills support** – structured around ‘Show and Tell’ sessions using tablet devices
- **Expert ICT information provision** – project website, newsletter, webinars
- **Project networking** – knowledge sharing via conferences/meetings and online.

The pattern of project activities across the three years is summarised in the table below. The outputs from these activities are discussed in the next section.

	Strategic ICT support (site visits & follow-up)	ICT skills support (workshops)	ICT information provision (online)	Project networking
Year 1	✓			✓
Year 2	✓	✓	✓	✓
Year 3	✓	✓	✓	✓

In the first year of the project, the pattern of activity – based on the project plan – consisted of an initial expression of interest from the potential participant followed by a site visit by one of the Lasa team for completion of a formal ICT self-assessment or Tech Check. Once the self-assessment was completed, a structured Action Plan was developed during another site visit. The intention was then that Lasa would provide desk support for organisations in implementing their plans, and where relevant would match organisations with an expert IT volunteer.

Some aspects of this process proved more successful than others, as we reported in the Year 1 evaluation. Firstly, some participants had an initial expectation that Lasa would come in and undertake IT implementation work for them, rather than help them develop capacity to do it themselves or better manage contractors to do it. The team responded by refining their descriptions of the project offer to make them better understood by the target audience, and by managing expectations of those organisations who had misunderstood what strategic ICT support would involve. We spoke to some of the organisations that had these expectations, and they still felt they had benefited from the project:

**“We have not got the on-the-spot IT support that we as administrators were hoping for, but we did understand quite quickly that that was not what the project was offering. The help that we have had – all the information about where to go to get help with specific problems or issues to do with technology – that has been really good.”** (Year 1 participant)

**“Initially I had hoped we were going to get actual IT support. I was disappointed at the very beginning when I understood that it was about strategic planning not day-to-day help. But once I realised that, and adjusted, I felt very happy with it.”** (Year 2 participant)

Secondly, some organisations were not able to engage with ICT planning at a strategic level; either because they do not have the kind of infrastructure that warrants any ‘back office’ systems, or because they do not have the personnel available to give time to the audit and planning process. For these types of organisations, the priority is on quick wins – what technologies can do for their staff and service users as ‘mainstream consumers’.

In response to this, the team made a shift in what services they were offering, summarised by one of the project team as follows:

**“We have made the offer to participants less prescriptive, because we realised that not all organisations want or can engage with ‘the full monty’ of Tech Checks and Action Plans. We have tried to be flexible and responsive, and match our offer to the priorities of the organisations we are trying to help.”** (Lasa team member)

The project supplemented its strategic ICT support with skills support, consisting principally of a series of ‘Show and Tell’ events to introduce care staff, volunteers, service users and carers to the potential of mobile technology, particularly tablet devices. This included showcasing websites, apps and social software that can help people to communicate, to access services, and to engage with activities for leisure, hobbies and so on.

As well as being a response to participant feedback and the priorities of VCS social care, this shift also reflected changes in the ICT landscape since the design of the Connecting Care project in 2012. Cloud computing has become ubiquitous; interaction with computers shifted comprehensively from the desktop to mobile devices. Care sector organisations, like everyone else, were affected by these changes. In particular, they began to recognise the potential of mobile devices for supporting service users.

The third main challenge the team faced was difficulty in the recruitment of appropriately skilled IT volunteers, despite an existing partnership with IT4Communities, the (then) IT professionals volunteering charity. The main reason was a lack of IT4Communities resource, in particular a lack of volunteers in close enough geographical proximity to the participating organisations. The Lasa team also tried other local routes to find appropriately skilled volunteers, but they were not successful.

The team addressed this challenge by taking on some developmental support themselves (detailed in the next section), and by offering expert support in helping participants engage with suppliers to find appropriate, cost-effective and sustainable solutions for their requirements, also detailed in the next section.

## 3 Project outputs

### 3.1 The numbers

Strategic ICT support	ICT skills support	ICT information provision	Project networking
75 site visits	19 'Show and Tell' sessions: mobile devices in care settings 305 attendees	100+ web articles on ICTs in social care 7965 unique visits	29 social care events attended
32 Tech Checks		19 monthly e-newsletters 146 recipients	15 presentations to social care audiences
32 Action Plans			Knowledge shared with 155 organisations/projects
Developmental support for 17 organisations		10 webinars 11 attendees	

**Table 2: Connecting Care outputs 2013–16**

Table 2 above summarises the total outputs delivered to the 40 participating organisations, across the four strands of the project. Each strand is discussed in more detail below.

### 3.2 Strategic ICT support

Across the three years, the Connecting Care project delivered the following strategic ICT support:

- 75 site visits to VCS social care organisations in England
- 32 completed self-assessment Tech Checks (see Appendix 3 for Tech Check template)
- 32 agreed Action Plans (see Appendix 4 for anonymised example of a completed Action Plan)
- Developmental ICT support for 17 organisations.

All the organisations we contacted who had completed the self-assessment and action planning process valued it highly. They saw it as a structured spur to action and a way to prioritise an often difficult array of competing demands.

**“We did an initial audit when [Lasa] came to visit us, and we found that really useful because it raised all sorts of things we had not even thought of or were not aware of.”**  
(Year 2 participant)

**“The process of the Tech Check and Action Plan meant we got all our ICT information into one place, and worked out where we needed to get to.”** (Year 2 participant)

**“We did the Tech Check, which prompted us to have really good internal discussions across the whole organisation about where we currently are with our ICT. The strategic planning process, the diagnosis first then the prioritising – this crystallised the most important priority for us, and that was so useful.”** (Year 3 participant)

**“We did a very thorough audit of our existing ICT set-up, which gave us our baseline. It was very structured and that was great for me, to get things ordered and understand exactly where we were at. Then we developed an action plan.”** (Year 3 participant)

Participants also valued the way the self-assessment identified strengths as well as weaknesses, and the way the Lasa team were able to move at a pace that suited the individual organisations:

**“We were pleased that on some aspects of the Tech Check we could give ourselves quite good ratings – so that was confidence boosting – and we could see the areas where we needed help. There are all kinds of things we could do with ICTs – so much potential that it is hard to know what to do first.”** (Year 3 participant)

**“Lasa came for a second visit and at the time I was worried that I was moving so slowly with it, in between all the other priorities and the interruptions. But in fact it became clear that I had done more than I thought, so that was reassuring. Also it became easier to identify what the actual blockers were, what it was that was holding us back, and we could look at strategies to try and address those. So it was really productive, and Lasa gave us support at a pace that we could manage.”** (Year 3 participant)

The organisations who undertook action-planning all went on to receive significant developmental support from the Lasa team in making the planned improvements to their ICT systems and processes. This support was diverse in scale and focus. In total over the life of the project, participants told us they received expert support, advice and guidance from Lasa in the following areas:

- identifying mobile apps and websites to use with service users
- installing new infrastructure (e.g. cabling)
- making better use of social media for fundraising and profile raising
- migrating to cloud-based office systems (e.g. Office 365 and Google Apps)
- purchasing customer relations management software
- purchasing databases
- purchasing new equipment (e.g. projectors)
- purchasing team collaboration software
- reviewing and updating IT policies and procedures, including back-up and security
- sourcing and commissioning appropriate IT support providers
- sourcing discounted and donated office productivity software
- sourcing further free advice and guidance in organisational ICT issues.

The following descriptions by participants illustrate the diversity of scale, topic area and type of strategic support provided:

**“The main task I got to grips with during the project was our IT support. We basically had none; we were relying on husbands, brothers you know people coming in and trying to help but sometimes not really helping at all. So what I got from the project was a clear direction on what IT support we needed and where to look for it. I could show the trustees this and they felt confident in signing off on it.”** (Year 3 participant)

**“On the big question of the database, we know we need to get better at collecting and keeping and analysing data, both for funding applications and for our own efficiency and effectiveness as a business. We got a lot of help with that from Lasa.”** (Year 2 participant)

**“Through Lasa we discovered where to go to get cheaper charity prices for Office software.... Also our activities coordinator has got help with finding specific apps to use with older people. We have now got four iPads for residents to use, and staff use them as well for training.”** (Year 1 participant)

**“The Lasa team gave us advice on purchasing a projector. We had no idea what to get, and they really helped us. We used it for the first time yesterday. It was great – we showed a little film at the start of a meeting, and people loved it!”** (Year 2 participant)

**“Lasa put us in touch with a range of recommended experts who will help up choose the right database.”** (Year 2 participant)

**“We met with [Lasa] initially and discussed the projects [carer online forum and using tablets with people with learning disabilities] we are working on. We were given loads of information about useful apps, and linked to the Lasa website. We also discussed our choice of networking platform for our project working with carers.”** (Year 2 participant)

**“[Lasa] showed the activities coordinator [in one of the care homes we work with] how to hook up her tablet to the TV screen so she can do karaoke with the residents. She had no idea this was possible.”** (Year 2 participant)

**“We have moved to Office 365, and we are in the process of getting a new database. Lasa helped us in finding the right products and also in the actual process of getting set up.”** (Year 2 participant)

### **3.3 ICT skills support**

The Show and Tells were workshop-style events designed by the Lasa team in Year 2 in response to demand from participating social care organisations, and reflected the increasing penetration of mobile technology and its potential for use directly for and with service users.

Nineteen Show and Tell sessions were conducted over the life of the project with a total of 305 attendees. Appendix 5 gives an indication of the ground covered and the approach taken in the sessions. The sessions were delivered to a range of groups, including staff and volunteers, carers and family, and service users themselves, with the aim of imparting new knowledge and improving skills in using digital mobile technology.

Participants we spoke to were unequivocally positive about the Show and Tell sessions. They liked the topics covered:

**“The Lasa team set up a local workshop for us, and a group of 10 volunteers and three staff from the project went along. We were shown all sorts of useful things, apps and services and so on, which we could use with care home residents. Some of them were quite specialist – apps for people with communication difficulties. Other things were about leisure or hobbies or entertainment, like apps for doing virtual pottery, that sort of thing.”** (Year 3 participant)

**“Lasa came up and did a workshop with us, to show us a whole range of ways in which we could use tablet devices with older people. It really opened our eyes.”** (Year 3 participant)

**“We got together a group of seven different community groups for Asian people in the locality; we ran four sessions for clients to get familiar with the tablets. People were really keen to understand how to use the tablets, because they see their children and their grandchildren using them, and they feel left out, and also because they see the benefits of online shopping, of communication, of using the camera.”** (Year 2 participant)

**“The final thing we did with LASA was a show and tell. It was brilliant! people got really enthused about the idea of using tablets with our clients.”** (Year 3 participant)

**“The Lasa team came and did a social media training session for our staff and trustees. It was fantastic – we all learnt so much.”** (Year 3 participant)

They liked the supportive and inclusive approach the team took to the sessions:

**“The Lasa team was very patient, helping individuals to use the machines.”** (Year 2 participant)

**“The sessions lasted three hours; we had 80 attendees in total. The reaction from the attendees was very positive – they all wanted more!”** (Year 2 participant)

**“We made sure the Lasa session was attended by the people who most needed it. The feedback my members have given me was fantastic – we had such a good day, people left the event buzzing.”** (Year 3 participant)

**“The woman who runs the day care service had to be persuaded it was a good idea. But she, the other staff and volunteers all really enjoyed it; it caused so much interest.”** (Year 3 participant)

Interviewees also commented on the lasting benefits of the show and tell sessions:

**“Some of the [Show and Tell] participants have been given their own devices, some are now thinking of buying them for themselves. These sessions were just what we needed to give people a taste of what tablets can do.”** (Year 2 participant)

**“The member of staff who had been sceptical [about the Show and Tell] ended the day with a tablet on her shopping list! We are planning to raise money to buy a couple of tablets to use with the clients. Now of course they are all desperate to have the Lasa team back for more – and the project has ended!”** (Year 3 participant)

**“They [staff who attended the show and tell] have gone back to their care settings and immediately started using technology with people needing care and support, and spreading the word with other staff.”** (Year 3 participant)

### 3.4 Expert information provision

The project website<sup>3</sup> was launched in September 2014, and now contains over 100 articles relevant to the use of ICT to support social care organisations. Its main themes are ‘Managing ICT’ ‘ICT skills’ ‘Using ICT’ and ‘Online Presence’ and it covers topics ranging from data protection to accessibility, environmental issues and e-learning. Unique visitors to the site numbered 7,965 from its launch in September 2014 to April 2016.

A series of approximately monthly e-bulletins were produced between Sept 2014 and April 2016 (total 19), highlighting new articles on the website, and at the end of the project the newsletter was being distributed to 146 subscribers.

Interviewees spoke highly of the both website and the e-bulletin, considering them valuable ongoing supports above and beyond the direct support inputs from the Lasa team:

**“I have signed up to the bulletin and will use the information in there to keep volunteers updated and using digital technologies with residents.”** (Year 2 participant)

**“The project website has an absolute wealth of relevant information on it.”**  
(Year 2 participant)

**“I really like the e-newsletters. I subscribe to a few of these types of things but the Lasa one is always practical – there is often something I can use or something I follow up on.”**  
(Year 2 participant)

**“I value the Lasa online resources which I can refer to when I need them; I use the Lasa Knowledgebase and would continue to use a service like that.”** (Year 3 participant)

**“The monthly newsletter has really useful information that you cannot get anywhere else. We always find something relevant to pass on to our member organisations – it is because it is specific to health and social care, that’s what makes it unique.”** (Year 3 participant)

**“I have been making use of the templates that Lasa produce for things like disaster recovery plans, ICT security policies and so on. They are so valuable. I send them out to our member organisations and they are just the right level of detail, appropriate for the size of organisation, our level of expertise and resource, and the issues that are priorities for health and social care.”** (Year 3 participant)

The Lasa team has also run ten webinars during the course of the project on:

- ICT security
- social media
- developing websites
- data protection
- managing technology change
- Office 365
- user-generated content for social media
- WordPress (twice)
- writing a web brief.

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3 <http://connectingcare.org.uk>

The webinars were promoted through a variety of channels, including Twitter, the project website and bulletin, email campaigns and word of mouth at site visits. While the evidence for the need for further information and support in these areas was strong, the total number of attendees – 11 – was somewhat disappointing for the Lasa team. In response in year 3 the team delivered two face-to-face workshops on social media, which were well attended (12 attendees) and received positive feedback.

**“Some of us knew a bit about social media, some knew nothing at all. The ones who did not know anything about it started to understand what it is and how it works, and those who already knew a bit came away feeling much more confident in what we were doing and why.”** (Year 3 participant)

On the question of attending webinars, one interviewee commented:

**“I do use things like webinars but I tend to deprioritise them; you know, something will come up on the day that is more urgent and/or important. So I am more likely to listen to a recording of webinars than to attend them live. It was the site visits from the Lasa staff that really made me do the work to prepare, that’s what really moved us on.”**  
(Year 3 participant)

Webinars are often promoted as the answer to dissemination of information to time-poor audiences, but in reality, as the interviewee above says, they are easy to miss when other priorities take over. While the live webinar may be most appropriate for slightly larger organisations and/or for staff able to prioritise learning about specific ICT topic areas as part of their role, the recorded webinars nonetheless provide a useful lasting resource.

### 3.5 Networking

Throughout the course of the project, the Lasa team shared learning from the project through a wide range of channels:

- **Age Action Alliance (AAA – convened by DWP)**  
The monthly Connecting Care Bulletins were regularly featured in the AAA e-bulletin, sent out weekly to over 700 organisations in the field of ageing; many are part of the Digital Inclusion Workgroup of the AAA of which Lasa is also a member
- **Care ‘n’ Share project (City University)**  
The ‘Care ‘n’ Share’ website aims to provide a resource bank of real life care scenarios, including those where a technology solution has been successful; the Connecting Care project will be a source of case studies
- **Living Well in a Digital Age Collective**  
The project team engaged in discussions with a range of independent expert advisors on the use of technology to live well
- **Health Habitat**  
The Lasa team participated in regular ‘show and tell’ sessions, and supported an award to recognise innovative use of technology by third sector social care organisations
- **Nottingham Trent University**  
Knowledge exchange with the SUS-IT research into technology use by older people in the East Midlands
- **SCIE and HSCIC**  
Participation in policy level discussions about the role of technology in the Care Act and National Information Board

- **Skills for Care**

A 2015 guide to 'Information Management' produced by Skills for Care featured a video case study by one of the organisations participating in Connecting Care as an example of good use of cloud systems. The project team also gave expert advice on the content of the guide<sup>4</sup>

- **Skills for Care/Digital Unite**

The project team were recruiters for the pilot 'Digital Social Care Network' established by Skills for Care and Digital Unite in 2015; four Connecting Care participants went on to participate in the pilot

- **Tablet sessions at local level**

Knowledge exchange with a number of regional organisations delivering tablet-based sessions for older people including iPad Engage (North East) Alive! (South West) and Get Tech (South East).

Another notable piece of networking, with NCVO's 'Volunteering in Care Homes' project, was a synergistic collaboration with another project funded by the same DH programme that resulted in three 'Show and Tell' events:

**"It's really good partnership working – we are both DH funded projects and we are adding value to each other's projects."** (NCVO project manager)

The staff involved identified a range of benefits of the collaboration. It gave them a stronger hook for volunteer recruitment, it broadened their service offer to the care homes they were working with, and it improved the knowledge and skills of both project staff and volunteers:

**"We thought it might be a really good way to engage younger volunteers. A lot of our volunteers are older people, over 50. We get younger volunteers too, but they tend to move on to college and university and so on, so we always need to recruit more. We thought that offering them the chance to use existing digital skills and knowledge with the care home residents might be a good addition to our existing models. It has definitely met my expectations. We have learnt a lot. It was not part of our project initially but now I will be asking all our new volunteers what they know about digital and whether they would like to include it as part of the activities they do with residents.** (Year 2 participant)

**"The NCVO project manager introduced me to CC as another DH funded 'sister' project. At first to be quite honest I could not see any relevance to what we were doing. I thought of ICTs as doing email and office tasks, or something like Facebook. I could not see any relevance to the needs of residents of care homes. The Lasa team set up a local workshop for us, and a group of 10 volunteers and three staff from the project went along.... It absolutely opened my eyes – I had never thought about all the ways in which you could use digital technology with older people."** (Year 3 participant)

We noted earlier in the report that the plan to use expert volunteers to help with specialist ICT development tasks proved not to work in practice. This creative alternative – supporting existing volunteers to 'fold digital in' to existing informal support with people using services – may well warrant further exploration.

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4 The video shows how the organisation moved from a server-based to cloud-based system, and undertook a major upgrade of their database, supported and guided by Lasa [www.skillsforcare.org.uk/Skills/Digital-working/Information-sharing/Information-sharing.aspx](http://www.skillsforcare.org.uk/Skills/Digital-working/Information-sharing/Information-sharing.aspx)

## 4 Project outcomes and impacts

At the outset the overall project outcomes were defined as follows:

- 1 Better organisational capacity to make good use of ICTs
- 2 Improved ICT confidence/skills for staff and volunteers
- 3 Improved ICT access and support for service users.

### 4.1 Better organisational capacity to make good use of ICTs

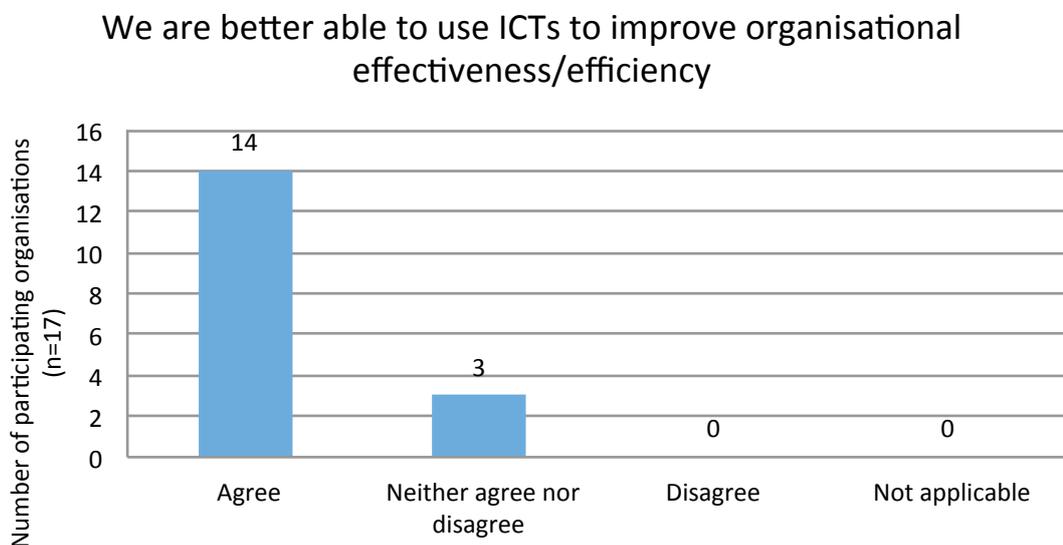
Throughout the life of the project participants provided consistent evidence of improved strategic ICT capacity at organisational level as a result of the Connecting Care interventions. Previous research in this area suggests some key indicators of better organisational use of ICTs in social care are improved organisational efficiency and effectiveness, and service quality.<sup>5</sup> Accordingly, in the final evaluation survey, we asked participants whether or not they agreed with the following statements:

**‘As a result of the Connecting Care project, we are better able to use ICTs to improve our organisational effectiveness and efficiency’**

and

**‘As a result of the Connecting Care project, we have used ICTs to improve the quality of our services’**

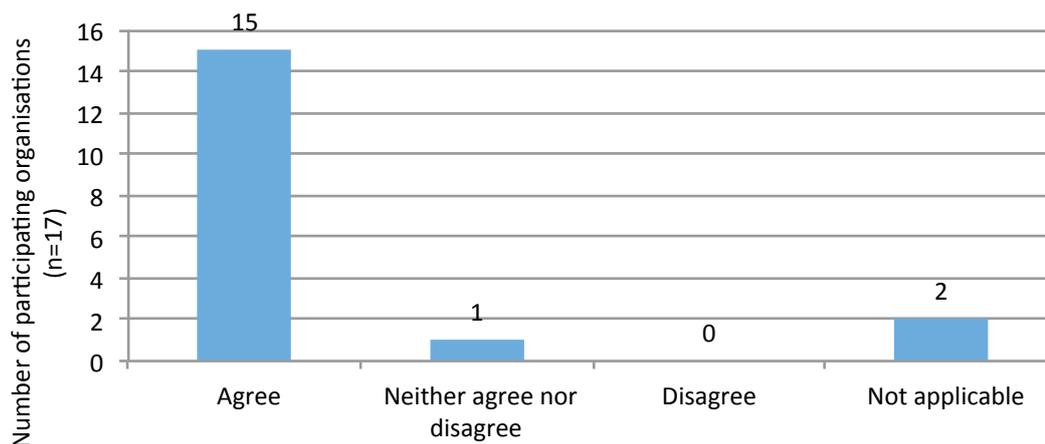
More than three-quarters of the respondents to the final evaluation survey agreed with both these statements, and none disagreed (see Figures 3.1 and 3.2 below).



**Figure 3.1: Participants’ views on improvements as a result of support from the Connecting Care project**

5 Dunn (2014) *Digital capabilities in social care*, Leeds, Skills for Care

## We have used ICTs to improve the quality of our services for users



**Figure 3.2: Participants' views on improvements as a result of support from the Connecting Care project**

Interviewees typically described the beneficial impacts on effectiveness and/or efficiency as follows:

**“We needed the diagnostic tool – the Tech Check – to help us plan. We needed the Action plan to understand our priorities. ...Staff have been ground down by the poor services we have got from technical support and they are really looking forward to that changing. ... I feel fully confident that we will see benefits in terms of increased efficiency in six months' time.”** (Year 3 participant)

**“Our efficiency has improved through the implementation of Office 365 and Sharepoint. I and the other staff save so much time in being able to access documents from the cloud.”** (Year 3 participant)

**“A great project which has considerably shortened the time it has taken us to get a handle on our IT!”** (Year 2 participant)

**“We are pretty close to finalising the arrangements for our ongoing IT support and Lasa's input helped us get through the process much quicker and more robustly than if we had done it alone.”** (Year 2 participant)

**“We saved money, for example in getting the right advice from Lasa about which cost plan to go for with Office 365. We would have gone for the apparently 'free' option, but which did not give free upgrades – that's how small charities tend to think. Whereas Lasa showed us the low-cost subscription option which automatically means you get upgrades free, which is in fact more cost effective.”** (Year 3 participant)

**“We are more efficient and effective in our use of social media to promote and disseminate our message.”** (Year 3 participant)

**“We understand more about things like the cloud – Lasa gave us a really good briefing about using the cloud, with information tailored to small charities, so there was no jargon and it dealt really well with the issues like security and confidentiality that are so important for this sector.”** (Year 3 participant)

**“We now have a website and many more members accessible on email. This saves us postage and is so good in our rural county.”** (Year 2 participant)

Several participants also noted improved networking as a benefit of their involvement in the project. This included having access to ICT networks, but also better connections with other VCS groups with similar objectives, and the discovery of related ICT projects aiming to improve the use of digital technology in care:

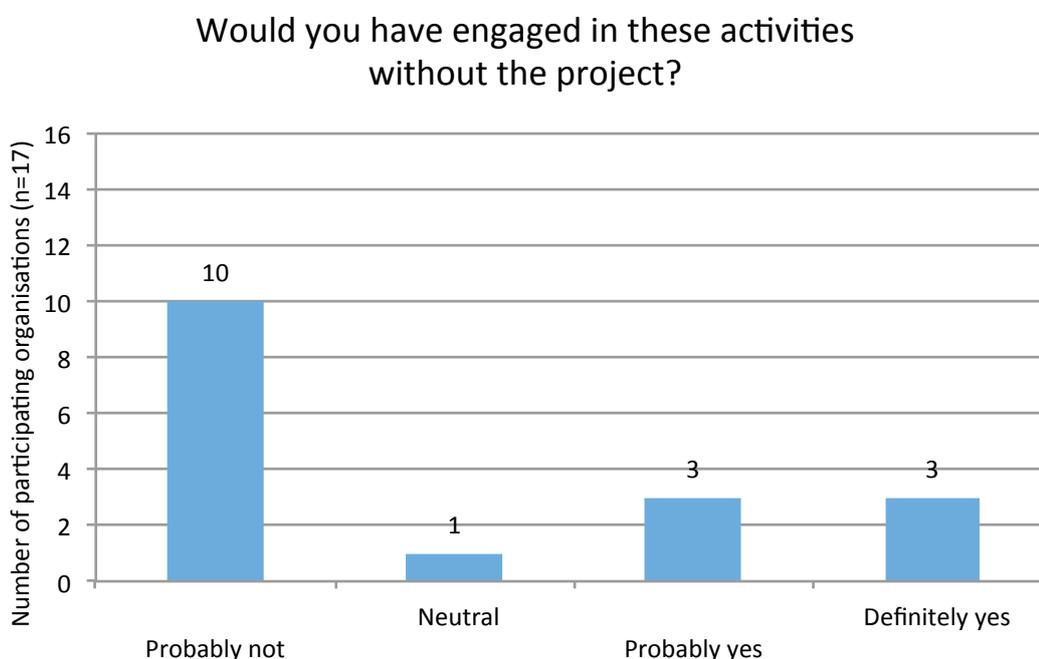
**“We now know there are places out there we can go to access help with technology. We have a network of support we did not know about before.”** (Year 1 participant)

**“We now have contacts with people with the right kind of expert knowledge.... We have also seen a real benefit in supporting networking between local voluntary sector organisations. We are looking at jointly buying more IT training for our clients.”** (Year 2 participant)

**“As a result of the Connecting Care involvement we also picked up on the Skills for Care Digital Champions pilot. We need to connect these things up, I think it’s exciting there is a real opportunity there.”** (Year 2 participant)

**“Lasa put us in touch with another voluntary organisation who had recently done an ITT for tech support which they were willing to share. That was a huge help to us.”** (Year 3 participant)

We explored the issue of additionality with interviewees, by asking them whether they would have undertaken ICT activities without the intervention of the project. Many of them said they would not have attempted to undertake the strategic ICT developments without the project, as Figure 4 below shows:



**Figure 4: Participants’ view on additionality of the Connecting Care project**

Comments included:

**“No we would not have done those ICT developments. We did not know it was possible to do these things.”** (Year 3 participant)

**“Without Connecting Care we would not have an IT plan in place. We would probably not have made the move to the cloud because we were worried about it, from a security point of view.”** (Year 3 participant)

**“We would not have done it without Connecting Care because really it was not on our radar. The chance meeting with the CC team meant that we engaged in it, otherwise we would not have done.”** (Year 3 participant)

**“The motivation of having external deadlines to get things done – the structure of having the planning documents and the site visits; it made me prioritise it because Lasa were coming, so it made me do it.”** (Year 3 participant)

Some participants said that they would have attempted to address the ICT problems they face, but would not have been confident in either the process or the outcome:

**“We definitely would have done an invitation to tender for IT services even without Connecting Care – we knew we had to do it. But because of Lasa I feel so much more confident about what I am asking for, what kinds of suppliers to ask and what to expect in a contract.”** (Year 3 participant)

**“I would have had to have tried to sort out the IT support but I would not have done it so effectively and it is quite possible I would have been overwhelmed and given up. We have made great strides and this would not have happened without Connecting Care. We would not have had the same level of co-operation from staff and trustees. The fact that an outside expert had helped in developing the plan and making recommendations made it so much easier to get people on board.”** (Year 3 participant)

Overall, the strategic improvements participating organisations described can be summarised as follows:

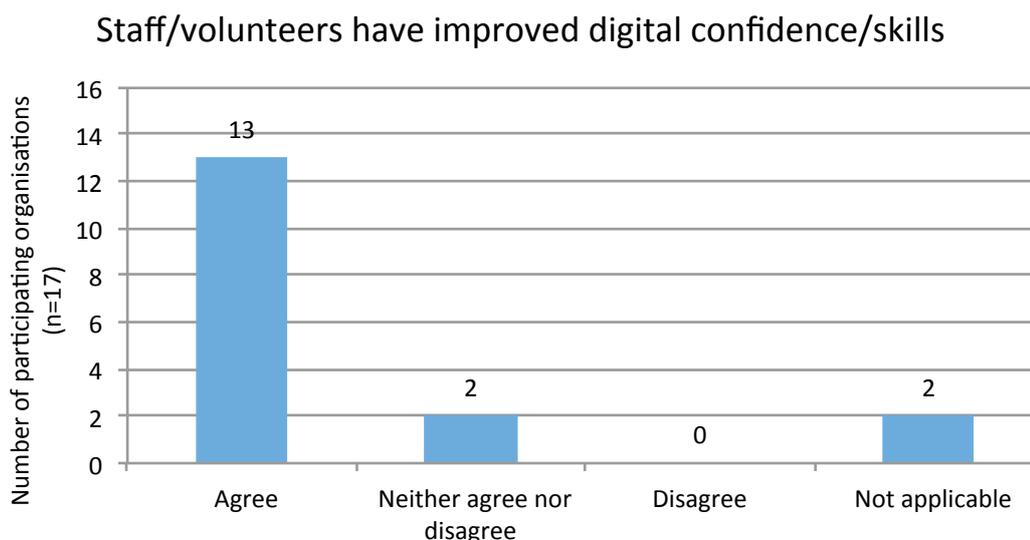
- developing a deeper understanding of current ICT status
- having a clearer understanding about how ICTs support business and/or service objectives
- making clearer plans about actions needed to improve the effectiveness of ICTs
- being better able to prioritise ICT development
- being more confident in dealing with ICT support contracts
- knowing more about relevant and reliable sources of advice and support, including peers
- being more informed purchasers of ICT supplies (software, hardware).

## **4.2 Improved ICT confidence and skills for staff and volunteers**

We asked respondents to the final survey whether they agreed or disagreed with the statement:

**‘As a result of the Connecting Care survey, our staff/volunteers have improved digital confidence/skills’**

Figure 5 below shows 13 of 17 respondents agreeing with this statement, and none disagreeing.



**Figure 5: Participants’ views on changes in digital skills for staff/volunteers**

Interviewees told us:

**“We found [the workshop for carers] both instructive and reassuring ... we gained new knowledge, and also it confirmed our existing approach. Both were valuable – we are carrying on in a more informed way.”** (Year 2 participant)

**“We have gained more knowledge and confidence, and that applies to me [CEO] and my staff. We are much clearer and more confident about our priorities and what we are trying to get out of our use of ICTs.”** (Year 2 participant)

**“The project has increased my knowledge; I know more already about the potential of digital devices in care homes. It has allowed me to think about how digitally supported activities can help us recruit younger volunteers, and add to the quality of what they are offering the residents of the care homes we work with.”** (Year 2 participant)

**“Older people benefitted from the patient clear information and support given on both group and individual basis. Folk are also beginning to Skype and help each other.”** (Year 2 participant)

**“This project has helped us and our members in many ways. We are now more confident at connecting via social media and that is all down to the Connecting Care Project.”** (Year 2 participant)

**“The whole experience of working with Connecting Care has opened up our eyes to new possibilities, and made us more confident in our planning and our aspirations.”** (Year 2 participant)

**“Lasa’s services have improved my knowledge and skills and those of our volunteers. We all found out about ways to use ICTs with older people which we did not know before.”** (Year 3 participant)

**“As a result of the work with Lasa I have greatly improved my knowledge of the strategic issues for ICT in our organisation. I feel much more confident.”** (Year 3 participant)

**“It has also improved the confidence of some our staff. They felt before that ‘computers were not for them’, they were very nervous about it. Now they are working online with spreadsheets.”** (Year 3 participant)

Several respondents also commented on the usefulness of the Connecting Care online resources for keeping their knowledge up-to-date, for example:

**“We will definitely stay in touch with the Connecting Care website when the project is over.”** (Year 2 participant)

**“I expect to be using the Connecting Care website – I hope it continues because it is going to be a really useful reference point for us.”** (Year 3 participant)

**“I have been making use of the templates that Lasa have on their website, for things like disaster recovery plans, ICT security policies and so on. They are so valuable. I send them out to our member organisations and they are just the right level of detail, appropriate for the size of organisation, our level of expertise and resource, and the issues that are priorities for health and social care.”** (Year 3 participant)

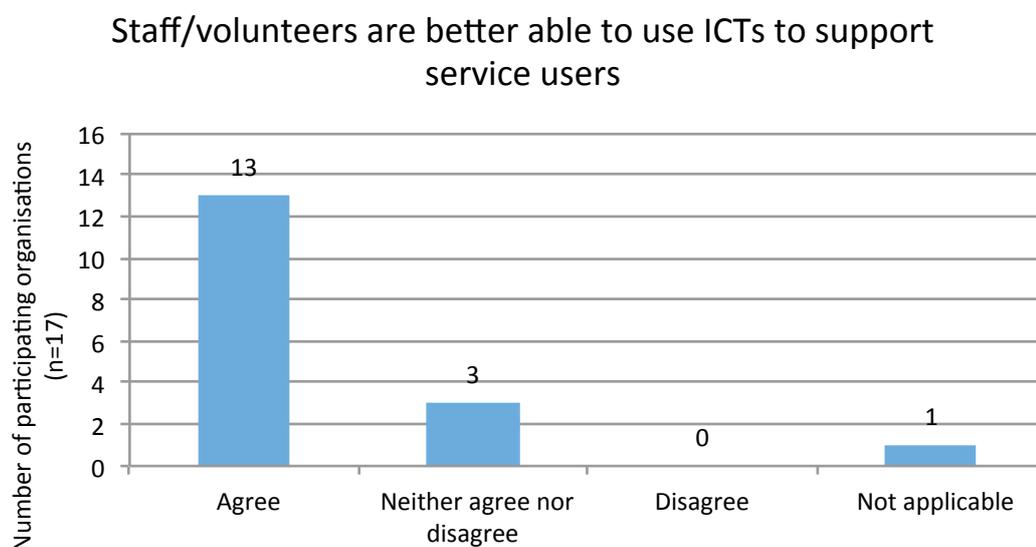
**“We have been using the online resources. We find the newsletter really valuable – there is nothing else out there that is covering the topics it does. Every time we get it there is something valuable that we send on out to our member organisations.”** (Year 3 participant)

### 4.3 Improved ICT access and support for service users

In the final evaluation survey, we asked respondents whether they agreed with the statement:

**‘As a result of Connecting Care, staff/volunteers are better able to use ICTs to support service users’**

Figure 6 below shows 13 of 17 respondents agreed, 4 were neutral, or felt the question was not applicable.



**Figure 6: Participants’ views on use of ICTs to support people using services**

Some project participants engaged only in ‘back office’ activities – such as database or office software improvements – that were not expected to impact directly on service users. However, for other organisations – in particular those who had received a Show and Tell session – the project resulted in tangible benefits for direct service provision:

**“It improved my knowledge and skills and that of our volunteers. We all found out about ways to use ICTs with older people which we did not know before. This in turn meant we could improve the range and variety of the activities we offered residents.”**

(Year 3 participant)

**“The [Show and Tell] sessions were just what we needed to give people a taste of what tablets can do. The whole point of it was to benefit our clients – and that is exactly what it has done. We are now investigating how to get broadband access for some of our projects.”** (Year 2 participant)

**“The [Show and Tell] ... has opened up our eyes. Just the other day I was working with an older resident of one of the care homes, and he was talking about how he read the Shropshire Star, the local newspaper. So we brought up the online version and he was amazed – he had not received the print version yet and there was all the latest news already online. With the same man, who is in his late 70s or early 80s and had never used a tablet, we used Google Earth to look at the street where he used to live. It was fascinating to watch as he realised the power of the digital device, what it could do that was of direct interest to him.”** (Year 2 participant)

**“Our members that attended a show and tell are using their newly acquired skills in the care settings which is great.”** (Year 2 participant)

**“Our activities coordinator gets lots of ideas for apps to use on the tablets we have bought for our residents to use.”** (Year 1 participant)

**“We noticed that some care home residents who did not join in so easily with the group activities would be very engaged with 1 to 1 activities using the tablet. We have a broader service for residents as a result of what we learnt from Connecting Care.”**

(Year 3 participant)

**“Improved awareness, confidence and knowledge for our members ... has led to improved quality of activity provision that our members can offer to people in care settings. From the feedback I have had, I can see a really direct impact on service quality as a result of the training and support we have got through Connecting Care.”** (Year 3 participant)

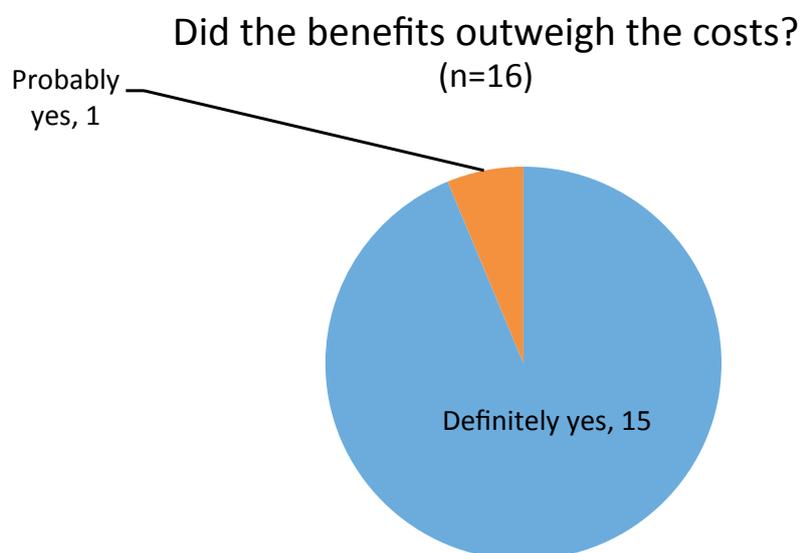
In a good example of effective cascaded learning, one participant who had attended a Lasa ‘Show and Tell’ emailed the project team shortly after completing their first digitally supported activity session with service users:

**“I just wanted to share the outcomes of our first Digital Technology session in a care home. We worked with four residents and used the pottery app, the making memories app and played YouTube jukebox. The residents really enjoyed the activities. One resident who has dementia and difficulty talking was able to tell us about an experience she had when her mother asked her not to join the army but her father said she could, so she went. She has never previously been able to tell us anything about her life.... It was overall really successful and the volunteers felt it was really useful using the technology as a conversation tool. I felt it was one of the most enjoyable sessions we have delivered so far, so thank you Lasa for teaching us so much!”** (Year 2 participant)

## 4.4 Participants' overall views of the project

In the final evaluation survey we asked respondents:

**'Overall, would you say the benefits of engaging in the Connecting Care project outweighed the costs for your organisation?'**



**Figure 7: Participants' views of overall benefit/cost balance of participating in Connecting Care**

As Figure 7 above shows, of the 16 who responded, 15 said 'definitely yes' and 1 'probably yes'. We also asked participants to sum up their overall experience with Connecting Care. Their responses spanned attitudinal change, increased ICT confidence, knowledge and skills, improved strategic ICT plans, better ICT systems – and improved services for end users. Typical comments included:

**"It has changed my whole philosophy about using technology. Actually it has changed my philosophy about working with older people, not to assume that they can't or won't be interested in something."** (Year 3 participant)

**"It has given us a level of professionalism in our approach which we simply did not have before. In 6 months' time, thanks to Connecting Care, we will have proper IT support, and the right kind of software and services. And we will also be using ICTs with our service users in ways we would not otherwise have done."** (Year 3 participant)

**"One of the great benefits of the work Lasa did was that it gave me confidence, that I was going in the right direction, that I had a structure and a plan. And it gave me something independent I could show the Trustees, and that gave them confidence, that an outside expert had helped identify what we needed and how."** (Year 3 participant)

**"Support from the Lasa team has helped us deepen our impact and have greater positive outcomes for the older people we support. We have identified technology solutions that we didn't know existed, and saved huge amounts of money by making the right ICT choices for our charity."** (Year 2 participant)

# Conclusions

## 5 Discussion, learning points and recommendations

At the start of the Connecting Care project in 2013, the evaluator worked with the project team to develop a logic model – a schematic description of what the project aimed to do and how. The Connecting Care logic model is shown overleaf.

In this concluding section, we review the evaluation evidence against the logic model to assess the overall success of the CC project, and to make recommendations for future initiatives in this area.

### 5.1 Project set-up and delivery

The project team had identified three principal challenges which they were seeking to address:

- a lack of organisational capability to make best use of ICTs in VCS social care organisations
- low levels of ICT confidence and skills amongst staff, and
- low levels of ICT access and support for people using services.

Our evaluation confirms these problems were correctly identified. Recent national research, for example the UK Business Digital Index from Lloyds<sup>6</sup> also suggests that ICT challenges for charities and SMEs are ongoing. One Connecting Care participant summed the issue up eloquently:

**“All the leaders of voluntary sector SMEs need help with strategic planning in ICTs. ICTs are central to all of our organisations, and if you get it wrong it is very constraining. So you need independent, expert help that is grounded in an understanding of our circumstances as care sector SMEs, just like Connecting Care offered.”**

#### Learning points:

- Care sector VCS organisations continue to struggle with ICT capability at both strategic and operational levels.
- The result of this skills gap is an inability to take advantage of the benefits ICTs can bring to organisational efficiency, service quality, and service user experience.

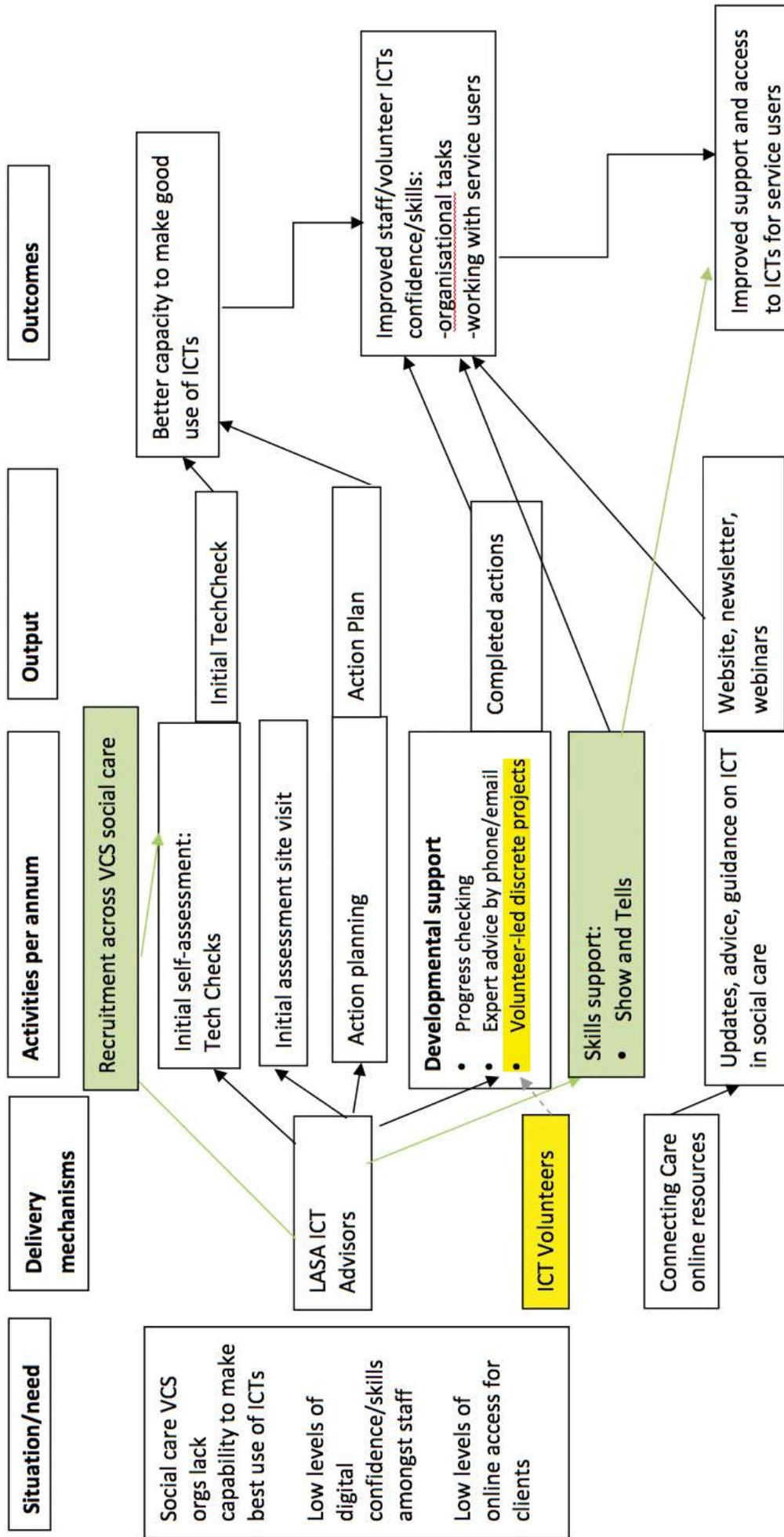
The project originally assumed three delivery mechanisms to achieve their aims:

- Lasa ICT advisors (i.e. the project team)
- online resources, and
- ICT volunteers.

In the event, two of these three mechanisms proved effective. The Lasa ICT advisors were fundamental to the positive impact of this project. Every participant we spoke to for the evaluation was positive about the Lasa team; their knowledge, attitude and approach were seen as integral to the project's success.

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6 <http://resources.lloydsbank.com/insight/uk-business-digital-index>



**Figure 8: Connecting Care logic model, with retrospective additions**  
 Yellow indicates activities planned but not implemented; Green indicates activities additional to original plan

Typical comments included:

**“The Lasa project worker fitted in brilliantly here; he could understand what sort of organisation we were. That in turn gave us confidence that he would understand what we needed from our ICT.”** (Year 3 participant)

**“The project staff were wonderful to work with, patient, and without being too technical that ICT specialists can often be. They gave us confidence to work with technology.”** (Year 3 participant)

**“Lasa did the ‘connecting’ bit of Connecting Care really well; they had great networks and were really good at putting us in touch with people who could help us.”** (Year 3 participant)

**“Thanks to the Lasa team, ad hoc support really well tailored to our small charity’s needs and resources, excellent resources and help was given in a supportive and easy to understand format!”** (Year 2 participant)

### **Learning point:**

- ICT expertise alone is insufficient to effectively support the VCS social care sector; attitudes and approach are equally valued, the most important of these being: patience, good communication, knowledge of beneficiary needs and an understanding of the constraints and challenges faced by SMEs working in social care.

The second mode of project delivery, the online resources, were seen as effective adjuncts to the face-to-face activities. The online resources were judged to be relevant, practical and authoritative, and covering important topics for VCS organisations not covered elsewhere. Several participants expressed the hope that the website and newsletter would continue beyond the life of the project.

The third delivery mechanism – the ICT volunteers – did not eventuate as planned. This element of the original plan proved to have been built on a misplaced assumption – that skilled ICT volunteers were available across the country. Despite the team’s best efforts, a cohort of CC volunteers was not created.

The effect of this was to put more pressure on the project team to provide practical follow-up ICT support for organisations in a more in-depth fashion than had been anticipated. The team stepped up to this challenge, and they also made considerable efforts to help organisations engage with suppliers of products and services in an informed way.

There was engagement with volunteers in other unanticipated ways, specifically through partnership working with DH-funded project to support volunteers supporting care home residents – see below.

### **Learning point:**

- The scale and complexity of the ICT strategic support needs in the VCS sector cannot be adequately addressed with volunteer resource. Strategic ICT skills are as essential to the needs of the voluntary sector as competent financial management; they are not an optional add-on which can be left to the unpredictability of volunteer support.

With hindsight, the logic model somewhat under-emphasised an essential and as it turned out challenging activity: recruitment. The recruitment challenges stemmed from two main causes: fewer than expected organisations coming from the original Get Connected cohort of grant recipients, and a lack of pre-existing network links with VCS social care. While Lasa are long established supporters of the VCS sector, their profile in social care specifically was not that high at the start of the project. This meant the project team had to spend more of their time on marketing and recruitment than was originally planned.

The messaging around recruitment presented its own challenges. For an organisation to be recruited, the CC offer needed to come to their attention *at the same time as* they recognised that they had a ICT problem – or ambition – that needed addressing, and they had both the capacity and capability to engage with the Lasa team.

As we have shown in this report, the core of the strategic ICT support activities originally delineated in the logic model – site visits, self-assessment, action planning and developmental support – were judged to be highly effective. Above all, participants valued the site visits by the Lasa team; it showed a direct engagement with their organisation, and the reassurance that their specific circumstances were being addressed. They valued being able to ask questions, and feeling genuinely supported by independent experts who understood the values and priorities of their organisation. The majority of the participants we spoke to said that they would not even have attempted the ICT developments they undertook without the Connecting Care project.

### **Learning points:**

- Dedicated, face-to-face ICT support is highly valued in this sector, where in-house capacity and capability is often minimal and sometimes non-existent.
- The values and approach of the ICT experts are as important as their technical understanding.

As described earlier in this report, the skills workshops and Show and Tell sessions were not part of the original project offering, but were a response to participant feedback and the evolution of the technology landscape. This shift in focus of activities probably made the overall Connecting Care offer a more balanced one, as it created a more even mix of activities aimed at managers and activities aimed at frontline staff. Interestingly, the Show and Tell sessions also proved to be an effective offer to volunteers.

### **Learning points:**

- Digital skills support activities aimed at frontline staff, volunteers and service users are seen as highly valuable by VCS care organisations.
- Such activities are ‘quick wins’, and enable the engagement of participants who might otherwise feel ICTs are not relevant for them or their role.
- Such activities are an effective way to leverage pre-existing volunteer resource, as volunteers do not need to have specialist ICT skills, merely an interest in using mainstream technologies to support people using services.

## 5.2 Project impacts

Connecting Care was intended to impact on social care organisations at three levels:

- for managers – improved strategic ICT skills
- for staff and volunteers – improved ICT confidence and skills
- for service users – improved access and support using ICTs.

In Year 1 we identified evidence of improved strategic ICT skills amongst managers, who felt more confident that they were using ICTs effectively. In Years 2 and 3 we found evidence of both strategic skills improvement and also greater confidence and skills on the part of staff and volunteers. Direct benefits for people using services were also evidenced.

Our evaluation shows that once participants were on board, the value of the project was very clear to them. Overall, participants judged that the benefits outweighed the costs of involvement. Participants felt the support Connecting Care had given them would have a lasting impact – in terms of improved technology, and better capability to make effective use of it. Interviewees said that there was much more they could have done given more lapse time, and expressed dismay that the project was ending. They could see no other available source for the kind of tailored ICT support they feel they need in order to delivery effective, efficient and quality services to the people they support.

**“I know of so many other organisations that would benefit enormously from what Lasa did for us. There is a big, obvious ‘gap in the market’ there, and no one is filling it now that Connecting Care has ended.”** (Year 3 participant)

Interestingly, some interviewees said that they would consider paying for a Connecting Care type service.

## 5.3 Recommendations

- Consider the business case for an ongoing social care ICT support service – designed to expand and contract with demand – on which VCS organisations can draw once they have recognised their own needs and are ready to address them.
- Consider a range of business models – for example a low-cost, partially subsidised service, where organisations pay for some elements of the service.
- Consider partnering with trade bodies or other organisations with extensive and sustained network connections to relevant recruits. This would also provide the opportunity for the kinds of cross-marketing and network effects needed in order to recruit at scale.
- Consider partnering with existing care sector volunteer schemes to train volunteers to use digital technologies with the people they support. This is a potentially productive and manageable focus for volunteer effort, whereas strategic ICT development requires more structured, formal and sustainable support.
- Accompany face-to-face ICT strategic support with an online ICT support platform, which would offer a structured and engaging set of assessment and planning resources for users<sup>7</sup>, as well as encourage them to develop their own knowledge and skills.

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7 Features of such a platform might include: linking online Tech Checks to existing benchmarks – so users can compare themselves with others; linking online Action Plans to existing web resources, thereby increasing traffic to the online materials Lasa has developed; providing a visually engaging experience – such as outputting users’ data in infographic formats; graphically showing ICT goals and progress made towards attaining them.

# Appendix 1:

## Full anonymised profiles of participating organisations

Figures derived from Charity Commission, CQC and Connecting Care data collection

Organisation	Region	Org type	Annual income	Staff	Volunteers	Service users	Digital 'show & tell' attendees
<b>TOTALS: 40</b>				<b>891</b>	<b>2,168</b>	<b>16,208</b>	<b>305</b>
1	South East	Residential care home	<£500,000	20	5	20	
2	North East	Residential care home	£500,000 to £1m	23	5	24	5
3	East Midlands	Day care drop in centre	>£1m	36	200	400	
4	North West	Support independent living	>£1m	56	326	500	
5	North West	Residential care home	£500,000 to £1m	20	50	26	12
6	South West	Day care drop in centre	<£500,000	7	16	80	20
7	North West	Support independent living	<£500,000	12	100	1200	
8	East of England	Carers forum	<£500,000	2	5	5000	12
9	London	Befriending for older ppl	<£500,000	1	0	25	
10	Yorks & Humb	Day care drop in centre	<£500,000	4	15	30	6
11	Yorks & Humb	Support independent living	<£500,000	5	100	1050	
12	West Midlands	Support independent living	<£500,000	25	20	500	
13	North East	Domiciliary care	>£1m	156	8	46	

Organisation	Region	Org type	Annual income	Staff	Volunteers	Service users	Digital 'show & tell' attendees
14	London	Support independent living	<£500,000	3	5	100	100
15	Yorks & Humb	Residential independent living	>£1m	24	200	400	
16	Yorks & Humb	Support independent living	<£500,000	23	4	13	
17	Yorks & Humb	Domiciliary care	£500,000 to £1m	32	155	93	
18	North East	Support independent living	<£500,000	8	20	100	
19	North East	Support independent living	<£500,000	14	20	80	
20	London	Support independent living	<£500,000	6	300	500	10
21	South East	Residential care home	<£500,000	5	20	500	25
22	East of England	Carers forum	<£500,000	1	10	50	15
23	West Midlands	Advocacy forum	<£500,000	3	200	750	
24	South West	Residential care home	>£1m	47	12	32	
25	South East	Residential care home	>£1m	50	10	80	20
26	South East	Residential care home	>£1m	15	5	20	15
27	North East	Domiciliary care	<£500,000	7	5	51	
28	East Midlands	Support independent living	<£500,000	1	5	100	
29	West Midlands	Support independent living	>£1m	41	5	30	

Organisation	Region	Org type	Annual income	Staff	Volunteers	Service users	Digital 'show & tell' attendees
30	West Midlands	Support independent living	>£1m	26	162	500	8
31	South West	Support independent living	<£500,000	2	5	200	
32	South West	Residential care home	>£1m	62	15	20	
33	London	Carers forum	£500,000 to £1m	17	75	500	10
34	South East	Support independent living	£500,000 to £1m	17	15	350	10
35	North West	Residential care home	£500,000 to £1m	13	35	200	
36	North West	Support independent living	<£500,000	10	6	2,000	
37	West Midlands	Support independent living	<£500,000	2	10	75	25
38	North West	Support independent living	£500,000 to £1m	19	10	500	12
39	East of England	Support independent living	<£500,000	10	3	19	
40	West Midlands	Residential care home	>£1m	66	6	44	
<b>TOTALS</b>				<b>891</b>	<b>2,168</b>	<b>16,208</b>	<b>305</b>

## Appendix 2:

# Typical ICT issues faced by Connecting Care participants at outset

Below is a selected list of ICT problems identified by project participants on the Connecting Care Expression of Interest form [verbatim text]:

“**lack of devices**  
for amount of residents”

“**need for training**  
on devices”

“**need ideas**  
on how best to utilise the  
devices for the most  
benefit to residents”

“one of our care homes  
only has **Wi-Fi** on the  
ground floor”

“**expensive and  
supplier driven  
support contract**  
that doesn't meet our needs”

“**old, slow computers**  
and laptops”

“**lack of resources**  
to invest in new  
technology”

“**no real strategy**  
for ICT”

“I've **no real skills** in  
this area and struggle to  
identify **time to keep  
on top of our ICT  
needs**”

“**poor network  
coverage** for mobile  
operatives”

“software that works  
for the business but is  
**useless for customers**  
to access services”

“lack or  
**very low level of ICT  
knowledge**”

“using inefficient  
computers, **old and  
very slow hardware**  
with very basic and old  
versions of software  
programs”

“not using  
**network systems**”

“**slow old  
computers**”

“no **social media** available”

“very **poor website**  
and **meagre digital  
resources**”

“software **old**”

“our network has been set up and  
**added to bit by bit**,  
by people who didn't necessarily have  
the expertise for the job –  
consequently it's a hard to support/  
understand patchwork!”

“**fear** of changing  
technology”

“**confusion**  
of best IT”

“**poor social media**”

“**old server**”

“we have **slow and erratic email**  
– I've not been able to establish why”

“I am **the only experienced  
computer user** and also have  
to be IT and network support  
person. I do my best, but...”

“**no tablets**”

“some of us have MS Office – others Libre Office. They have **different interfaces/features/capabilities**. Another hindrance to sharing expertise and giving support”

“using an old pc, running on MS XP, as a server, **possibly need to upgrade** and **not sure to what** and how to go about it”

“**old computers** windows XP”

“need a new database, we have **outgrown** our MS Access database but **not sure what we need** and **how to migrate our data**”

“**no electronic case management system** need to meet ISO standards”

“**slow internet** connection”

“**lack of consolidated database** across services”

“mostly **old and slow computers**”

“**Aims** (Access) database will in the future require **updating to SQL**”

“**no central diary/calendar system** in place”

“**needs too much time** to manage network”

“not sure how best to **upgrade** ourselves, **need advice**”

“**limited ICT knowledge and experience** within our staff team (some have very limited in understanding ICT) **not sure where to go for help and who we can trust** to advise us effectively”

“**staff do not understand** all the ways they need to protect themselves (and the organisation they work for) from **fraud and scams**”

“4 residential sites **not networked** to main site”

“non-networked system, meaning **machines must all be updated manually**”

“bespoke computer systems **no longer fit for purpose**”

“Office file **server over 10 years old** (MS server 2003)”

“Domain controller & file server are on machine, **email and AIMS each have their own machines**”

“after Xmas I’m **retiring** and **no-one in organisation has the required skills to take over**”

“would like to make more use of the **Cloud**, etc but **don’t know how**”

“**not secure email** to send/receive referrals”

“**networking complexity** of layout (grade 2\* listed building)”

“**lack of IT knowledge** through the organisation”

# Appendix 3:

## Tech Check self-assessment



Connecting Care is funded by the DH Innovation, Excellence and Strategic Development Fund  
Department of Health

### Lasa Connecting Care – Self-Assessment TechCheck

Welcome to Lasa’s Connecting Care project. Over the next 12 months we’ll be working closely with your organisation to review and improve your use of technology to manage your organisation, support staff and support service users.

As part of the programme you’ll be getting free access to sector-leading resources – the Lasa ICT team, the Lasa Technology Handbook, and a monthly email bulletin packed with technology advice and good practice developed with care sector organisations in mind.

#### The self-assessment TechCheck

The self-assessment TechCheck is to help us benchmark your organisation’s existing ICT infrastructure and use of technology by staff and service users. This information will help us develop a tailored action plan with you.

#### Completing the self-assessment

The form covers use of technology by you and your organisation, your staff and users or residents. It should take you 30–45 minutes to complete. For each topic, simply select the statement that best reflects your current situation, and we’ll assign a benchmark that will be revisited during our work with you.

This isn’t a test – so please be honest! It will mean we can develop the right plan for you. If you’re not sure about anything, make a note and we’ll help you to complete it during our first Tech-check visit with you. If you have any questions please call 020 7426 4473 or email: [connectingcare@lasa.org.uk](mailto:connectingcare@lasa.org.uk)

Use by your ORGANISATION, STAFF and USERS of ICT (Information & Communications Technology)			
Topic	Level 1	Level 2	Level 3
<b>1. Strategic aims</b>	<input type="checkbox"/> Our organisation does not have any identified aims for ICT	<input type="checkbox"/> Our organisation has clear aims for ICT, which are related to our organisational requirements	<input type="checkbox"/> Our organisation has a written plan which says how technology will support the organisation over the next few years
<b>2. Responsibility for your ICT</b>	<input type="checkbox"/> Nobody supports our ICT	<input type="checkbox"/> There is an internal staff member or volunteer with clear responsibility for ICT	<input type="checkbox"/> Staff know who is responsible for internal ICT
<b>3. Budget</b>	<input type="checkbox"/> Our organisation has no budget for ICT	<input type="checkbox"/> Some money for ICT is set aside in a budget each year	<input type="checkbox"/> We have a fully-costed annual ICT plan, with provision in the budget for a rolling programme of ICT replacement, upgrading and development

Use by your ORGANISATION, STAFF and USERS of ICT (Information & Communications Technology)

Topic	Level 1	Level 2	Level 3
<b>4. Inventory</b>	<input type="checkbox"/> We do not know what ICT equipment there is	<input type="checkbox"/> We know roughly what ICT we have but not the specification	<input type="checkbox"/> We have a detailed written record for all our ICT equipment
<b>5. Risk Assessment</b>	<input type="checkbox"/> We have never done an ICT risk assessment	<input type="checkbox"/> We have recently carried out an ICT risk assessment	<input type="checkbox"/> There is a written disaster recovery (or business continuity) plan
<b>6. ICT Infrastructure</b>	<input type="checkbox"/> All of our ICT equipment and software is based on site	<input type="checkbox"/> Most ICT equipment is based on site but we use a small amount of web based software and services (e.g. email, database, shared calendars, shared files)	<input type="checkbox"/> Most or all of your ICT equipment and software is accessed over the internet
<b>7. Health &amp; Safety and Workstation use</b>	<input type="checkbox"/> We have not carried out a Health & Safety assessment in relation to ICT or workstations	<input type="checkbox"/> We have carried out a Health & Safety assessment in relation to ICT and staff workstations	<input type="checkbox"/> ICT-related Health & Safety assessments inform other procedures e.g. Job descriptions
<b>8. Data Protection</b>	<input type="checkbox"/> We have not addressed Data Protection issues	<input type="checkbox"/> We have a written policy covering Data Protection, including privacy and confidentiality, and this is implemented	<input type="checkbox"/> Our Data Protection policy is based on best practice and is regularly monitored and reviewed
<b>9. Security of workstations and accounts</b>	<input type="checkbox"/> Access to computers is not password protected	<input type="checkbox"/> All computer users have an individual login and password	<input type="checkbox"/> Computer users are aware of security good practices regarding viruses or other malicious software.
<b>10. Databases</b>	<input type="checkbox"/> We rely on paper records or a single electronic list of our contacts and users.	<input type="checkbox"/> There are a number of unconnected databases and spreadsheets in use across the organisation. Data is duplicated.	<input type="checkbox"/> We have a comprehensive CRM database system to record service users, donors & generate project outcome reports.
<b>11. Acceptable use of technology policy</b>	<input type="checkbox"/> We have not considered an Acceptable Use Policy relating to ICT	<input type="checkbox"/> We understand the need for an Acceptable Use Policy, but have not yet developed one	<input type="checkbox"/> We have a written Acceptable Use Policy that is monitored and reviewed
<b>12. Internet access</b>	<input type="checkbox"/> We do not have internet access in the workplace/s	<input type="checkbox"/> We have access to internet	<input type="checkbox"/> We have access to high speed internet (e.g. Virgin or other)

Use by your ORGANISATION, STAFF and USERS of ICT (Information & Communications Technology)

Topic	Level 1	Level 2	Level 3
<b>13. Website</b>	<input type="checkbox"/> We have a very basic web listing or single web page. Our IT provider or web developer updates it for us.	<input type="checkbox"/> We have a website that provides details of our services and has some links to other pages. We can update the content ourselves.	<input type="checkbox"/> Our website is a dynamic place where we share good news stories, blogs and have conversations. It is fully linked to social media channels such as Facebook, Youtube & Twitter.
<b>14. Email</b>	<input type="checkbox"/> We do not have an organisational email address (e.g. we use Hotmail, Yahoo!, Gmail or other)	<input type="checkbox"/> We have one organisational email address which is shared by all staff	<input type="checkbox"/> Managers and administrative staff have their own organisational email address
<b>15. Social Networking</b>	<input type="checkbox"/> We don't use social networking websites (e.g. Facebook, Blogs, Twitter or Youtube etc.)	<input type="checkbox"/> We have set up at least one social networking site, but don't have conversations on it or update it with new content as often as we would like to.	<input type="checkbox"/> We have a number of social networking sites and find them valuable for talking to funders & similar organisations and sharing with supporters what we do.
<b>16. ICT Induction</b>	<input type="checkbox"/> No ICT induction is provided for new staff/volunteers	<input type="checkbox"/> New staff/volunteer computer users are shown how to access our ICT systems	<input type="checkbox"/> We have written procedures and guidance for new staff/volunteers
<b>17. ICT Training and supporting staff to use ICT for their learning and development</b>	<input type="checkbox"/> You set aside money in your annual budget for ICT training but staff do not use ICT for learning and development	<input type="checkbox"/> All your computer users (including staff and volunteers) have had relevant training	<input type="checkbox"/> Your ICT planning is based on a policy and regular training needs analysis for users. Staff are encouraged and supported to use on-line learning
<b>18. Awareness of accessible computing issues</b> (e.g. adapting computers for partially sighted or hard of hearing staff, etc)	<input type="checkbox"/> We are not aware of accessible computing issue	<input type="checkbox"/> We have some awareness of accessible computing issues	<input type="checkbox"/> We are aware of accessible computing issues and know where to get help and advice
<b>19. Staff access to computers, iPads, mobile devices or other ICT equipment and Internet access during the course of their work</b>	<input type="checkbox"/> Most staff do not use these devices and staff do not have internet access in the work place	<input type="checkbox"/> This equipment is made available if needed, only managers use the Internet	<input type="checkbox"/> Use of ICT by staff is encouraged. Staff use Internet & social networking for work related activities. Staff may use Internet personally in own time.

**Use by your ORGANISATION, STAFF and USERS of ICT (Information & Communications Technology)**

Topic	Level 1	Level 2	Level 3
<b>20. What work related activities do staff in your organisation mainly use ICTs for?</b>	<input type="checkbox"/> None	<input type="checkbox"/> Staff use ICTs for general tasks such as administration, record keeping, ordering equipment and supplies.	<input type="checkbox"/> Staff use ICTs for more advanced tasks such as learning & development, Internet research & assisting service users to use ICT
<b>21. Staff use of computers, iPads, mobile devices or other ICT equipment with service users</b>	<input type="checkbox"/> Staff don't generally use ICTs with service users	<input type="checkbox"/> Staff have a general understanding of how they could use technology with service users	<input type="checkbox"/> ICTs are used with service users whenever it is beneficial or advantageous
<b>22. Service user access to the Internet and computers or tablets provided by your organisation</b>	<input type="checkbox"/> Use only equipment (laptops, iPads, etc.) provided by us	<input type="checkbox"/> Service users use own equipment from a specific location (i.e. their room or day room)	<input type="checkbox"/> Service users can use own equipment from any location in the building.
<b>Organisational aspirations for use of technology</b>  Please use this space to outline any plans or hopes your organisation has for current and future use of ICT  <b>(This question is not scored)</b>			
<b>Total number of ticks</b>			

**About your staff and people who use your organisation**

<b>Number of FTE staff employed by your organisation:</b>	
<b>Number of volunteers working with your organisation:</b>	
<b>Number of residents or people who regularly visit/use your services:</b>	

# Appendix 4:

## Example of an Action Plan



Connecting Care is funded by the DH Innovation, Excellence and Strategic Development Fund  
Department of Health

Organisation: XXX

Visit: 6th August 2015

### Action Points from Meeting

This is a summary of the main action points from our meeting categorised by level of priority. Although it shows who is responsible for each, this is a collaborative project. The dates shown are just indicative and not a deadline for the activity.

‘TC Ref’ relates to sections in the ‘Self Assessment TechCheck’ that you completed.

See <http://connectingcare.org.uk/articles/category/resources> for resources and <http://connectingcare.org.uk/articles/detail/policies-and-resources> for the template policies mentioned in this Actions List.

If you have any questions call 020 XXXX or email XXXX.

No.	TC ref	Action point	Priority (H,M,L)	Who to do	Date due
1	1	<p>XXX is a very small, but vital community support network for the large Somali community in the region.</p> <p>IT systems are outdated and unconnected, but the support the association needs to provide relies increasingly on better use of technology systems. IT is only being used for low level admin at the moment.</p> <p>The chairman and staff are committed to using technology where it will help the organisation, both for back-office systems and as part of activities with users of the service. The organisation recognises the importance of ICT in the operation of a modern service. This is a good position to be starting from.</p> <p>They are seeking IT systems and software that is straightforward to set-up easy to use, reliable and affordable to support as staff capacity is limited.</p> <p>XXX would like to connect with other BME and Somali Networks in other parts of the UK, particularly around their use of technology.</p>			
2	2	<p>As this is a very small organisation there is no ICT Support service in place.</p> <p>Suggest a local provider specialising in technical support for small charities is contacted. A minimum of a annual ICT Audit/Healthcheck to pro-actively identify potential issues should be carried out.</p> <p style="text-align: right;"><i>cont.</i></p>			

No.	TC ref	Action point	Priority (H,M,L)	Who to do	Date due
2 <i>cont.</i>	2	<p>See <a href="http://www.supporthub.org.uk">www.supporthub.org.uk</a> for a list of some local suppliers or talk to XXX at XXX who runs this service for local groups.</p> <p>The CAKE project run by UWE in Bristol may be able to provide strategic advice and support.</p> <p>See <a href="http://www1.uwe.ac.uk/et/csct/aboutthedepartment/partnerships/cake/studentconsultancyprojects.aspx">www1.uwe.ac.uk/et/csct/aboutthedepartment/partnerships/cake/studentconsultancyprojects.aspx</a></p> <p><b>Deadline is September 6th 2015.</b></p> <p>This student consultancy university project places students with local charities to give them practical experience of working on technology projects with local community organisations.</p>			
3	3	<p>There is no separate budget for use of ICT. Suggest that it should be included in budget where necessary. Send PDF copy of 'ICT Guide for Trustees' as an extra resource.</p>			
4	4	<p>No list of PCs/Laptops owned by the organisation so no record of specification/age. Suggest Lasa IT Handbook to record this in a central place. However there are only 2 computers (laptops) in regular use.</p> <p>Belarc Advisor is free software which can audit the specifications of each PC <a href="http://www.belarc.com/free_download.html">www.belarc.com/free_download.html</a></p> <p>As Windows XP is being used which is no longer supported by Microsoft this should be upgraded as soon as possible. Latest version of Windows 8 can be bought from the 'Technology Trust' website, e.g. to upgrade a Desktop PC costs £5 – see <a href="http://www.ctxchange.org/directory/173">www.ctxchange.org/directory/173</a>.</p> <p>However, as the computer is old it should be replaced anyway. Second-user PCs and Laptops can be purchased from Happus who provide low cost ex-corporate Windows 7/MS Office 2010 PCs for charities (and individuals on benefits) Prices start from £99 and include support.</p> <p>See <a href="http://www.happus.eu/Desktops_s/1848.htm">www.happus.eu/Desktops_s/1848.htm</a></p> <p>For computers not running the latest version of Office and for those on Libre Office, Technology Trust provide Microsoft Office licenses for £15 per user (<a href="http://www.tt-exchange.org/node/6492">www.tt-exchange.org/node/6492</a>).</p> <p>As an alternative, Office 365 (Cloud based) is free for charities (<a href="http://office.microsoft.com/en-gb/non-profit/compare-office-365-for-nonprofits-plans-FX104081605.aspx">http://office.microsoft.com/en-gb/non-profit/compare-office-365-for-nonprofits-plans-FX104081605.aspx</a>) For desktop versions of the programs these start at £1.30 per user per month.</p> <p>See here for comparisons – <a href="http://www.technology-trust.org/advice-guidance-ms-office">www.technology-trust.org/advice-guidance-ms-office</a></p>			

No.	TC ref	Action point	Priority (H,M,L)	Who to do	Date due
5	5	<p>Files are not being backed up or stored securely.</p> <p>As a minimum files should be backed up to an external hard drive although preferably stored offsite (see disaster recovery below).</p> <p>An automatic cloud backup of files to an offsite web space should be considered next using a service like Box <a href="http://www.tt-exchange.org/node/7322">www.tt-exchange.org/node/7322</a></p> <p>No 'business continuity plan' to help organisation function should anything major happen at the centre.</p> <p>Send template Disaster Recovery Policy</p>			
6	6	<p>There is no standalone server or computer used as a server and no sharing of files between computers.</p> <p>Use of a cloud service (Box) as described above will help with file sharing and access to files on other computers, both in and out of the office.</p>			
7	7	<p>No checks are performed. Send a copy of our template policies for ICT Health &amp; Safety and the latest DSE Check-list for flat screen computers (See HSE Website for check-list)</p>			
8	8	<p>All organisations <b>must</b> use the data protection principles, see <a href="http://www.out-law.com/page-413">www.out-law.com/page-413</a>, additionally some organisations <b>register with the ICO about holding</b> members data. To check if you need to register this questionnaire will help: <a href="http://ico.org.uk/for_organisations/data_protection/registration/self-assessment/1">http://ico.org.uk/for_organisations/data_protection/registration/self-assessment/1</a> Page of resources for charities here – <a href="https://ico.org.uk/for-organisations/charity">https://ico.org.uk/for-organisations/charity</a></p>			
9	9	<p>Norton is used on the computers which is working OK although is expensive. Suggest a low cost anti-virus program for all laptops such as AVG or Avast.</p> <p>(<a href="http://www.avast.com/en-gb/index">www.avast.com/en-gb/index</a>)</p> <p>Also Technology Trust are providing the BitDefender suite at £26.00 for 10 users, see <a href="http://www.tt-exchange.org/node/7001">www.tt-exchange.org/node/7001</a></p> <p>A very good guide on '12 Tips to staying safe online' aimed at staff in charities has recently been produced. It can be downloaded from <a href="http://forums.techsoup.org/cs/community/b/tsblog/archive/2014/10/14/get-the-guide-12-tips-to-stay-safer-online.aspx">http://forums.techsoup.org/cs/community/b/tsblog/archive/2014/10/14/get-the-guide-12-tips-to-stay-safer-online.aspx</a> (I have also attached a copy)</p>			
10	10	<p>Although previous users of the Lasa AIMS database, current recording of clients and contacts is either paper based or on spreadsheets. There is a wish to be able to record activities and report on 'outcomes' and 'distance travelled' by clients.</p> <p>Suggest a new data record system is established &amp; could try Lamplight (<a href="http://www.lamplightdb.co.uk">www.lamplightdb.co.uk</a>) or as restart Lasa AIMS subscription from old system – <a href="http://www.lasa.org.uk/aims">www.lasa.org.uk/aims</a></p>			
11	11	<p>Acceptable Use Policy – Send example for reference</p>			

No.	TC ref	Action point	Priority (H,M,L)	Who to do	Date due
12	12	<p>Internet connection is provided as part of building rental package and speed is good for current set-up.</p> <p>Future plans may include a classroom for the community with computer facilities which will need an upgraded package (talk to landlord of building)</p>			
13	13	<p>Website hosted on the BTClick free system – <a href="http://www.swsca.btck.co.uk">www.swsca.btck.co.uk</a> which the organisation would like to improve, however capacity to update and look after the website is a problem.</p> <p>Suggest free Wordpress website as an alternative, or for a one page website 50 per year) see <a href="http://onesite.madewithjam.org">http://onesite.madewithjam.org</a></p> <p>There are good ‘Getting Started on Wordpress’ guides available which we will send.</p>			
14	14	<p>It’s not possible to have free e-mail addresses that would end in <a href="mailto:@swsca.org.uk">@swsca.org.uk</a> as part of the BTClick package (<a href="http://www.btck.co.uk/Main/About.aspx">www.btck.co.uk/Main/About.aspx</a>).</p> <p>This means you will need to get an e-mail address package for your ‘domain’ from a web host.</p> <p>TSOHost provide this package free for charities, see <a href="http://www.tsohost.com/web-hosting/charity-hosting">www.tsohost.com/web-hosting/charity-hosting</a> or ‘Daily’ have a service at £16.99 per year <a href="http://www.daily.co.uk/email/index.html">www.daily.co.uk/email/index.html</a>.</p> <p>Either of these will give you an ‘@xxx.org.uk’ address.</p>			
15	15	<p>Would like to use social networking to connect with younger Somali community locally, for example to use Facebook to tell good news stories and show people the good work they do. Could use Youtube or Soundcloud to capture multimedia stories.</p> <p>Some basic guides to social media use are here: <a href="http://resources.mediatrust.org/microsite/allourstories">http://resources.mediatrust.org/microsite/allourstories</a></p> <p>Earlier this year Media Trust ran a project to help the Somali community in Leicester use social media &amp; tell stories. Contact is XXX at XXX. There may be resources suitable for you to use from this work. I will also make enquiries.</p> <p><a href="http://www.mediatrust.org/newswirefeed/media-training-for-somali-community/8777">www.mediatrust.org/newswirefeed/media-training-for-somali-community/8777</a></p>			
16	16	None provided			
17	17	<p>There are online basic courses to help non-computer users become more comfortable and competent in use of technology which may help. See ‘Online Basics’ <a href="http://www.learnmyway.com/get-started/online-basics">www.learnmyway.com/get-started/online-basics</a> for beginners and ‘Online Plus’ <a href="http://www.learnmyway.com/learn-more">www.learnmyway.com/learn-more</a> as next step.</p> <p>For anyone wishing to be a ‘digital champion’ and able to support others, there is a course for this too <a href="http://www.learnmyway.com/what-next/digital-champion">www.learnmyway.com/what-next/digital-champion</a></p> <p>A useful on-line learning course to assist with ESOL is the free “English My Way” resource see – <a href="http://www.learnmyway.com/get-ready/improve-your-english">www.learnmyway.com/get-ready/improve-your-english</a></p>			

No.	TC ref	Action point	Priority (H,M,L)	Who to do	Date due
18	18	<p>To help users with a disability computers can be tailored to their requirements See the AbilityNet ‘My Computer My Way’ website. <a href="http://www.abilitynet.org.uk/mcmw">www.abilitynet.org.uk/mcmw</a> for resources, fact sheets and guidelines.</p> <p>Digital Unite have useful guides aimed at older people and written in a straightforward style to help new computer users – <a href="http://digitalunite.com/guides">http://digitalunite.com/guides</a></p> <p>The JISC TechDis website <a href="http://www.jisctechdis.ac.uk/techdis/resources/ae">www.jisctechdis.ac.uk/techdis/resources/ae</a> also has a range of ‘Accessibility Essentials’ info.</p>			
19	19	<p>This article on our website has links to the many places to go for free on-line learning. <a href="http://connectingcare.org.uk/articles/detail/learning-for-caring">http://connectingcare.org.uk/articles/detail/learning-for-caring</a> e.g. free SCIE on-line learning resources <a href="http://www.scie.org.uk/publications/elearning/index.asp">www.scie.org.uk/publications/elearning/index.asp</a></p> <p><a href="http://www.scie.org.uk/socialcaretv/index.asp">www.scie.org.uk/socialcaretv/index.asp</a></p> <p>Hiblio – <a href="http://www.hiblio.tv">www.hiblio.tv</a> – is a collection of free health &amp; social video training resources</p>			
20	20	<p>Outreach is undertaken by the organisation with volunteers in people’s own homes with laptops. This is similar to a project we worked with in London. I can put you in touch if you’d like to know more.</p>			
21	21	<p>‘Apps’ available for use on tablet PCs are covered in <a href="http://connectingcare.org.uk/articles/detail/theres-an-app-for-that">http://connectingcare.org.uk/articles/detail/theres-an-app-for-that</a> and <a href="http://connectingcare.org.uk/articles/detail/being-social-with-touchscreen-technology">http://connectingcare.org.uk/articles/detail/being-social-with-touchscreen-technology</a></p> <p>Timebank UK have also done recent work with non-English speaking older people and carers, see – <a href="http://timebank.org.uk/blog/2015/08/hidden-carers-reporting-back">http://timebank.org.uk/blog/2015/08/hidden-carers-reporting-back</a> and <a href="http://timebank.org.uk/blog/2015/06/reaching-out-to-hidden-carers-in-the-west-midlands">http://timebank.org.uk/blog/2015/06/reaching-out-to-hidden-carers-in-the-west-midlands</a></p>			
22	22	<p>The Breezie Tablet from AgeUK <a href="http://www.breezie.com/#!/about">www.breezie.com/#!/about</a> simplifies tablet use. It’s possible to change the ‘launcher’ on Android based tablets – see <a href="http://biglauncher.com">http://biglauncher.com</a> and <a href="http://www.largelauncher.com">www.largelauncher.com</a></p> <p>A number of useful guides have been produced aimed at organisations using Tablets with new computer users. See:</p> <ul style="list-style-type: none"> <li>● <a href="http://digitalunite.com/guides/smartphones-tablets/tablet-computers">http://digitalunite.com/guides/smartphones-tablets/tablet-computers</a></li> <li>● <a href="http://www.learnmyway.com/get-started/touchscreen-basics#">www.learnmyway.com/get-started/touchscreen-basics#</a></li> <li>● <a href="http://www.abilitynet.org.uk/factsheet/tablet-computers">www.abilitynet.org.uk/factsheet/tablet-computers</a></li> </ul> <p>To help develop staff and volunteer skills and confidence in using technology with the community this digital champion’ on-line course may help. <a href="http://www.learnmyway.com/what-next/digital-champion">www.learnmyway.com/what-next/digital-champion</a></p>			

# Appendix 5:

## Show and Tell session plan

Course	Show and Tell: Touchscreen Technology to help older people with independence and quality of life		
Tutor		Length	0.5 day
Date		Venue	
Outcomes	<p>At the end of this half day session:</p> <ul style="list-style-type: none"> <li>● Hands on experience of a range of tablet devices</li> <li>● Hands on use of apps for communications, arts, shopping, health, story-telling, etc</li> <li>● Examples how tablet devices can be used to support quality of life and independent living of older people</li> <li>● Where to get discounted tablet devices from</li> <li>● Signposting to useful resources, ie Connecting Care, social media guidelines, etc</li> </ul>		
Approach	<p>Touchscreen Technology will be new to many of the participants, computers and the internet maybe too. So:</p> <ul style="list-style-type: none"> <li>● Don't mention it's about 'IT or Computers' and avoid names and specs unless asked</li> <li>● Start with a friendly screen app on the tablet or a game. Say "Have you seen this..."</li> <li>● Find out about people's interests and search the internet for something they want to see/ find out about</li> <li>● Don't for get basics of swiping &amp; pinch/zoom. Google Maps/Streetview good way to demonstrate this</li> <li>● Demonstrate, but don't take-over. Let the user feels comfortable holding the tablet device</li> </ul>		
Workshop	WiFi internet and password		
Resources	Projector + screen Flipchart, "Post-It" notes in two colours, Flipchart pens Lasa feedback forms		
Overview	<p><b>Introductions</b> – Us and Participants</p> <p><b>Background</b> – to Lasa &amp; Connecting Care</p> <p><b>Slides – tablets</b> – what and why</p> <p><b>Tablets</b> – basics use</p> <p><b>Accessibility</b> – demonstrate features</p> <p><b>Apps</b> – what are apps and what do you want to try out</p> <p><b>Types of Apps</b> – News, TV, Radio, Books, Shopping, Maps, Travel. Games, Painting, Pottery, Youtube, Music, Films</p> <p><b>Questions</b> – and answers</p> <p><b>Evaluation</b> – and thank you</p>		



Time	Topic/slide title	Slide #	Tutor + Learner activity	Resources
(1 hour) 10 mins	<b>BREAK</b>			
(1 hr 10 m) 30 mins	<b>GROUP WORK</b>		<p><b>DEMONSTRATE:</b> Accessibility features built into iOS and Android (Voiceover on Android, change text size)</p> <p><b>DEMONSTRATE:</b> Connecting Tablets to a large screen TV or projector &amp; equipment needed including use of Google Chromecast.</p> <p><b>EXERCISE:</b> <i>Work in small groups with back-up guidance from Tablet being projected on large screen</i></p>	
(1 hr 40 m) 60 mins	<b>GROUP WORK</b>		<p><b>DEMONSTRATE:</b> The wide range of general apps available on Android and iOS tablets</p> <p>Base this on the topics of interest raised at the beginning of the session and the list of apps at the end of this document.</p> <p><b>COVER:</b> Arts &amp; Crafts, Pottery, iPlayer, Shopping, Games, Brain Trainers, BBC News, Weather, Maps, Train times, e-books, Skype</p> <p><b>EXERCISE:</b> <i>Work in small groups with back-up guidance from Tablet being projected on large screen</i></p> <p><b>DEMONSTRATE:</b> Apps that are available for medical or social care specialisms.</p> <p><b>COVER:</b> Pillboxie, Dementia, House of Memories, Voice Control, Dragon, Pocket Physio etc.</p> <p><b>EXERCISE:</b> <i>Work in small groups with back-up guidance from Tablet being projected on large screen</i></p>	
(2 hr 40 m) 15 mins	<b>ROUND-UP</b>		<p>Collect Post IT notes and review – is there anything else people want to discuss?</p> <p><b>Take requests for ‘Youtube Jukebox’</b></p> <p>Where to go for help and support? Signpost Connecting Care and other useful sites</p> <p>Local support networks and surgeries</p> <p>Vote for favourite/useful apps using Poll Everywhere</p>	<p>Post its Slides</p> <p>Poll Everywhere</p>
(2 hr 55 m) 5 mins (3 hours)	<b>END</b>		<p>Hand out evaluation forms and ask them to complete them now</p>	<p>Evaluation forms</p>

These are some of the apps we'll be showcasing. Most of these apps are free and available on both iOS and Android.

To find other Apps, see <http://appcrawlr.com> or our page <http://connectingcare.org.uk/articles/detail/theres-an-app-for-that>

## Individual Apps

<b>Arts &amp; Crafts:</b>	Paint, Doodle Buddy, <b>Fingerpaint</b> , Let's Create! <b>Pottery HD</b> , Fluid, PaintJoy (Android)
<b>Accessibility:</b>	( <b>Device System Settings</b> ), Dragon Dictation, <b>Grid Player</b> , Big Launcher
<b>Carers:</b>	Hometouch, Discover4Carers (website), Babble (website)
<b>Games &amp; Puzzles:</b>	Flags Quiz, <b>Memorama</b> , Sudoku, Scrabble, Mahjong, <b>Flow Free</b> , <b>Linkee</b>
<b>Entertainment:</b>	<b>Youtube</b> , Kindle, Nook, Audible, Spotify, BBC iPlayer (& radio), <b>TV CatchUp</b> , TuneIn Radio, Soundcloud, Mixlr
<b>Health:</b>	Communication Tool, Pocket Physio, Pill Monitor free, Pillboxie, <b>Live Well</b>
<b>Lifestyle:</b>	Art Guide, Tesco Groceries, Ocado, ebay
<b>Maps:</b>	<b>Google Maps</b> to explore
<b>Memory Training:</b>	<b>Fit Brains trainer</b> , Elevate – brain training
<b>News:</b>	<b>Taptu</b> , Flipboard, BBC Weather, Wikipedia
<b>Reminiscence:</b>	<b>Google Streetview</b> , Lifetimes Talk, Memrica, <b>House of Memories</b>
<b>Staying in touch:</b>	<b>Skype</b> , Mindings, Facebook, newspapers online, <b>Finer Day</b> , Care Zone, Rallyround
<b>Story-telling:</b>	<b>Storehouse</b> , Flipagram, Book Creator, <b>Pic Collage</b>
<b>Travel:</b>	<b>Bus Scout UK</b> , myTrains, UK Train Times



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