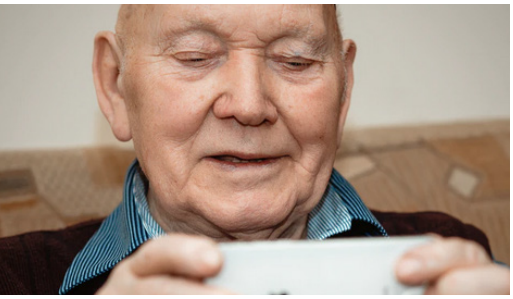
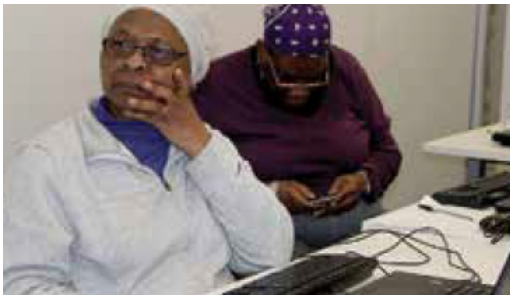
CONNECT HACKNEY ageing better





Can the use of technology help to reduce social isolation and loneliness?

An in-depth study of digital inclusion projects for older people living with, or at risk, of social isolation and loneliness before and during the COVID-19 pandemic

FINAL REPORT

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Summary

Background

'Connect Hackney', based in the East London borough of Hackney, is one of 14 'Ageing Better' programmes located across England which aim to tackle social isolation and loneliness amongst people aged 50 and over. The Ageing Better programme runs from 2015 – 2022 and is funded by the National Lottery Community Fund.

Like other Ageing Better sites, Connect Hackney commissioned several projects to support older people to develop digital skills. There has been growing interest in the potential for technology to facilitate older people's social contact and participation and reduce the digital divide between older people and those who have grown up with online and digital technology in their daily lives. Research to date reveals limited evidence on the effectiveness of interventions in this area. This report shares learning from an in-depth study of two Connect Hackney digital inclusion (DI) projects – *@online club* and *Silver Connections* – which were delivered by local community organisations. *@online clubs* were 8-week group sessions which aimed to build older people's skills in using a tablet device while *Silver Connections* groups were 6-week group sessions in using a smartphone. Both projects aimed to develop participants' confidence and skills in using applications ('Apps') and the internet.

Aims and methods

The research described in this report is part of a broader local evaluation of the Connect Hackney programme which is guided by a set of eight "test and learn" questions. This report addresses whether the use of technology can help to reduce social isolation and loneliness. The report aims to inform commissioners, policy makers and practitioners responsible for increasing digital inclusion as part of a strategy to improve the social connectedness of older people. The research explored project implementation and adaptation; project reach, engagement and retention of participants; perceived impact on confidence and skills in using digital devices, use of digital devices to support social participation and, ultimately, social isolation and loneliness. It updates and extends an earlier report[1] using additional data collected during the COVID-19 pandemic. The final study was able to explore the digital inclusion projects and their impact *before and during* the pandemic. Multiple methods were employed in the study design: observations of four digital inclusion project sessions with 25 participants; in-depth interviews with nine project participants and six project providers; and analysis of surveys completed by 84 participants at project entry[2].

[1] Herlitz, L., Lombardo, C., Harden, A. (2020). An in-depth study of digital inclusion projects for older people living with or at risk of social isolation and loneliness, interim report. London: HCVS.

[2] The study was undertaken at two time points: Sep – Dec 2019 prior to the pandemic (T1) and Jul – Sep 2020 during the pandemic (T2). Observation sessions were undertaken at T1. Participant numbers at each session ranged from two to 11 with 25 participants taking part in observed project sessions overall. Six participants were interviewed at T1 and three of these took part in a follow-up interview at T2. Three further participants were interviewed at T2. Four providers were interviewed at T1 and one of these took part in a follow-up interview. Two further providers were interviewed at T2. Survey data were collected at T1 only.

Findings

Establishing and developing the digital inclusion projects in the first year

- ***Informational materials* and *outreach work at local events and places were needed to promote the projects.*** @online club used a broad range of methods to recruit participants, including taster sessions, mail-outs and leafleting, and attendance at local events/meetings. Silver Connections successfully promoted the project at a local leisure centre and through other in-house projects.

- ***In addition to recruitment and promotional efforts, project location could influence the diversity of participants attending projects***. The age and ethnicity profiles differed by project. Some groups of participants were less well represented in projects and are likely to need targeted outreach to engage them, for example, men and older residents from Asian and Chinese communities.

- ***Both projects employed a flexible and social approach to learning, building on participants' individual interests***. ***The degree of structure within each project differed.*** @online clubs offered more structured sessions with smaller groups where the class followed the same steps together using the same device. Silver Connections sessions had larger groups and participants used different devices. Consequently, there was more unstructured time when participants were waiting to receive assistance or were figuring out what to do by themselves or with the support of a peer.

- ***Silver Connections had an additional component of a group outing to a place of local interest. This element was helpful in giving participants unstructured social time to get to know one another and apply their smartphone skills outside of the classroom***.

The engagement and retention of participants

- ***Learning new digital skills was a key motivator for older people to take part in the digital inclusion projects.*** Interviewees were aware that learning digital skills could make their lives easier in a range of ways from keeping in touch with family and friends to accessing services and activities online.

- ***There were many barriers to overcome when engaging participants in face-to-face or remote digital inclusion projects.*** These barriers are consistent with those identified in previous research:
    i. Language and communication challenges, for example, understanding terminology;
    ii. Cognitive and physical skills, for example, being able to manipulate screens and remember sequences of steps;
    iii. Dealing with error and subsequent frustration, and;
    iv. Practical challenges such as cost/availability of devices, data and WiFi at home.

- ***The importance of creating a supportive and friendly learning environment was crucial for engaging older people in learning new digital skills***. Kind, patient and socially skilled facilitators, use of humour, tea and coffee, a warm welcome, including unstructured as well as structured time for participants to interact and get to know each other, were all key components. These findings resonate with both anecdotal evidence and learning from digital inclusion projects in other Ageing Better areas as well as previous research from the Connect Hackney programme.

- ***Personalising the content of the sessions was considered important for building on participants' individual motivations and learning needs***, though greater personalisation required more intensive one-to-one support, which placed demands on the capacity of the delivery team.

The perceived impact of the digital inclusion projects

- ***An eight-week course was enough to provide some foundational learning only; a six-week course was akin to an extensive taster course in digital technology***. Nearly all participant interviewees had taken away at least one key learning point from the projects, and a number of participants had learnt much more. However, consistent with previous research, using a digital device and internet beyond project sessions appeared to be dependent on: having a device and an internet connection at home in order to practice the skills learnt in the sessions; the motivation to use online modes of communication; and a basic understanding of how devices and the internet work.

- ***The use of technology outside of project sessions was further enhanced by having family, friends or neighbours available that could assist with ongoing technical difficulties***. Providers and participants had identified the need for follow-on sessions, highlighting the importance of developing or signposting to further opportunities for learning.

- ***There are limited data on retention of digital skills after courses had ended. Follow-up interviews with three participants indicated that participants had retained the confidence and knowledge that they had gained on the course*** and that the COVID-19 lockdown had increased their motivation to expand their online activities.

- ***The primary way the projects appeared to improve social connectedness before COVID-19 was the experience of attending the group itself.*** All participants had ways of staying in touch with family and friends; the key mode for doing this was by telephone, through face-to-face visits, or through attendance at weekly community or religious groups. Technology provided another way of staying in touch with people – a new tool for communication – but it did not replace any of the ways that participants usually communicated.

The impact of COVID-19 on the digital inclusion projects and its participants

- ***The social restrictions implemented to tackle COVID-19 prevented digital inclusion projects from engaging those without a home internet connection and/or a digital device***. @online club changed their service offer significantly by offering one-to-one remote support through a telephone helpline for all older Hackney residents promoted through the Council. Silver Connections sessions were adapted to a group online format using Zoom video conferencing.

- ***Restrictions made it difficult for providers to recruit new participants who were ordinarily reached through off-line promotional efforts.*** Both providers recognised that outreach work and relationship building with other organisations was time intensive, particularly given the continual changes that other organisations were going through during social restrictions, and they lacked capacity for it within their existing service delivery models.

- ***The social restrictions associated with COVID-19 helped motivate participants to go online to become socially connected***, for example, participant interviewees joined religious services and other groups remotely. Participants in the remote Silver Connection course had used their new found knowledge of Zoom to join other social activities online.

Conclusion and recommendations

Based on the qualitative evidence generated across two digital inclusion projects, this study has found that group-based projects can help older people learn new digital skills and to feel more socially connected. Prior to the COVID-19 pandemic, the evidence suggested that the groups' impact was mainly through learning about technology together in a social setting rather than the technology itself. The pandemic further exposed the digital divide between older residents, as those without access to home internet and a digital device were difficult to reach through off-line communications and were unable to take part in remote group sessions. For those that were able to participate remotely, online activities and services helped them stay socially connected to others. It should be noted that these findings are based on a small sample of participants and will be supplemented by forthcoming quantitative analysis on the impact of the digital inclusion projects prior to COVID-19. The effectiveness of digital inclusion projects will also be addressed at a national level by the Ageing Better programme evaluation.

Based on the findings from this study and the likelihood that the COVID-19 pandemic and associated social restrictions will be ongoing for some time, the following recommendations are offered for the digital inclusion projects within the Connect Hackney programme and beyond.

For the development and scale up of the Connect Hackney digital inclusion projects:

- Continue to offer remote group sessions during social restrictions and inform participants about the range of activities that can be accessed online.
- Consider with the Connect Hackney team and Hackney Council whether and how to reach older residents who are the most digitally excluded.
- Linked to the above, the need for home-based equipment for older people to connect remotely was a dominant theme in the evaluation. Projects should consider how to support residents to access such equipment or partner with another organisation to do this.
- To help increase participant numbers through referrals, consider with the Connect Hackney team how to revise the capacity of the projects so that greater efforts can be put into outreach and relationship building work.
- Continue to develop and apply for funding for follow-up activities so that participants can continue their learning after a course is completed. This could include offering past participants new remote services during social restrictions.

For any organisation developing digital inclusion projects for older people:

- The research identified a number of best practices to help improve the design and delivery of digital skills instruction for older people:

- Provide a warm, social learning environment; focus on basic technical content using plain English and simple analogies; consider including a social online or face-to-face group activity to support group bonding.
- Employ facilitators with high levels of social and communication skills; attend proactively to accessibility issues to support participants with physical, cognitive, or sensory impairments;
- Offer group sessions that are device specific where possible, and if not, ensure there are sufficient staff or volunteers in sessions to support people on a one-to-one basis.
- Ensure sufficient capacity for dedicated outreach, promotional work and relationship building with other organisations to reach potential participants through off-line methods, with particular thought given to reaching under-represented groups such as men and minority ethnic groups.

Acknowledgements

We are very grateful to all the participants who spoke to us and shared their experiences. We give our thanks also to the @online club and Silver Connections project teams who gave up their time to share their insights. We would also like to thank members of the Connect Hackney programme team and our evaluation advisory group for their in-depth comments and suggestions on the study and report.

Contents

1. Background

This report is an in-depth study of two digital inclusion projects in Hackney, east London, before and during the COVID-19 pandemic. Digital inclusion means helping people become capable of using and benefitting from the internet by: *developing digital skills* to use the internet, computers, smartphones or other devices; *improving infrastructure* so that people can afford a device, Wi-Fi or other data packages; and/or *improving accessibility* in the design of digital services to meet users' needs[3]. The projects in this report focused on the first dimension, helping older people to develop their digital skills. This report aims to inform commissioners, policy makers and practitioners interested in enabling older people to have the confidence, skills and ability to go online and stay socially connected.

This chapter begins with an overview of the National Lottery Ageing Better programme in which Connect Hackney is situated and provides a description of the two projects under study. The national and local policy context for addressing digital inclusion and the potential impact of COVID-19 on the digital inclusion of older people are also addressed.

1.1 Ageing Better in Hackney

'Connect Hackney' is one of 14 'Ageing Better' programmes based in England aiming to tackle social isolation and loneliness amongst people aged 50 and over. Ageing Better is a programme funded by the National Lottery Community Fund which runs from 2015 – 2022[4]. Aligned with the aims of the national programme, Connect Hackney has four intended outcomes (Box 1.1).

Box 1.1: Connect Hackney programme outcomes

1. Increased numbers of older people who are socially isolated engage in meaningful and enjoyable activities which result in new friendships, sustained networks, improved resourcefulness, more confidence and thus, ultimately, a better quality of life.
2. Increased numbers of older people who are at risk of social isolation engage in meaningful and enjoyable activities which result in new friendships, sustained networks, improved resourcefulness, more confidence and thus, ultimately, a better quality of life.
3. To embed an asset model towards ageing and older people, where the latter are more actively engaged in the community and valued for the contributions they make.
4. Increased direct involvement of older people and people as they age in shaping policy and holding key stakeholders to account, leading to stronger partnerships.

1.2 The digital inclusion projects

Connect Hackney initially commissioned three one-year digital inclusion projects run by different community organisations: *@online clubs* and *Learning Together clubs* (both started in Nov 2018) and *Silver Connections* (started Feb 2019). The projects aimed to build participants' confidence and skills in using digital devices, applications and the internet. In autumn 2019,

[3] Centre for Ageing Better (2020). *How has COVID-19 changed the landscape of digital inclusion?* (Online). https://www.ageing-better.org.uk/publications/how-has-covid-19-changed-landscape-digital-inclusion [Accessed 26 October 2020].

[4] https://www.ageing-better.org.uk/

@online club and Silver Connections were funded for an additional year having met their project targets; and these two projects were the focus of this study.

Both @online clubs and Silver Connections were group-based projects. *@online clubs* offered 8-week sessions which aimed to build older people's skills in using tablet devices, and *Silver Connections* groups offered 6-week sessions teaching smartphone skills. Silver Connection's participants also planned a social outing which took place in week 5. Sessions for each project lasted two hours, usually with two learning objectives (for example, learning to use Siri and a navigator app) and opportunities for participants to raise queries. @online club operated from different locations within Hackney; the delivery team provided Apple© tablet devices for participants and a portable Wi-Fi router so that a secure WiFi network could be accessed. Silver Connections took place in the providers' premises in the centre of the borough. Key similarities and differences between the projects prior to COVID-19 are summarised in **Appendix A**. A detailed description of the projects' resources and activities and changes to project delivery during COVID-19 are provided in section 3.5.

1.3 The national and local policy context

There has been growing interest in reducing the digital divide between older people and those who have grown up using digital technology in their daily lives. People of all ages are now encouraged to access council, health and other public services online, conduct online research into consumer deals, and use the internet to stay in touch with family, friends and people who share similar interests[5]. Part of the drive to reduce the digital divide is the potential for technology to facilitate older people's social contact and participation, although evidence reviews of the impact of online activities or internet/ computer training on social isolation or loneliness have so far been inconclusive (see **Appendix B**).

Forty percent of men and 52 per cent of women aged over 75 in the UK have never used the internet, compared to six per cent and nine per cent of all UK men and women overall[6]. Internet access at home also remains significantly behind younger age groups[4]. Smartphone use amongst older people aged 75 and above is increasing – almost one in five personally use one; however, most prefer larger devices for connecting to the internet[7]. Factors most strongly associated with minimal internet use among users aged 65 and above are: lower income, older age, living alone, mobility challenges and problems with memory or ability to concentrate[8], suggesting that digital inclusion is related to wider social issues and inequalities. Older internet users are also more likely to be 'narrow' users, carrying out only a small number of activities online and are significantly less likely to use the internet to communicate, use government services, create content, or participate in democratic action[9]. While some older people may

[5] Davidson, S. (2018). *Digital Inclusion Evidence Review 2018*. (Online) https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/age_uk_digital_inclusion_evidence_review_2018.pdf [Accessed 26 October 2020]

[6] Office for National Statistics. Internet users, 2019.

[7] Ofcom (2019). *Access and inclusion in 2018: consumers' experiences in communications markets*. (Online). https://www.ofcom.org.uk/__data/assets/pdf_file/0018/132912/Access-and-Inclusion-report-2018.pdf [Accessed 26 October 2020]

[8] Davidson (2018).

[9] Ofcom (2019).

wish to go online but are unable to ('true digital exclusion'), others are making a positive choice to remain off-line, though may still ask family/friends to use the internet on their behalf to find information or online deals[10].

Regarding the local context in Hackney, in February 2019, the Mayor Phillip Glanville emphasised the crucial role of digital connectivity to the economic wellbeing of the borough and focused on affordability for all residents, but did not single out older residents as a group with particular needs[11,12]. There were no plans at council level to create a digital inclusion strategy around the needs of ageing residents. In 2011, a report by the Community Safety and Social Inclusion Scrutiny Commission[13] highlighted several barriers to digital inclusion for older Hackney residents, including: problems with accessing services (e.g. the prohibitive cost of mobile devices and broadband) and residents' lack of skills and confidence. It also highlighted specific socio-cultural barriers unique to Hackney, for example, internet use among orthodox religious groups like the Charedi community, and use by ethnic groups for whom English is a second language. The Council's response to the commission's recommendations[14] was that research to map out digital exclusion would be too costly; however, equality impact assessments would be carried out, and ICT training would continue to be available from community halls.

1.4 The onset of COVID-19

When the COVID-19 pandemic arrived in England, social contacts were restricted through a national 'lockdown'. On 23 March 2020, Prime Minister Boris Johnson said all non-essential travel and public gatherings must stop, with people urged to leave home only for exercise, to shop for essential items, for medical care, or when their work could not be done at home. All shops selling non-essential items closed along with pubs, restaurants, theatres, cinemas and places of worship. Since then, social restrictions have remained in place, with phases of tighter and looser regulations (up to the time of writing).

The onset of the COVID-19 pandemic has been life changing, impacting on older people's wellbeing and social resources. COVID-19 has encouraged many more people to get online or to use the internet in new ways. In an online survey of 50 – 70 year olds during lockdown, 75% were making video calls more often and 31% were emailing more often[15]. Richardson (2018) suggested that major life changes (for example, bereavement and retirement) could change older people's internet use from being an optional extra into a vital lifeline and might provide

[10] Richardson, R. (2018). I am connected: new approaches to supporting people in later life online. (Online). <https://www.ageing-better.org.uk/sites/default/files/2018-06/i-am-connected-good-things.pdf> [Accessed 26 October 2020].

[11] Glanville, P. *A vision for digital connectivity in Hackney* https://blogs.hackney.gov.uk/hackit/a-vision-for-connectivity-in-hackney (2019).

[12] Hackney Council. Improving digital connectivity in Hackney, for everyone. Our vision. (n.d.).

[13] Community Safety and Social Inclusion Scrutiny Commission. *The digital divide*. https://drive.google.com/file/d/1_PD1WLcjqVuwpacLx7nE1w3cchBEZ_9R/view (2011).

[14] The Deputy Mayor of Hackney. Executive response to Community Safety and Social Inclusion Commission Scrutiny Review into the Digital Divide. (2011).

[15] Centre for Ageing Better and Ipsos MORI (2020). *The experience of people approaching later life in lockdown: the impact of COVID-19 on 50-70 year olds in England*. London: Ipsos MORI.

an 'entry point' into the digital world for those who had previously been disinterested. One example of such an impact is that three times more people aged 70 and over registered for online banking with Lloyds Bank during lockdown compared to the previous year[16]. However, older adults who are not online have the potential to suffer from a double burden of social exclusion during the pandemic – first from physical contact and second from a digitally dominated society[17]. If providers focus too heavily on replacing face-to-face activities and services with online support, COVID-19 could potentially perpetuate ageism[16]. Box B.1 in **Appendix B** outlines four key areas where older people may be digitally excluded, as identified by the Centre for Ageing Better[18].

The pandemic brings to the fore debates on whether internet access is a human right, and if it is, how best to ensure that technology and support meet older people's needs. It is hoped that the findings from this small-scale study can contribute to the wider body of evidence on the support needed to make digital technology accessible and available to older people, and how interventions can best develop older people's digital skills.

1.5 Research questions

The broader evaluation of the Connect Hackney programme is guided by a set of eight "test and learn" questions. One of these questions focuses on whether the use of technology can help to reduce social isolation and loneliness. It asks whether improving older people's confidence in using IT will enable them to navigate services, keep in touch with family and friends, meet new people, and find leisure and social activities that are of interest. Indicative research questions and lines of inquiry for the research were co-developed with the Connect Hackney programme team (**Appendix C**). Five research questions were addressed:

1. How were the digital inclusion projects implemented in their first year? How were the models refined and adapted based on learning? How effectively were the digital inclusion projects reaching their target populations?
2. What features of the digital inclusion projects encouraged the engagement and retention of participants, according to participants and providers?
3. In what ways did the projects impact on participants' confidence and skills in using digital devices, use of digital devices to support social participation, and, ultimately social isolation and loneliness? What were the key mechanisms?
4. Were the outcomes of the projects sustained, as reported by participants?
5. How did COVID-19 impact on the projects and their participants?

[16] Lloyds Bank (2020) *Lloyds bank UK consumer digital index 2020*. London: Lloyds Bank.

[17] Seifert, A., Cotton, S. R., Xie, B. (2020). A double burden of exclusion? Digital and social exclusion of older adults in times of COVID-19. J Gerontol B Psychol Sci Soc Sci, 1-5. https://doi.org/10.1093/geronb/gbaa098.

[18] Centre for Ageing Better (2020). *How has COVID-19 changed the landscape of digital inclusion?* (Online). https://www.ageing-better.org.uk/publications/how-has-covid-19-changed-landscape-digital-inclusion [Accessed 26 October 2020].

2. Methods

2.1 Study design

A small-scale, in-depth study of the implementation and perceived impact of two digital inclusion projects was undertaken at two time points: before COVID-19 from September to December 2019 (T1) and during COVID-19 from July to October 2020 (T2). At T2 the first national lockdown had ended but some social restrictions were still in place. A mix of methods was employed: 1) observation of digital inclusion project sessions; 2) interviews with the projects' providers; 3) participant interviews; 4) anonymised participant self-reported survey data collected at T1; and 5) analysis of projects' monitoring forms collected by the Connect Hackney team. Table C.1 in Appendix C maps the research questions against each method.

2.2 Data collection

Observation of sessions: Two observations were made of each project in autumn 2019. Observation 1 was conducted during the second session and Observation 2 was conducted during the penultimate session of each project. **Appendix D** contains the observation schedule. At the first Silver Connections observation, there were 11 participants, 2 facilitators and 1 volunteer; at the second observation, there were 9 participants and 2 facilitators. At the first @online observation, there were 3 participants, 2 facilitators and 2 volunteers; at the second observation, there were 2 participants, 2 facilitators and 2 volunteers.

Provider interviews: At T1, interviews were conducted with four staff members across the two provider organisations in October 2019: a group face-to-face interview was conducted with the manager and the facilitator of Silver Connections, and a telephone interview was conducted with the manager of @online (see **Appendix E** for the interview schedule). A face-to-face interview with the facilitator of @online was also carried out (covering a reduced set of interview questions on the project background, theory of change and on implementation). At T2, interviews were conducted with two staff members from Silver Connections and the project manager from @online club in July and August 2020. One interview was conducted by video-conferencing and two by telephone (see **Appendix F** for the interview schedule). All interviews were digitally recorded and transcribed verbatim.

Participant interviews: At T1, six project participants took part in fieldwork – two participants from @online club and four participants from the Silver Connections project. A focus group with participants after the final session for each project had been planned. However, due to logistical challenges this was not possible for Silver Connections; the focus group was delayed by one week and then attended by only one participant. Consequently, follow-up phone calls were made to participants who had provided their details and three more interviews were conducted: one face-to-face at a community centre and two at the participant's home. The focus group for @online was scheduled directly after the last project session, however, as the project had two attendees only (one participant dropped out due to poor health), a group interview was conducted (see **Appendix G** for the T1 interview schedule).

At T2, six participants took part in fieldwork, three of whom had been interviewed in T1. The aim was to speak to three participants who had taken part in Silver Connections' online groups. The provider identified three participants to speak to a researcher about the study, and all

agreed to participate, each having had participated in a different group. At T2, @online club were no longer running group activities and so no additional participant interviews were sought. The aim was to also speak to three participants who had taken part in interviews at T1 to understand the long-term impact of the sessions. All previous interviewees were approached: the two participants from @online club agreed, and one of the four participants from Silver Connections agreed[19] (see Table 2.1). **Appendix H** provides the interview schedule for the three telephone interviews with new participants that had taken part in the remote groups Silver Connections held during COVID-19. **Appendix I** contains the interview schedule for the three follow-up telephone interviews at T2 with participants that were interviewed at T1. All interviews were digitally recorded and transcribed verbatim.

Table 2.1 Number of interviews

Data collection time point	Project managers and facilitators	Participants	Total
T1 (pre-pandemic)	4	6	10
T2 (during pandemic)	3[a]	6[b]	9
Total	7	12	19

[a]One interviewee had been interviewed at T1. [b]Three interviewees had been interviewed at T1.

Profile of participant interviewees: Of the nine participant interviewees (T1 and T2), most were female; all were aged 60 or over; the majority were of Black African or Caribbean ethnicity, and all but two lived alone (see Table 2.3). Of the three participants interviewed at T1 and T2: all were female, aged 75 or over and from diverse ethnic backgrounds. Those interviewed at T2 were similarly diverse in terms of ethnicity, gender and age.

Table 2.3: Socio-demographic Profile of participants interviewed

Gender	*N*	*Age at first interview*	N	*Ethnicity*	*N*	*Living arrangements*	*N*
Female	7	50 to 59	0	Black	6	Alone	7
Male	2	60 to 69	2	White	1	With partner	1
		70 to 79	5	Mixed	1	With family	1
		80 and over	2	Asian	1		
				Other	0		
Total	9	*Total*	9	*Total*	9	*Total*	9

Of the six participants that were interviewed at T1: two owned their own tablet; three owned their own smartphone and one participant occasionally used a family member's smartphone. Only two of the six had Wi-Fi at home. Of the three new participants that were interviewed at T2 who took part in Silver Connection's online group: one participant owned their own tablet and had Wi-Fi at home; one owned multiple devices (laptop, tablet, phone) and had Wi-Fi at home; and one participant had been given a smartphone to use by a community group and used it only to create an internet connection on their laptop (using 'Hotspot') as they did not have Wi-Fi at home. Of the three participants interviewed at T1 and T2, two had their own

[19] The other three participants could either not be contacted despite multiple attempts by phone and letter or they were unable to participate due to COVID-related bereavement

tablet and/or smartphone and Wi-Fi at home, and one had their own smartphone but no Wi-Fi at home.

Anonymised participant self-report survey data*:* Socio-demographic and outcome data were collected from participants by project providers at project entry and exit/follow-up using the Ageing Better 'Common Measurement Framework (CMF)' questionnaire[20]. Connect Hackney provided anonymised data for all project participants that had completed a participant survey as of November 2019 (N=84). Socio-demographic data covered: gender, age, ethnicity, religion, LGBT+, living arrangements, presence/absence of a long-standing illness or disability, and carer status. Outcome data covered social isolation; loneliness; health and wellbeing and volunteering, co-design and influence. In March 2020, all routine data collection across the Connect Hackney project ceased due to COVID-19. As only a small number of additional participant surveys were entered into the data set during the second stage of this study (T2) updated analyses were not conducted[21].

Quarterly monitoring reports*:* Connect Hackney programme staff collected routine monitoring data from each project on a quarterly basis. Within each form, providers give a qualitative summary of service delivery and answer an evaluation question posed by the Connect Hackney team. In October 2020, to examine changes to service delivery during COVID-19 and complement data from the provider interviews, the research team received the forms for the three quarters between T1 and T2:
Jan – Mar 2020 (Q4 19/20): What are the challenges in modifying your project to reach beneficiaries? What do beneficiaries thing about the changes? Will you be able to continue to reach them over the next three months? How can Connect Hackney support you?
Apr – Jun 2020 (Q1 20/21): What is the appetite from the older people you work with for returning to face-to-face services? Are you learning of any particular concerns from older people about returning to face-to-face services?
Jul – Sep 2020 (Q2 20/21): How are you responding to [and coping with] the continuously changing government guidance, whilst balancing the needs of participants within your existing resources? What, if any, impact is this having on your participants?

2.3 Data analysis

Interview data, observation field notes and project monitoring forms were analysed using a thematic approach. Interview transcripts, field notes and forms were read and re-read and line-by-line coding was carried out using NVivo 12 software. Inductive codes were developed from the qualitative data. Each code's data were checked for consistency of interpretation and re-coded as necessary. The a priori research questions were used as an overall framework for the higher-order themes. Socio-demographic and project entry and exit outcome data from the participant survey were analysed using descriptive statistics[22].

[20] The CMF is a questionnaire which all Ageing Better project participants are asked to complete. It covers participant demographics and measures social isolation and loneliness, social contact and social participation [ECORYS. Ageing Better evaluation Common Measurement Framework (CMF): outcome measures. (2018)].
[21] There is a time lag between data collection and data entry. Updated analyses will be available in a forthcoming overall report on reach and impact of the Connect Hackney programme.
[22] At the time of analysis only a small number of participant exit or follow-up surveys were available for analysis. A reliable analysis of change in outcomes was therefore not possible.

2.4 Ethical approval

Ethical approval was granted for the overall evaluation by the UEL Ethics Committee (ref ETH1819-0216). An amendment to the ethics application was sought and approved to accommodate new research questions, data collection tools and remote working methods in the light of COVID-19, including obtaining oral rather than written informed consent before interviews at T2. Written or oral informed consent was received and recorded from all participants before observation sessions and interviews. Findings and quotes in the report are pseudo-anonymised to minimise the risk of identifying participants.

2.5 Presentation of findings

Table 2.4 illustrates how the findings are presented in chapter 3 of the report, indicating the research questions and lines of inquiry addressed by each of the chapter sections.

Table 2.4: Presentation of findings according to research question addressed

Findings section	**Research question/line of inquiry**
3.1 Establishing and developing the digital inclusion projects in their first year.	• How were the projects implemented in their first year? • How were the models refined and adapted based on learning? • How effectively were the digital inclusion projects reaching their target populations?
3.2 Describing the participant group that the digital inclusion projects support	• How effectively were the digital inclusion projects reaching their target populations?
3.3 Engaging and retaining participants in digital inclusion projects	• What features of the digital inclusion projects encouraged the engagement and retention of participants, according to participants and providers?
3.4 Perceived impact of participating in the digital inclusion projects	• In what ways did the projects impact on participants' confidence and skills in using digital devices, use of digital devices to support social participation, and, ultimately social isolation and loneliness? • What were the key mechanisms? Were the outcomes of the projects sustained, as reported by participants?
3.5 The impact of COVID-19 on digital inclusion projects and participants	• How did COVID-19 impact of the digital inclusion projects' implementation? • How did COVID-19 impact on participants' experiences of participating in digital inclusion projects?

3. Findings

The digital inclusion projects aimed to build participants' confidence and skills in using digital devices, applications ('Apps') and the internet and provide participants with the opportunity to socialise. This chapter begins with the development of the digital inclusion projects in their first year before the start of the COVID-19 pandemic (section 3.1). It then describes the profile of participants and the challenges they face in engaging with technology (section 3.2). The features of the projects that help to engage and retain participants are reported in section 3.3. The perceived impact of the sessions in the immediate- and longer-term is examined in section 3.4. The impact of COVID-19 on the projects and their participants is described in section 3.5

3.1 Establishing and developing the digital inclusion projects in the first year

This section describes the nature of each project in detail and examines project outreach activities, drawing on provider and participant interviews, self-report survey data and research observations prior to the onset of COVID-19.

The digital inclusion projects' setting, resources and activities

The @online clubs project had been running for about ten months and Silver Connections had been running for seven months at the time of the first phase of data collection between September and December 2019. Both projects involved groups of older people participating in semi-formal learning sessions in a social community setting on how to use digital devices and the internet. @online club participants were learning to use Apple iPad© tablets and Silver Connections participants were learning how to use smartphones. For both projects, lesson plans were flexible and adaptive to participants' abilities and interests, and the emphasis was on the enjoyment of learning in a social environment and achieving small personal goals rather than on acquiring a set number of specific skills. An @online club provider reported that their previous experiences of running similar projects in a neighbouring borough had shown the importance of older people learning and socialising in small groups, particularly for participants that lived alone or had sensory or physical disabilities. Providers saw the aim of the sessions as empowering participants by giving them information and, focusing on people's individual motivations, without expecting all participants to complete the sessions with a prescribed set of skills and knowledge.

> *"We're not providing a technical training session we are providing life skills." Provider, @online (T1)*

The key features of the two projects are compared in **Appendix A**. There were several similar elements in content and format between the projects. Projects covered just a small amount of basic content in each session ensuring that the content was suitable for people with very low knowledge and skills. **Just two main topics** were covered in each session as any topic involved multiple steps[23] with different skills to develop at each step (e.g. manipulating the screen, typing using an online keyboard, understanding what 'cookies' mean). Providers explained processes and digital terminology in **plain English** and both were observed **using similes** to explain technical jargon – for example, Siri/OK google were like having personal assistants and

[23] For example, based on observational data, online shopping involved how to search for online shops, how to search for items, filter and sort them, how to add items to a shopping basket and pay for them.

Wi-Fi works like a wireless radio. Providers from both projects emphasised the need to **tailor sessions to build on participants' interests** and adjust to their level of skill and knowledge. Differences in group sizes, level of participant skills, and dynamics meant some adjustments were needed each time:

> *"Every group seems to be different and we always have a view about what people want to cover, what they should cover and how far they are learning and enjoying the sessions. So there's always been debriefs with the trainer, in terms of adapting the programme." Provider, @online (T1)*

Encouraging participants to practice in and outside of the sessions was a key aspect of both projects and two participants reported that they had participated in homework and seen the benefit.

There were a number of **notable differences** in the projects' format and content: In the Silver Connections project **the group outing** to a local place of interest was planned by the group who explored options for the trip with the assistance of their smartphones. Providers reported that the trip had several purposes: to provide unstructured time for participants to socialise and build on their friendships; to give space for the participants to have fun together in contrast to managing the frustrations that come with learning; and to give participants the opportunity to use their phones in a practical way outside of the classroom:

> *"We want them to enjoy the day, we're not going to force them just to look at their phones… but just to show when it can be useful. So like how to get there, if you're not sure where it is, this is a good time to look on Google maps… If you want to take a photo… it just encourages them to make the connection of what we've been learning, how to apply it in action." Provider, Silver Connections (T1).*

The differences between the two projects in **whether the class was able to follow the same steps at the same time** and the **degree of structure** in sessions appeared to stem from both the different devices chosen for each project and their maximum number of participants. The facilitator and participants in the @online club were all working from one type of tablet. Consequently, it was possible for the facilitator to guide all participants through the same set of steps, which the facilitator could demonstrate on a screen connected to his own iPad. Combined with the small group size of 6 to 8 people and the assistance of two volunteers, it was possible to run the session in a reasonably structured way, with participants following the steps laid out by the facilitator. Additional ways in which the @online club could be considered more structured was the use of forms to assess people's skill level and motivation at project entry and a mid-point review with participants to see how they felt they were progressing and discuss the content options for the remainder of the course[24]. In contrast, the Silver Connections group was much larger (up to 15) and led by two facilitators, sometimes with the assistance of one volunteer. Providers had to guide participants in using a range of different

[24] Providers from both projects had found that the participant survey, mandatory for all Connect Hackney projects to deliver at the beginning and end of projects, ordinarily took up almost the whole of their beginning and end sessions. Consequently, they had reduced some of their own evaluation materials to compensate, despite needing this feedback to inform ongoing development. Initially, @online had stopped their paper assessments of participants' entry ability levels, though this was later reintroduced as it was considered too valuable to pass over.

smartphones that did not function in the same way and it was much harder to take participants through a series of steps:

> *"Phones are really complicated… I could pick up your phone and wouldn't know how to find the gallery and all this kind of thing. So… trying to teach people that have never even used something before and that is your tool for learning and that's what they're trying to get to grips with, with over 10 people, is really challenging." Provider, SC (T1)*

Consequently, the providers adapted to using a more task-based approach where they could set the end goal, demonstrate it on their phone, and then move around the group to help those with different devices. The nature of the learning sessions was less structured, as it took quite a long time to move between participants and left space for participants to ask their neighbours for help or to chat if they were inclined to do so.

An aspect which featured more at @online club than at Silver Connections was providers' **attention to participants' physical and cognitive abilities**, based on provider interviews and researcher observations. The facilitators drew attention to various accessibility features of iPads during the group and one @online provider thought they could go further still in spending time looking at accessibility options. @online club also offered stylus pens to participants to help them manipulate the screen and these were observed to be very welcome by participants. One provider from the @online club also noted their responsibility to signpost participants that they identified as having unmet health or care needs. Although the @online club project's sensitivity to participants' needs may in part be due to their older age on average than Silver Connection's participants (see section 3.2), participants from both projects reported various health and memory problems.

Reaching participants through outreach work

Providers from the two different projects reported using different strategies to reach older people at T1. Although both projects had undertaken outreach work at local community events, @online club providers also publicised themselves across multiple community settings as they were new service providers in the Hackney area (originally based in the neighbouring borough of Newham), including:

- Taster sessions and leaflets at public libraries, community centres and other community settings.
- Mail outs to lunch clubs and older people's organisations followed up by phone calls
- Contacting workers from a number of ethnically diverse community organisations.
- Word-of-mouth
- Advertising through the Older Person's Reference Group and in Hackney Senior magazine
- Face-to-face meetings with Healthwatch

Silver Connections providers had mainly recruited internally from an existing project in their organisation that worked with older people and through a stall at the local leisure centre:

> *"We've recruited a lot of people there [leisure centre] because they do over 50s games, where they have a specific period of time where they're doing a lot of promotion to try and get older people engaged so they've been really welcoming to work with us." Provider, SC (T1)*

Providers from both projects reported that participants tended to hear about projects from non-digital communication channels – for example, word of mouth, local newspapers or magazines, leaflets at community venues. Of the six participants interviewed at T1, @online club participants had discovered the project through a community health fair, one Silver Connections participant had identified the project in the local Hackney Senior magazine, one through the leisure centre, one through a friend who had completed the course and the last through a social prescriber at their general practice.

Data from the participant survey on how participants found out about projects supported the information from provider interviews (Table 3.1). There were noticeable differences by projects, with a greater number of @online participants seeing promotional leaflets or posters (26% @online vs 3% Silver Connections), and a large number of Silver Connections participants hearing about the project through project staff (47% Silver Connections vs 18% @online) (NB: difference data not shown in Table 3.1), reflecting differences in the outreach strategies of the two providers.

Table 3.1: How participants found out about digital inclusion projects

Where participants had heard about the project	N (%)
Project staff/volunteer	23 (32)
Leaflet or poster	11 (15)
Friend or family	5 (7)
Adult social care or social services	4 (6)
Other (unspecified)	30 (40)
Total N	73

Providers highlighted that further efforts were needed to reach more isolated older people, perhaps with more publicising to councils, social prescribers, and health organisations. Both projects had found men harder to engage and thought targeted outreach could be helpful, through for example, barber shops and pubs. Providers from both projects also reported that they lacked capacity for outreach and relationship building as they had underestimated the time needed to engage and support participants throughout the course and the time needed to collect participant survey data.

Providers reported that Connect Hackney's Learning Network events, where providers from different Connect Hackney community projects shared learning, had been useful in putting names to faces and learning about other projects, but in general these events had not led to cross-referrals in the first year. Providers from all projects had been concerned that only one project would be able to 'count' the participant as part of their project delivery targets. Although providers reported a lack of cross-referrals, according to the participant survey, over a quarter (28 per cent) of digital inclusion participants said they had taken part in another Connect Hackney project, suggesting that participants were learning about projects available under the programme from other sources.

3.2 Describing the participant group that took part in the projects

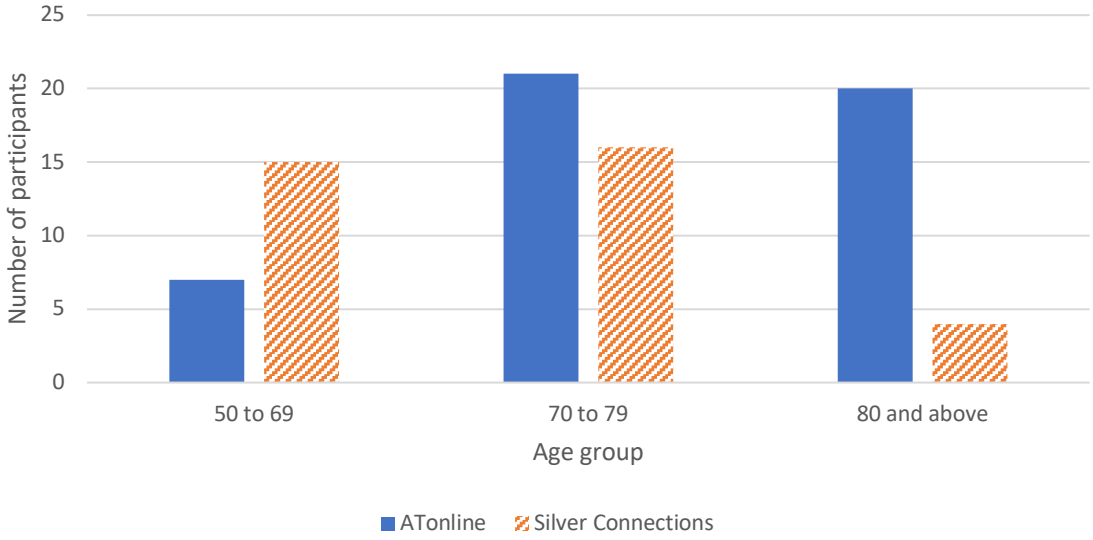
This section presents the key findings from the participant self-report survey on socio-demographic and outcome measures at project entry[25]. These findings are preliminary based on data collected up to November 2019[26]. The section then provides a qualitative description of participants' digital knowledge/skills and their health, sensory and cognitive ability at project entry, based on participant and provider interviews at T1 and T2.

Socio-demographic and outcome profile of participants

The majority of participants were: female, aged 70 or over, from an ethnically diverse group, and described themselves as 'Christian' in terms of religion. Over half of the participants were: living alone and had a long-standing physical or mental illness or disability (see ***Appendix J***). The socio-demographic profile of digital inclusion participants is largely similar to the profile of participants across all Connect Hackney projects although there was a higher proportion of digital inclusion project participants aged 70 and over. This reflects population age statistics on the gap in digital technology use within this older cohort.

The two digital inclusion projects were reaching slightly different target groups by age. Silver Connections were reaching a younger participant group while @online had many more participants aged 80 and above (Figure 3.1).

Figure 3.1: Age of digital inclusion participants (T1)



The ethnic group profile also differed by project. Sixty-five per cent of Silver Connections participants were Black compared to 32% of @online participants; 53% of @online participants were White in comparison to 21% of Silver Connections participants. Only @online had recruited Jewish participants. No differences were found between the projects' participants in

[25] Information in this section is based on the self-report Common Measurement Framework questionnaire completed by participants at project entry. Data were available for 84 participants: 49 for @online (a response rate of 94%) and 35 participants for Silver Connections (a response rate of 63%).
[26] Data will be updated in a forthcoming report on project reach and impact for the overall Connect Hackney programme.

terms of gender, living arrangements, or whether they had a long-standing health problem or disability.

There are two possible reasons for the differences in demographics between the two projects both of which are linked to projects' promotional efforts: a) word-of-mouth recruitment methods whereby participants cascade information about the projects to their family and friends who are likely to be similar to them (e.g. in terms of age or ethnicity) and/or b) participants recruited primarily from one community space will reflect the socio-demographic make-up of that setting. For example, only the @online club had recruited Jewish participants – the provider had made specific efforts to engage the Jewish women's community and had provided a female facilitator for the group.

In terms of outcome measures at project entry, participants' levels of social isolation and loneliness were similar across the two digital inclusion projects. There was a trend for lower wellbeing scores at entry for @online participants. This may reflect the fact that @online had a greater proportion of older participants who are more likely to have a longstanding illness or disability. Digital inclusion participants were less socially isolated and lonely than participants in other Connect Hackney projects but, overall, they were more socially isolated and lonely than older residents in Hackney and nationally (see **Appendix J**). This is not surprising given the overall focus of the Connect Hackney programme on social isolation and loneliness.

Participants' access to Wi-Fi, device ownership and digital skills at project entry

Among the nine participant interviewees, all but one owned their own device but only four had Wi-Fi at home and all had basic or very limited digital skills[27] (Table 3.2). Reasons for not having Wi-Fi at home included concerns about costs and uncertainty about whether they needed it.

Table 3.2: Summary of participants' digital infrastructure and skills at project entry

Wi-Fi access	N	Smartphone or tablet ownership	N	Skill level	N
Wi-Fi at home	4	Owns their own device	8	Very basic with no social media or email	4
No Wi-Fi at home	5	Does not own their own device	1	Very basic but can email	2
				Basic and can use some social media and can email	3
Total	*9*	*Total*	*9*	*Total*	*9*

Providers from both projects noted that it was common for participants to have received a new or a hand-me-down device from adult children who often did not have the patience to teach their parents how to use it and/or did not reset the device and transfer over IDs and passwords. Two-thirds of the participants interviewed had very basic skill levels at project entry, mainly using their device for just one function, for example, using a smartphone to make phone calls or a tablet only for skype calls to their child:

[27] Skill level qualitatively assessed based on participants' reports.

"It was all… set up so basically all I did was press the button at the allotted time five hours difference and either she came up on, or it was a bad line and then she didn't." Participant 1 (T1)

Two participants reported they had owned their own phone for several years and had not progressed beyond making phone calls. The three participants with greater skills all had Wi-Fi at home, their own device and used email. More advanced skills included making video calls, sending messages via social media, using Facebook, and searching the web.

Participant health, sensory and cognitive abilities at project entry

Nearly all participants interviewed had health problems, including chronic pain, recovering from a stroke, and arthritis, and mental health conditions. Health appointments or flare ups in health conditions were often the reasons for non-attendance at sessions. Providers from both projects and four participants noted difficulties with retaining information, for example: "*You can ask what was wrong three times, [laughing] and it's still not sticking*," Participant 2 (T1).

@online club providers noted that many older people had visual impairments that made it difficult to use smartphones and necessitated knowing the accessibility features on tablets, for example, being able to change the text size, zoom in and out, using reader mode. Providers from both projects noted that the fine motor skills needed to tap, swipe and manipulate screens were challenging for some participants:

"Some people tap too fast so it won't recognise it, or double click on something else, or triple click is something else or if they hold it down too much it does something else or it doesn't, you know like, it takes them, it can take people a really long time to understand." Provider, (T1)

In summary, provider and participant interviews indicated that projects were reaching participants with very basic levels of digital skills and a notable number lacked Wi-Fi at home. Participants commonly had health conditions that impacted on their ability to attend sessions, had difficulty remembering the steps needed to operate device functions, and some lacked the fine motor skills needed to easily manipulate device screens. Survey data at project entry also suggest that digital inclusion participants were less socially isolated and lonely than participants in other Connect Hackney projects but, overall, they were more socially isolated and lonely than older residents in Hackney and nationally.

3.3 Engaging and retaining participants

This section answers research question 2, "What features of the digital inclusion projects encouraged the engagement and retention of participants, according to participants and providers?". It starts by examining the reasons why participants joined the projects and then looks at factors affecting participants' engagement and retention. It mainly covers the period prior to the onset of the COVID-19 pandemic.

Reasons for joining digital inclusion projects

For most participants, the primary reason for joining one of the projects was the desire to increase their confidence and skills in using a smart phone or tablet, as reported by providers and multiple participants (at T1 and T2). It was recognised by provider and participant interviewees that increasingly older people were not able to access activities and services unless they went online or used a smart phone, impacting on their sense of independence:

"How do you find out about your medical condition? How do you register on patient access so you can get repeat prescriptions online or book a telephone or other appointments with your GP rather than hanging on the phone for half an hour?" Provider, (T1)

"I'm not very computer literate. I think I learnt when I was about 50 something, so I just want to be able to do more things for myself." Participant 3, (T2)

Wanting to become more involved in activities with family, friends or religious groups was also an important reason for joining. Provider interviewees from both projects noted that the social environment of the group was very important in itself and participant interviewees reported enjoyed socialising during the group. This was not, however, the main reason for joining.

Several participant interviewees commented that it was nice that the course was free but it had not been a deciding factor as they had wanted to learn and would have been prepared to pay a fee (if it were affordable). For others, however, the fact that the course was free was important especially if there was uncertainty around whether they could gain skills from the course. The @online taster sessions provided an opportunity for potential participants to: get to know the trainer and understand what the course might involve, and the opportunity to test a tablet before purchasing one.

Factors affecting participants' engagement and retention

Participants' engagement and retention was affected by multiple factors according to provider and participant interviews (at T1 and T2): scheduling and remembering to attend; transport and location; digital implementation challenges; the social learning environment; personalisation of sessions; and skills of the delivery team. Each is addressed in turn.

Scheduling and remembering to attend: Participants commonly had health appointments or flare ups in health conditions that affected their ability to attend (see section 3.2) and this remained an issue for remote sessions too. Several noted trips abroad for periods of time to visit family. Course attrition were expected by providers who tried to mitigate against this by explaining the benefits of consistent attendance, sending reminders by text or in writing and calling non-attendees. One participant interviewee (at T1) highlighted that as many events are held in Hackney, a project held on only one day of the week might miss potential attendees if they were already committed to another activity.

Transport and location: The location of projects, whether they were close to home, served well by public transport, or had parking available for those with mobility issues using dial-a-ride were important to participant interviewees. While online sessions overcame mobility issues during the pandemic in terms of travel, it introduced new forms of inaccessibility related to digital exclusion (see section 3.5) and problems related to other physical impairments (see next section).

Digital implementation challenges: Participants faced numerous challenges in engaging with digital technology, which were exacerbated by health, cognitive and sensory impairments. Based on researcher observations of both projects at T1, terminology needed to be explained and sometimes bore no resemblance to a word's meaning in a non-technological context, making it difficult to recall, for example, a cookie or filter. Features that are designed to give people options could cause confusion, for example, finding a website by typing directly into a

search bar, using a search engine, or looking at an automated list of past searches. Additional options offered by online shops, for example, extra insurance and multiple delivery options, could make straightforward choices seem difficult. The requirement for different passwords for different accounts could be hard to manage, and even remembering one password – to enter a borrowed device – was difficult for many participants to recall. Problems were often multi-layered and unpicking one problem could involve solving three more, for example a participant might have difficulty downloading an App because they were not connected to Wi-Fi, they do not have enough storage capacity on their phone, or they have forgot a password.

Provider interviewees and researcher observations noted that the visual interfaces of some applications were confusing for participants and they needed time to explore and understand them in context (e.g. using a 'Bus checker' App at an actual bus stop). Provider interviewees also felt that websites showing local activities were poorly designed for older people, or did not show them the activities they were interested in (for example, community centres offering free or subsidised meals) and this discouraged them from seeking out information online. Box 3.1 on the next page summarises some of the key digital implementation barriers for older people.

The social learning environment: Providers of both projects felt a warm and friendly atmosphere for the group was important. There were a number of ways to facilitate such an environment. Providers welcomed participants warmly when they arrived, asked how they were, and made small talk – this was needed regardless of whether participants were at the group in person or remotely:

> *"Once you were in the Zoom room, it was lovely to be welcomed, once we were coming in, people would welcome us individually and she would give us time to start." Participant 5, (T2)*

The community setting itself helped to create a relaxed atmosphere, and food and drink were also welcomed by participants. Provider and participant interviewees highlighted the fact that participants were coming to a social group and not a classroom, meaning people were there to encourage and talk to one another, as well as learn:

> *"…providing a nice warm space, I think that's such a crucial part of this whole course, a nice space they can come to, and have nice friendly people, other people welcoming them, have a cup of tea, have a little chat, and have a little look at something, and maybe take something away from it, without it being that kind of pressure of learning." Provider, (T1)*

Provider interviewees noted that it could be hard at times to keep the chatter down when they were teaching but rather than telling people to stop (which they might with school children), they tried to accommodate it while keeping the class moving forward. Several participants mentioned the friendly nature of the group with the opportunity to socialise. A key feature of the projects was the enjoyment of learning something new in this nice environment:

> *"I was learning as I go along plus, it's good to go and mix with beautiful people and have a chat and the group was quite interested in doing so, as far as I'm concerned." Participant 4, (T1).*

Box 3.1: Barriers to overcome for the ongoing use of technological devices

Language and communication challenges

- A lack of familiarity with the QUERTY keyboard or lower literacy levels can make typing slow and frustrating.
- There is a lot of new terminology which can be difficult to remember.
- When older people receive handed-down technology from their children, they may need support to unlock devices from networks, put new devices in their own accounts, and change passwords.
- It can be difficult for older people to understand and assess the level of risk involved in interacting with online shops or social media.

Cognitive and physical skills

- Remembering how to carry out different series of steps to achieve different tasks and recall multiple passwords can be significant challenges for older people.
- Using digital devices require fine motor skills which can be hard for some people. Use of a stylus can help with touchscreen technology.

Dealing with error

- Knowing how to correct or move back from mistakes or move on when stuck is essential for continuing to engage with the digital world.
- These inevitable errors cause frustration so providers work to manage expectations and emphasis interest and pleasure in the process of learning, rather than set goals.

Practical challenges

- It can be expensive for participants to buy new devices and sizeable data packages.
- Lack of access to WI-FI at home can demotivate older people from getting online and limit their ability to practice using their devices outside of class.

Preferences of family members

- Elderly family members and friends may prefer to stay in touch by phone.

Unstructured time before the class and during the break could provide opportunities for participants to speak to the facilitators, volunteers and other participants. The larger group size for the Silver Connections project, and the need for facilitators to attend to individual's needs during the class, left time within the class for participants to speak to one another and share their experiences with the technology. Silver Connections providers also noted the importance of the week-five outing for cementing friendships in the group.

> *"I do think a lot of them get pleasantly surprised by the trip because we have those four weeks beforehand where we're in the classroom learning and they get used to that and suddenly we're on this trip and we're just having fun." Provider, (T1)*

Personalisation of the sessions: Providers were keen to build on individual's motivations and skill levels: they spent time finding out about people's personal interests and goals, gave them opportunities to ask questions, and options for activities that matched people's interests. At the same time, participants needed a considerable amount of one-to-one support to maintain this level of personalisation which could not always be achieved:

> *"It's very hard of course, people at different stages, there was me right at rock bottom and somebody else who would be well away… finding all the bits." Participant 1, (T2)*

"If they leave only one or two people for eleven people you won't get satisfaction of what you want, and then one person take a lot of time to go round and then it's like three to one is better, or two to one, or four to one." Participant 6 (T1).

Skills of the delivery team: Providers needed a high level of social and emotional skills, communication skills and a moderate level of digital skills to facilitate the groups. Providers reported that they were aware that participants needed to build their confidence in sessions and often felt frustrated as part of the learning process. They managed people's expectations about what they could learn from the short course and encouraged a curious and open approach to learning. A trickier aspect to manage was the level and pace of different learners, which varied for each group as reported by providers from both projects. Some groups were able to progress through more content while others needed content scaled back; facilitators needed to be mindful in each session of the progress of the whole group. Lastly, providers noted that they needed to be attentive to group dynamics and ensure that everyone felt included.

Participants appreciated receiving one-to-one support and when facilitators recapped what they had learnt, going through and repeating steps slowly. Participants also highlighted the warmth, patience and responsiveness of facilitators:

"Everybody was very kind, very nice people and because of their ways they encouraged you to learn and I think because of that I managed to learn quite a lot" Participant 7, (T1).

"… They are very good they are very, very good… they make you feel comfortable… no push you or anything like that no, yeah" Participant 8, (T1)

In summary, learning how to use digital devices and go online was the main hook for engaging participants in the projects. Multiple factors affected participants' engagement and retention. Participants were more likely to attend a project if the venue was close to their home or well situated for public transport links. Attendance at in-person and remote groups was affected by participants' health conditions. There were extensive digital implementation challenges to overcome for both in-person and remote groups, particularly if participants were using different devices. Participants and providers highlighted the importance of a warm and friendly environment where learning and socialising were both prioritised. Personalising the content of the sessions was considered important for building on individual's motivations and learning needs, though greater personalisation required more intensive one-to-one support. Finally, the skills of the delivery team were crucial for engaging and managing the group, with high levels of social, emotional and communication skills considered essential.

3.4 Perceived impact of the projects in the immediate- and longer-term

This section answers research question 3, "In what ways did the projects impact on participants' confidence and skills in using digital devices, use of digital devices to support social participation, and, ultimately social isolation and loneliness? What were the key mechanisms?" and research question 4, "Were the outcomes of the projects sustained, as reported by participants?"[28]

[28] Due to insufficient data it is not possible to report quantitative findings on changes in the self-reported outcome measures collected through the CMF survey.

Based on the qualitative fieldwork, three main themes arose relating to the immediate and longer-term perceived impacts of the projects. These are considered in turn: positive emotions; knowledge and skills and the moderating impact of motivation, digital access and baseline skills; and opportunities to socialise and feel socially connected. Finally, the long-term impact of the projects is explored, based on follow-up interviews with participants at T2. The data on longer-term impacts are limited as they are based on the experiences of three participants. These data provide examples of how project learning was used after sessions had ended but the findings cannot be generalised.

Positive emotions

Regardless of participants' age or level of experience with technology, benefits from the learning journey were reported. Participants and provider interviewees from across both projects reported **gains in confidence, a sense of pride and a sense of achievement** from learning new knowledge and skills on the course:

> *"I came to update myself or re-learn and I'm so happy I came because I feel some things now I can manage." Participant 7, (T1)*

> *"It's an accomplishment to me because… I tend to always be self-critical and always say I can't do something. But the mere fact is I have been able to conquer this. I can manage something, so I feel very chuffed." Participant 5, (T2)*

Participants also reported feeling more **independent** after attending the project, without having to totally rely on other people for digital engagement. Some participants had been able to achieve a personal goal. For example, providers noted individual participants who had wanted to learn to download Uber or transfer money to a foreign bank account or WhatsApp a family member living abroad.

Knowledge and skills

Participants described a variety of knowledge and/or skills that they had gained from the project (see Box 3.2 for the full range). One of the most useful Apps reported by participants and providers at T1 had been navigation and bus checkers. All but one of the nine participants reported **at least one new skill** they had gained from the course. (This participant had been motivated to attend the course for social contact rather than to gain digital skills.) From researcher observations, it was clear that participants with higher levels of digital access and skills could gain more concrete skills from the projects as they had the ability to apply their learning independently during the class and seemed familiar with their devices. Six participants mentioned things that they had learnt on the course that they had wanted to do but had not been able to because they could not recall the steps, had become frustrated when they became stuck, or they did not have the opportunity to practice because of a lack of Wi-Fi or because they did not have a family member available with whom to practice. All three of the participants interviewed at T1 who were followed-up at T2 said they received support when they got into technical difficulties, **indicating a need for ongoing access to digital support**. Five participants from the Silver Connections project (three from T1 and two from T2) reported that they would like more sessions to increase their knowledge and skills, and providers from both

projects had identified the need for continuing drop-in sessions or monthly meetings so that past participants could troubleshoot problems they were facing.

Box 3.2: Participant-reported knowledge and skills gained on the digital inclusion projects

- Manipulating the digital screen
- Using navigation and bus checker apps
- Searching for nearby cafes and restaurants
- Searching for information online
- Using social media, such as Facebook and WhatsApp
- Using video conferencing software, such as Zoom and Skype
- Online banking
- Online shopping
- Learning about online activities, such as, audio books, free music, free films or theatrical performance, home exercise
- Phone specific knowledge: adding contacts, taking photos, unlocking the phone, creating a hotspot for another device.
- Reading the news online

Motivation for using digital devices and the internet also played a key role in whether participants went on to apply their skills. Providers from both projects gave examples of participants who had bought their own devices after starting the groups, indicating a strong motivation to become digitally connected. Four participants said they still preferred to keep in touch via telephone either because they considered phone calls the most reliable, efficient and cheapest option to keep in touch with family members who lived abroad (particularly since they did not have Wi-Fi at home) or simply because they were happy with talking on the telephone:

> *"Everybody can manage to do strange things with their mobiles, but I get really a bit cross because I think it not necessary to text, you can actually speak to people." Participant 1, (T1)*

In short, the use of technology outside of the digital inclusion project sessions was influenced by individuals' ability and motivation to use the internet, their access to a device and home internet connection.

Opportunities to socialise and feel socially connected through technology

Before the onset of COVID-19, the primary way the projects appeared to improve social connectedness was the experience of attending the group itself, which was greatly valued by all the participants that were interviewed. Providers noted that for some participants, it took a lot of bravery to come and learn something completely new that they found very difficult in front of a group of people. For the loneliest participants, the opportunity to get out of the house and socialise was very important. However, learning technology provided an important hook for motivating participants to attend.

Silver Connections providers at T1 highlighted that many past participants had stayed in touch with each other through WhatsApp groups that were set up to arrange the trip in Week 5. A couple of participants had not formed strong friendships with their peers on the group but stopped to chat when they bumped into one another in their local area:

"Yes, er, we met at gym after the, because we only do once a week there… and then er, I just say, 'How are you doing? How are you keeping?'" Participant 6, (T1)

Two of participants said they had swapped numbers and met up with others after the group finished. One of them reflected that friendships cannot be forced but in a friendly group there is the opportunity to find chemistry with someone else:

"If people are friendly you make friends. If they are not friendly and they keep themselves you keep to yourself. You don't have to force people to be friendly to go get, to be friendly to, you don't have to force yourself or somebody, or you force yourself on me. It's the spirit now, when the spirit come together you become friends" Participant 2, (T1)

According to provider and participant interviews at T1, some participants had enjoyed using their phone or tablet to speak with friends and family by text, WhatsApp and Skype. Simply understanding new terminology had helped one participant to connect with their grandchild.

Perceived longer-term impact of the projects

Three participants who had been interviewed at T1 were followed-up at T2, around ten months later. All were over 70, owned a digital device and had home Wi-Fi. All three reported increased confidence in using their device and the internet over time and had retained the knowledge that they had learnt on the course (triangulated with interviews at T1). One participant noted she felt knowledgeable in comparison to her peers:

"I have enjoyed learning these little bits and I'm quite impressed with myself when I'm meeting with someone that doesn't even have a tablet." Participant 1, (T2 follow up)

One participant noted that practice had helped them improve their typing speed and that they had now set up Wi-Fi at home. The three participants said they had expanded the range of activities they did over lockdown, in particular attending religious services on YouTube. Other activities included emailing friends, online shopping, and reading the news online.

In summary, nearly all participant interviewees had taken away at least one key learning point from the projects, and a number had learnt much more. However, participants were keen to build on their skills in more sessions: an eight-week course was enough to provide some foundational learning only; a six-week course was akin to an extensive taster course in digital technology. Developing their knowledge and skills also enhanced aspects of wellbeing such as confidence and a sense of pride. Furthermore, there was evidence that taking part in the digital inclusion sessions enriched participants' social connections. Participants enjoyed the social aspects of the groups and some extended beyond the group. Using a digital device and internet beyond project sessions appeared to be dependent on having a device and an internet connection at home, the motivation to use them, and the required skills. It was further enhanced by having family, friends or neighbours available that could assist with ongoing technical difficulties that would inevitably arise, and providers and participants had identified the need for follow-on sessions. Follow-up interviews with past participants from T1 found that these participants had retained the confidence and knowledge that they had gained on the course and that lockdown had increased their motivation to expand their online activities. As the number of follow-up interviews with past participants was small these findings provide examples of how project learning was used after sessions had ended but cannot be generalised.

3.5 The impact of COVID-19

This section answers research question 5, "How did COVID-19 impact on the projects' implementation and how did it impact on participants' experience of the project?" It sets out the changes that were made to projects and their delivery, the impact on project reach, and participant experiences during the pandemic.

Changes in project delivery

Both digital inclusion projects made substantial changes to their projects following the onset of COVID-19. The adaptations that projects made to be able to support people through lockdown and beyond are described for each project separately as the two projects took different approaches. Whilst Silver Connections re-started groups remotely, @online club provided remote one-to-one support only.

@online club: Staff roles were realigned and an IT telephone helpline was set up in April 2020 to support older people with their smartphones and tablets. The helpline ran from 10am to 3pm on a Tuesday and was operated by an experienced trainer. According to project monitoring data, the helpline received 33 calls between April and September 2020. Box 3.3 outlines the key selling points of the helpline as promoted by the provider.

Box 3.3: Assistance from the telephone helpline support

- Need support to access more features on your smart phone?
- Have a technical problem on your smart phone or tablet device?
- Want to talk through how to download apps, photos?
- Want to use Facebook Messenger or Whatsapp?
- Have a question on Wi-Fi?

Although the helpline was promoted to all older people in the borough through Hackney Council[29], local print media and community groups the provider reported that the most frequent users were past participants[30] and the most common requests were how to access WhatsApp and Zoom. Supporting participants over the phone was very resource intensive:

> *"Getting somebody on Zoom might be two or three lengthy telephone calls, then a sort of trial Zoom session, so they feel comfortable that they've done it." Provider, (T2)*

After social restrictions eased in July, @online began to consider how the project might be adapted on an ongoing basis. One option was to provide group online sessions including similar content to the original group, with an additional focus on Zoom and WhatsApp. Another option considered was a 'digital buddies' service where trained volunteers could set up online access in a socially distanced manner in person, and then use remote contact to teach the participant new skills. The provider noted that this option would depend both on finding volunteers who were motivated to offer remote contact (existing volunteers had considered this less appealing), and whether potential participants had an appetite for remote learning. By October

[29] Hackney Council promoted the helpline on their website, with the aim of reaching digitally included family members who could refer their older relatives to the service.
[30] The helpline was promoted to past participants via telephone and through posting out monthly newsletters.

2020, the providers had hoped to restart some face-to-face, socially distanced sessions but the rise in COVID-19 cases and the lack of public libraries and community venues re-opening in which the groups could be held meant that activities could not be relaunched.

Silver Connections: The project was in the middle of a course at the start of lockdown. The final two sessions were postponed while the providers considered how to move the course online, assessing via phone calls whether participants had access to home internet, their own smart phone or computer, and had an email address. They also created a WhatsApp group where participants could share their experiences of lockdown (e.g. photos of their garden or pet, daily activities). Providers re-wrote the content of the existing sessions focusing on what might be most relevant/useful to participants during social restrictions, including more content on video calling, social media, online activities and staying safe online. They also considered how they could maintain the social experience remotely. The providers selected Zoom video conferencing as the most suitable platform as more than four people could participate in a call, participants could use Zoom on the web or download the app for free, and it was a platform that the providers felt confident using. Providers were able to pilot two remote group sessions with the existing cohort.

The next group cohort was held completely remotely at the end of May with six people. Providers emailed visual guides on accessing Zoom. Like the in-person course, the remote course consisted of six sessions (setting up Zoom; how to use Zoom; internet research; online group activity; social media and online safety; and a final Q and A session with a celebration) (see **Appendix K** for a detailed outline). Providers noted that 'how to use Zoom' was one of the most successful sessions

> *"There are lots of kind of instant wins. A lot of these functions are really actually very simple, it's just a matter of explaining them and also it was all contained within Zoom." Provider, (T2)*

Silver Connections staff noted that the size of sessions had reduced from 15 to between six and eight participants as online learning was felt to be too difficult to facilitate with a larger number given individual questions and technical support needs. Post-group activities also changed. Providers invited participants to set-up their own Zoom meeting the day following the last session and invite the provider, as a way of having a one-to-one follow-up call and skills practice. The providers no longer created a WhatsApp group, moving away from using smart phones to focus on online activities. In July, there was no expectation of returning to face-to-face services with providers anticipating ongoing social restrictions and expressing caution about exposing older people to the virus.

COVID-19 prevented the projects from reaching those most in need of digital inclusion

Providers reported that in order for the projects to provide online group sessions remotely, participants needed to have both access to the internet at home through Wi-Fi or a data package and to own a device. To access Zoom, participants also needed an email account. These entry criteria meant that the most digitally excluded older people could not participate in remote online sessions:

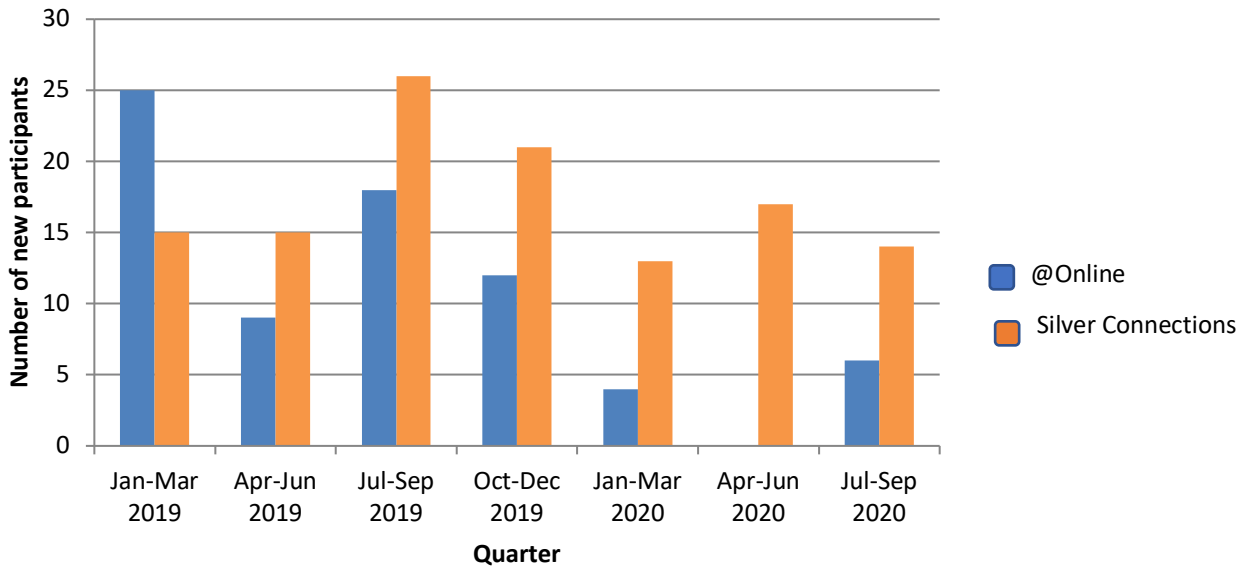
> *"Unfortunately, there are individuals that we have spoken to that would like to join the course but do not have the means to do so." Provider, (T2)*

This issue was of particular concern for the @online club who had focused on engaging the 'older old' using tablet devices, which were less commonly owned than smartphones but had greater accessibility features. The provider recognised with regret that there was no obvious or practical solution to improving digital inclusion through remote methods for older people that did not have home internet or a device. Ongoing shielding and caution would also be a barrier to engagement in face-to-face sessions, even if they were socially distanced. Consequently, for resuming group sessions they felt their target group would need to change from the over 60s to the over 50s: "*My sadness is actually you know they're not really the people who most need our support*," Provider, (T2).

COVID-19 made it harder for projects to reach new participants

Providers from both projects recognised the new challenge they faced in recruiting participants without face-to-face marketing. One provider noted that engaging people in the project relied upon people having trust in the provider, which was usually built up either in person or through a trusted referral organisation. Ordinarily they would publicise their services through leafleting in community spaces many of which remained closed. Silver Connections initially recruited participants to their adapted project through an existing waiting list of people that had primarily been recruited through face-to-face promotion at the local leisure centre and inhouse referrals. However, as the list depleted, new referral pathways were needed and the providers had started to reach out to other organisations; the provider reported they had also considered promoting the course to past participants. Figure 3.2 shows participant numbers for each project, prior to and during the first six months of the pandemic, based on project monitoring data.

Figure 3.2: Number of new digital inclusion project participants each quarter



Participant experiences during the pandemic

Since the onset of COVID-19, providers and participants had noted that some older people had **increased motivation to join online activities** with their family, friends or religious groups, however, only those with home Wi-Fi and a device were now able to access the digital inclusion projects to improve their digital skills. Participant interviewees that had taken part in

the remote Silver Connection course had used their new found knowledge of Zoom to join other social activities online. Two of these participants reported that they needed to stay connected online; one had been motivated to join after being unable to attend an important family celebration on Zoom:

> *"As a matter of fact it was into a family celebration that the relatives were doing Zoom and I became frustrated to tears that I wasn't able to take part." Participant 5, (T2)*

Participants interviewed during the pandemic noted several ways that the knowledge and skills they had learnt through the projects had helped them stay more socially connected. One participant commented on the comfort she had from being able to join her church group online:

> *"When you live on your own, you know I'm thinking about the morning prayer one, it's rather nice to see and hear voices that you know." Participant 1, (T2 follow-up)*

Participants and providers reported a range of **challenges in taking part in the digital inclusion sessions remotely** such as losing sound, running out of data, limitations of smartphones for some activities[31], and ensuring that hearing and visual impairments were catered for:

> *"I think [one participant] contributed to the discussion a bit less because I think she had said she was like struggling slightly to hear what was going on. And obviously we tried to like speak as loudly and clearly as possible and to get her to turn her volume up etc. But I think that is definitely, yes a challenge." Provider, (T2)*

Staff noted that the **dynamics of the group session changed** in the remote version of the Silver Connections course. As noted earlier, the groups were much smaller and it was more difficult for participants to interact in an unstructured way. However, the group activity in the fourth week served as an icebreaker for group bonding:

> *"We did have these activities that really kind of broke the ice quite a lot like chair yoga and chair dance routines… so put everyone slightly out of their comfort zone. So I think in that moment in the 6 weeks, we were able to kind of create a community and people spoke to each other kind of not just through us." Provider, (T2)*

Participants in the Silver Connections remote sessions highlighted that a benefit of the smaller groups was they could hear each other's questions[32]. Initially, providers had been worried that it might be uninteresting for participants to wait while people posed their individual question but participants fed back that they had been happy to learn from other people, perhaps lacking confidence to raise a similar question themselves.

The **gains in skills and knowledge** and the **opportunity to connect socially with others during and beyond the project sessions** were also evident amongst participants who attended the Silver Connections remote sessions. The importance of the social experience of attending the group remotely was mentioned by participants and providers:

[31] Participants used a range of different devices in sessions: smartphones, iPads and laptops

[32] All participants who had taken part in the remote Silver Connections group at T2 reported they were able to confidently use Zoom and had a home internet connection through Wi-Fi or a data package.

"It has been a boost for me to have something to look forward to weekly and something which I have learnt from to see apart from seeing the friendly faces of the tutors is the rest of the group." Participant 5 (T2)

In summary, the Covid-19 pandemic resulted in substantial changes to the digital inclusion projects. During the first national lockdown all face-to-face sessions stopped; @online implemented a one-to-one telephone helpline and Silver Connections adapted their course to be delivered remotely. The adapted Silver Connections course consisted of smaller groups to make online learning feasible and focused on doing activities online (e.g. using Zoom, social media, internet searching) rather than on smartphones per se. Both projects shifted their content to focus on supporting older people to communicate remotely. Whilst these were positive adaptations which brought benefits for those who accessed the remote sessions, projects were not able to reach the most digitally excluded older residents, those who lacked a home internet connection and a digital device. The restrictions also made it difficult for providers to recruit new participants who were ordinarily reached through off-line promotional efforts.

4. Discussion

This report focused on one of eight test and learn areas from the Connect Hackney programme: "Can the use of technology help to reduce social isolation and loneliness?". To answer this question, an in-depth study of two digital inclusion projects for older residents in Hackney was undertaken as part of a broader local evaluation of the programme. The projects aimed to build older peoples' confidence and digital skills, and reduce their social isolation and loneliness through their participation in group sessions set in their local community. The research aimed to address five key areas of inquiry: project implementation, adaptation and reach; engagement and retention of participants; and perceived impact on participants' digital skills and social connectedness in the immediate and longer-term. The onset of the COVID-19 pandemic prompted additional inquiry into the impact of lockdown and ongoing social restrictions on the delivery of the projects and the experiences of participants.

In this final chapter of the report, findings are discussed in relation to previous research, and the implications and key messages for the Connect Hackney programme team and those delivering digital inclusion projects to reduce social isolation and loneliness are identified. It should be noted that the findings on project impact are based on a small-scale, largely qualitative study with participant perspectives derived from a convenience sample and should not be generalised. Findings on perceived project impacts will be updated with results from the quantitative participant survey data. The implications of this for interpretation of the findings of this study are discussed.

4.1 Reaching out to older residents to engage them in digital skills learning

Providers' recruitment and promotional efforts, as well as the location in which projects are held, are likely to have an impact on the range of participants that they attract to projects. Like other Connect Hackney projects, the projects were attracting a greater proportion of: females; participants aged over 70; and participants from both White and Black ethnic minority groups as opposed to Asian or other ethnic groups. Strategies used to reach participants were varied but providers recognised the need to innovate in terms of, for example, developing specific outreach strategies for groups with lower participation rates such as men. These findings are in line with those from a linked study focused on the reach, engagement and retention of participants across a number of different projects within the Connect Hackney programme[33]. Some groups of participants who were underrepresented amongst project participants – for example, men, older residents from Asian and Chinese communities – may need targeted outreach to engage them in these projects. Both projects needed greater staff capacity within their service models for outreach and relationship building work alongside project delivery.

[33]Harden A, Sharpe D, Salisbury C, Lombardo C (2020) *Reach, engagement and retention of participants in phase two Connect Hackney projects: findings from project providers and participants (interim report)*. London: HCVS.

4.2 A lack of digital infrastructure and access to technical support as significant barriers

A notable number of participants were unable to access the internet at home and were therefore unable to practice their newly learnt online skills outside project time, a barrier identified by previous research[34]. Some participants had been concerned about availability and others were unsure of whether they would benefit from Wi-Fi. Although providers did not necessarily assume that participants would own devices or have the internet at home, it was clear that these were crucial factors in determining whether or not older people were able to continue using and developing their digital skills outside of the project sessions. Even with online access outside of the groups, low levels of digital skills accompanied by physical, cognitive or sensory impairments meant participants needed additional support to practice using tablets and smartphones. Some participants received help from family members or friends but not everyone had this kind of support. This finding indicates there are extra support needs when considering digital inclusion among older residents.

4.3 Participants' motivations to join digital inclusion projects

The opportunity to gain digital knowledge and skills was a key driver to join the projects among the older people interviewed in this study. Participants reported wanting to learn from non-family members in an informal environment that was ideally close to home or with good public transport links (for face-to-face groups prior to COVID-19). Motivations and goals varied according to pre-existing levels of knowledge and skills: participants with no or very little existing knowledge and skills wanted to build a foundation for learning whilst others wanted to expand on their knowledge and skills and often had specific tasks or goals to achieve (for example, using a particular App or learning a specific function on their phone). These findings are important in light of previous research on ICT use among older people which found that motivation and entry level skills and knowledge can influence the effectiveness of ICT interventions for reducing loneliness[35].

4.4 Attending to the accessibility of digital devices

In line with previous research[36,37], this study found that participants' cognitive and physical abilities and skills (e.g. memory problems, fine motor skills) affected their ability to engage. The need for digital inclusion projects to proactively attend to any accessibility issues experienced by their participants was highlighted by providers and participants, for example, suggesting the use of a stylus pen, showing participants how to increase text size, how to alter volume settings, how to alter screen brightness, or change to reader mode and so on. Several participants noted how helpful it was when facilitators revised and repeated steps from earlier in the session or from previous weeks. As others have recommended, much more needs to be

[34] Community Safety and Social Inclusion Scrutiny Commission. *The digital divide*. https://drive.google.com/file/d/1_PD1WLcjqVuwpacLx7nE1w3cchBEZ_9R/view (2011).
[35] Choi, M., Kong, S. & Jung, D. Computer and Internet Interventions for Loneliness and Depression in Older Adults: A Meta-Analysis. *Healthc. Inform. Res.* **18**, 191 (2012).
[36] Gell, N. M., Rosenberg, D. E., Demiris, G., LaCroix, A. Z. & Patel, K. V. Patterns of Technology Use Among Older Adults With and Without Disabilities. The Gerontologist 55, 412–421 (2015).
[37] Sayago, S. & Blat, J. About the relevance of accessibility barriers in the everyday interactions of older people with the web. in (2009)

done in terms of ensuring that digital platforms are suitable for older people. Creators of digital platforms for online access to general practices and local government services for example, should involve older people in their design to ensure they are fit for this group. Particular attention should be given to accessibility features, for example, using larger font sizes or giving the option to increase font size; designing layouts where the options for users are intuitive and clearly signposted; signposting of how to return to previous pages or correct mistakes; and a telephone number to call for further assistance.[38] [39]

4.5 Delivering engaging project sessions

The social aspects of the group – speaking to the facilitator and volunteers and getting to know other people in the group – were important for engaging and retaining participants. Creating a supportive and friendly learning environment was emphasised by both providers and participants. Kind and patient facilitators, use of humour, tea and coffee, a warm welcome, including unstructured as well as structured time for participants to interact and get to know each other, and working with people's interests and levels of need were all key components. These findings resonate with both anecdotal evidence and learning from digital inclusion projects in other Ageing Better areas[40] which highlighted the importance of informal and friendly provision and tailoring learning content and support to participants' needs and motivations. Previous research from the Connect Hackney programme[41] also found that the creation of a supportive atmosphere allowed people to feel comfortable when trying new things and making mistakes. The Silver Connections project uniquely offered a group outing during face-to-face provision or group activities during remote provision. This provided an informal and fun opportunity for the group to bond and socialise, and, for some individuals, it helped them to cement developing friendships. This appeared to be a successful project component that other digital inclusion projects may want to adopt to encourage social bonding among group participants.

The two digital inclusion projects contained common features to support digital skill development: a focus on basic and flexible technical content; building on individuals' personal motivations; opportunities to practice skills real time in the classroom and at home. However, the group size and degree of structure within each project differed. Both provider and participant interviewees suggested that a group of around eight participants was optimum to create a supportive and friendly learning environment, and a group which could be successfully led by two facilitators and a volunteer. It was also much easier to manage learning when participants were using the same technological device and platform, regardless of whether the sessions were face-to-face or delivered remotely. When using the same device and platform, participants could follow the same steps at a similar time and although participants still required one-to-one support, the nature of their problems resonated with other participants who were seeing the same things on their own screen. When participants were using different

[38] Davidson, S. (2018). *Digital Inclusion Evidence Review 2018*. (Online) https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/age_uk_digital_inclusion_evidence_review_2018.pdf [Accessed 26 October 2020]

[39] Ofcom (2019). *Access and inclusion in 2018: consumers' experiences in communications markets*. (Online). https://www.ofcom.org.uk/__data/assets/pdf_file/0018/132912/Access-and-Inclusion-report-2018.pdf [Accessed 26 October 2020]

[40] Big Lottery Fund. Connecting through digital technology. in (Big Lottery Fund; Hall Aiken, 2018).

[41] Connect Hackney. *Connect Hackney digital learning report*. (2018).

devices and platforms, facilitators found it challenging to deal with every individual's query. This suggests that digital inclusion projects would be wise to offer groups that were device specific where possible, and if not, to ensure there are sufficient staff or volunteers in sessions to support people on a one-to-one basis.

4.6 Project impact on digital skills and social connectedness

There is as yet no clear evidence from previous research on the effectiveness of digital inclusion interventions for reducing levels of social isolation and loneliness. An overview of 12 systematic reviews found mixed evidence of impact with lower quality studies tending to find positive effects and higher quality studies finding no impact[42]. The interventions evaluated by the studies included in the reviews varied greatly (see Appendix B) and there were no obvious patterns in the types of intervention that may be more effective. In the light of this limited evidence, qualitative studies can illuminate features of initiatives that may be important.

The findings from the current study identified three key routes to impact: i) improved confidence, sense of achievement and independence; ii) learning new digital skills, and; iii) opportunities to socialise and use social media (refer to Figure 4.1). These routes may be linked to positive changes in retained digital skills and social connections. The model takes into account other necessary or mitigating factors at the individual, organisational and contextual levels.

Regardless of age or level of experience with technology, participants benefitted from learning something new, gaining improved confidence, a sense of achievement and independence from participating in the digital inclusion projects. Additionally, follow-up interviews with past participants indicated that they had retained the confidence and knowledge gained on the course, although this was reliant on owning a device and having WiFi at home.

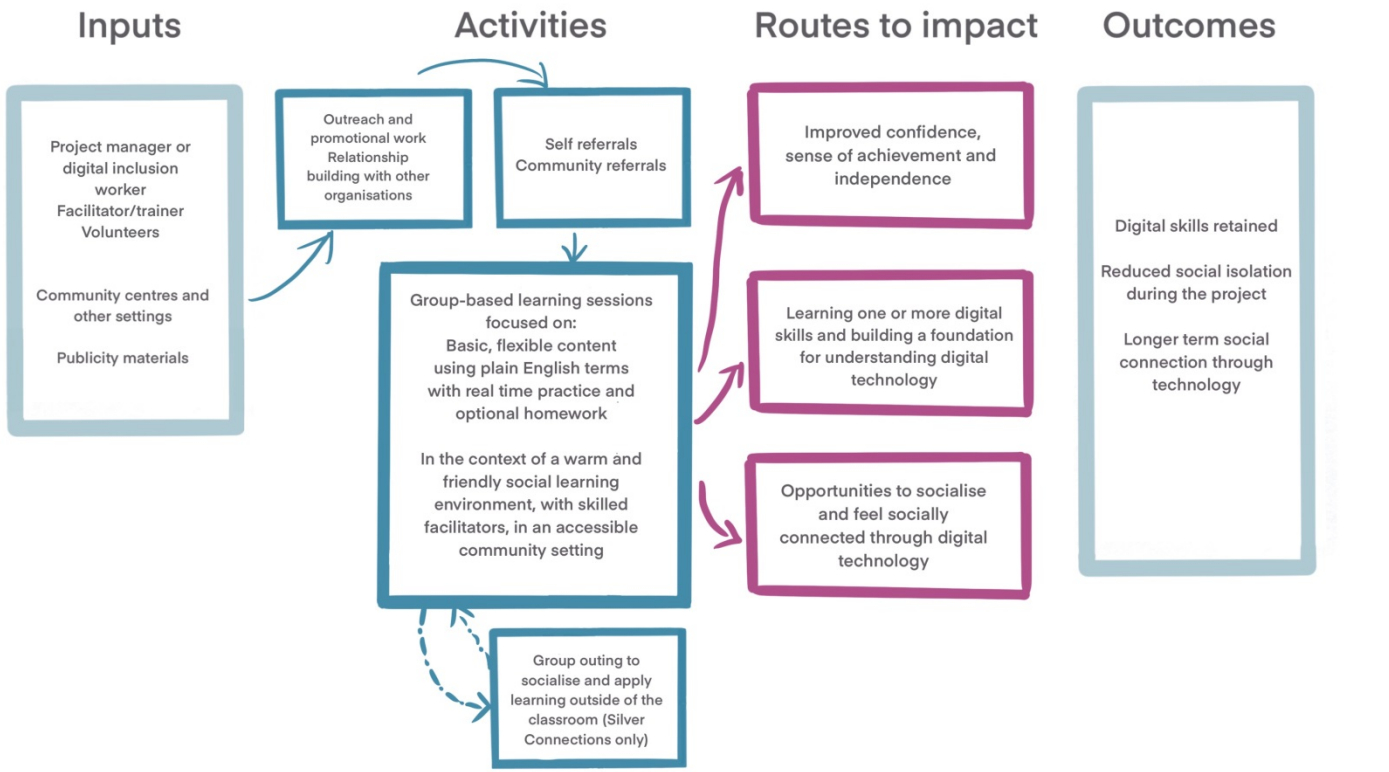
Nearly all participants interviewed had taken away at least one key learning point from the projects, and a number of participants had learnt much more. Participant and provider interviews indicated that that the projects had enabled participants to use and enjoy technology in terms of keeping in touch with family and friends through text, WhatsApp and Skype, accessing free music and information linked to their interests, and using online resources that could be useful in their everyday lives, for example, checking bus times.

Before the onset of COVID-19, the primary way the projects appeared to improve social connectedness was the experience of attending the group itself, which was greatly valued by all the participants that were interviewed. During the pandemic, some social connections were maintained through digital communications.

Overall, this study found that the use of technology alone is not likely to reduce social isolation and loneliness. Technology enhanced, but did not replace, participants' existing means of communicating with friends and family.

[42] Chips J, Jarvis M, Ramiall S (2017) The effectiveness of e-Interventions on reducing social isolation in older persons: A systematic review of systematic reviews. J Telemed Telecare. 2017 Dec;23(10):817-827. doi: 10.1177/1357633X17733773. Epub 2017 Sep 29.

Figure 4.1: Theory of change for the digital inclusion projects



4.7 The impact of the COVID pandemic on the digital inclusion projects

After the onset of COVID-19, the need for outreach and relationship building greatly increased, as providers could no longer rely on self-referrals through their usual recruitment channels. It also reduced participant numbers, as Silver Connections remote learning necessitated a smaller number of participants per group and only one-to-one support could be provided through the @online helpline. Consequently, if the projects were to continue through ongoing social restrictions, they would need to revise the capacity requirements of their new delivery models.

The pandemic increased older people's motivation to join online activities with their family, friends or religious groups, according to provider and participant interviewee reports, and as suggested by other research[43]. However, participants continued to speak to family members and friends by phone – going online did not replace their existing modes of communication. The social restrictions implemented to tackle COVID-19 prevented providers from accessing and engaging older residents through face-to-face contact, a mode of contact essential to reach the most digitally excluded older people, and narrowed the projects' recruitment to older people with a home internet connection and a digital device. Those without were left behind, a concern raised in other reports[44].

4.8 Strengths and limitations of this study

The findings in this study were informed by a mix of methods, including participant and provider interviews at two time points, researcher observations, project monitoring data and a participant survey. Data from each of these sources were triangulated to enhance the reliability of the findings. However, the selection of participants was based on a convenience sample; a wider breadth of views on the service may have been achieved with a purposive sample which included more men and participants from a wider variety of groups at T1. The study's findings primarily reflect the views and experiences of female participants that have engaged with the projects and were contactable. With more time and resources reliability could have been further strengthened by interviewing greater numbers of participants at T2, speaking to participants that had used the @online helpline, and observations of the Silver Connections remote sessions. It would also have been useful to speak to local community groups and other Connect Hackney project staff to gain a deeper understanding of how effectively the projects were reaching their target group.

Participant survey findings are limited by the sample size available at the time of the analysis. More data on participant outcomes is now available and a forthcoming report will present results for the whole Connect Hackney programme.

[43] Lloyds Bank (2020) *Lloyds bank UK consumer digital index 2020.* London: Lloyds Bank.

[44] Centre for Ageing Better (2020). *How has COVID-19 changed the landscape of digital inclusion?* (Online). https://www.ageing-better.org.uk/publications/how-has-covid-19-changed-landscape-digital-inclusion [Accessed 26 October 2020].

4.9 Conclusion and recommendations

Based on the qualitative evidence generated across two digital inclusion projects, this study has found that group-based digital inclusion projects can help older people to learn new digital skills and to feel more socially connected, but the evidence suggests that this is primarily through learning about technology together in a social setting rather than the technology itself. The pandemic further exposed the digital divide between older residents, as those without access to home internet and a digital device were difficult to reach through off-line communications and were unable to take part in remote group sessions. For those that were able to participate remotely, online activities and services helped them stay socially connected to others. It should be noted that these findings are based on a small sample of participants and will be supplemented by forthcoming quantitative analysis on the effectiveness of digital inclusion projects prior to COVID-19. The effectiveness of digital inclusion interventions will also be addressed at a national level by the Ageing Better programme evaluation.

Based on the findings from this study and the likelihood that the COVID-19 pandemic and associated social restrictions will be ongoing for some time, the following recommendations are offered for the digital inclusion projects within the Connect Hackney programme and beyond.

For the development and scale up of the Connect Hackney digital inclusion projects:

- Continue to offer remote groups sessions during social restrictions with a particular focus on social media and online activities.
- Consider with the Connect Hackney team and Hackney Council whether and how to reach older residents who are the most digitally excluded.
- Linked to the above, the need for home-based equipment for older people to connect remotely was a dominant theme in the evaluation. Projects should consider how to support residents to access such equipment or partner with another organisation to do this.
- To help increase participant numbers through referrals, consider with the Connect Hackney team how to revise the capacity of the projects so that greater efforts can be put into outreach and relationship building work.
- Continue to develop and apply for funding for follow-up activities so that participants can continue their learning after a course is completed. This could include offering past participants new remote services during social restrictions.

For any organisation developing digital inclusion projects for older people:

The research identified a number of best practices to help improve the design and delivery of digital skills instruction for older people:

- Provide a warm, social learning environment; focus on basic technical content using plain English and simple analogies; consider including a social online or face-to-face group activity to support group bonding.

- Employ facilitators with high levels of social and communication skills; attend proactively to accessibility issues to support participants with physical, cognitive, or sensory impairments;
- Offer group sessions that are device specific where possible, and if not, ensure there are sufficient staff or volunteers in sessions to support people on a one-to-one basis.
- Ensure sufficient capacity for dedicated outreach, promotional work and relationship building with other organisations to reach potential participants through off-line methods, with particular thought given to reaching under-represented groups such as men and minority ethnic groups.

Appendix A: Comparison of the digital inclusion projects before COVID-19

	@Online	**Silver Connections**
Target group	Hackney residents over 60 who want to practice going online using tablet devices	Hackney residents over 50 who want to build confidence and skills in using their mobile phones
Course length	Eight weekly two hour sessions	Six weekly two hour sessions
Delivery team	*Part-time facilitator with previous experience on similar digital inclusion projects with older people and a high level of technical knowledge of iPads©. *Facilitator support by the project manager and two volunteers.	*Part-time facilitator with previous teaching experience (with young people) *Facilitator supported by the project manager, sometimes with the assistance of a volunteer
Setting and equipment	*Hired rooms in various community settings across Hackney (e.g. library, cinema) *iPads© and stylus provided if participants didn't own one *Sessions run using a secure Wi-FI hub using a Mi-Fi router and a large screen to project the facilitators iPad© screen	*Provider venue in central Hackney *Android smartphones provided if participant's did not own one[45] *Sessions run through Wi-Fi provided by organisation at the venue. A projector was used to show the outline of for the session's content and tasks.
Summary of course content and format	*All sessions classroom based *Two main topics covered in each session ***Examples of topics***: iPad basic functions (e.g. turning the iPad on and off and unlocking the screen, charging the tablet, changing the settings); taking photos and videos; searching for and downloading an app; setting up an email account; staying safe online; online shopping; downloading music and books for personal use; setting up a skype account; accessing historic photos and archives online.	*Five classroom based sessions; one project outing *Two main topics covered in each classroom-based session ***Examples of topics***: Smartphone basic functions (e.g. turning the phone on and off and unlocking the screen, manipulating the screen); adding Wi-Fi; adding personal contacts; searching for and downloading apps (including WhatsApp, navigation apps, web browser, news apps); using Siri/OK google; taking photos; researching activities to do in Hackney; internet searching to plan an outing; leaving reviews online.
Post course activities	*One-off refresher sessions based on a specific topic (e.g. going online for health and wellbeing) and an e-newsletter. *Past participants invited to bring any individual problems they had experienced after the course to the facilitator	*WhatsApp group to give participants the option to stay in touch with one another.

[45] One participant commented on the low performance of the hire phones (confirmed by researcher observation): the phones often switched off, requiring the password to be re-entered and appeared to have low storage space for apps

Appendix B: Literature review

Learning from existing research literature

Evidence of effectiveness

It is useful to review the existing evidence of whether digital inclusion projects can reduce isolation and loneliness so that new study findings can be set in the context of similar projects. Chips et al (2017)[46] conducted a review of systematic reviews to look at the level of evidence on the effectiveness of e-interventions to reduce social isolation and/or loneliness in older people living in community or residential care. E-interventions were defined as interventions that were delivered via Internet-supported, ICT or other electronic technologies, with or without human support. They found 12 systematic reviews, of moderate quality:

- Four reviews focused on e-interventions targeting social isolation/loneliness in older people[47,48,49,50]
- Two reviews on e-interventions for older people (i.e. not limited to social isolation/loneliness)[51,52]
- Six reviews on interventions for social isolation/loneliness in older people (i.e. not limited to ICTs)[53,54,55,56,57,58]

[46] Chips J, Jarvis M, Ramiall S (2017) The effectiveness of e-Interventions on reducing social isolation in older persons: A systematic review of systematic reviews. J Telemed Telecare. 2017 Dec;23(10):817-827. doi: 10.1177/1357633X17733773. Epub 2017 Sep 29.

[47] Bornemann, R. The impact of information and communication technology (ICT) usage on social isolation including loneliness in older adults. A systematic review. (Magdeburg-Stendal University of Applied Sciences, 2014).

[48] Chen, Y.-R. R. & Schulz, P. J. The Effect of Information Communication Technology Interventions on Reducing Social Isolation in the Elderly: A Systematic Review. *J. Med. Internet Res.* **18**, e18 (2016).

[49] Choi, M., Kong, S. & Jung, D. Computer and Internet Interventions for Loneliness and Depression in Older Adults: A Meta-Analysis. *Healthc. Inform. Res.* **18**, 191 (2012).

[50] Khosravi, P., Rezvani, A. & Wiewiora, A. The impact of technology on older adults' social isolation. *Comput. Hum. Behav.* **63**, 594–603 (2016).

[51] Khosravi, P. & Ghapanchi, A. H. Investigating the effectiveness of technologies applied to assist seniors: A systematic literature review. *Int. J. Med. Inf.* **85**, 17–26 (2016).

[52] Morris, M. E. *et al.* Smart technologies to enhance social connectedness in older people who live at home: Smart technology and social connectedness. *Australas. J. Ageing* **33**, 142–152 (2014).

[53] Cattan, M., White, M., Bond, J. & Learmouth, A. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing Soc.* **25**, 41–67 (2005).

[54]Cohen-Mansfield, J. & Perach, R. Interventions for Alleviating Loneliness among Older Persons: A Critical Review. *Am. J. Health Promot.* **29**, e109–e125 (2015).

[55] Dickens, A. P., Richards, S. H., Greaves, C. J. & Campbell, J. L. Interventions targeting social isolation in older people: a systematic review. *BMC Public Health* **11**, (2011).

[56] Franck, L., Molyneux, N. & Parkinson, L. Systematic review of interventions addressing social isolation and depression in aged care clients. *Qual. Life Res.* **25**, 1395–1407 (2016).

[57] Gardiner, C., Geldenhuys, G. & Gott, M. Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health Soc. Care Community* **26**, 147–157 (2018).

[58] Masi, C. M., Chen, H.-Y., Hawkley, L. C. & Cacioppo, J. T. A Meta-Analysis of Interventions to Reduce Loneliness. *Personal. Soc. Psychol. Rev.* **15**, 219–266 (2011).

The 12 reviews included 22 unique e-interventions evaluated by studies of sufficient quality to be included[59]

- *Impact on social isolation:* two reviews conducted a meta-analysis on online activities – computer/internet training in older people and the results were inconclusive: one review[48] reported a significant decrease in loneliness; one review reported a non-significant decrease in loneliness[47].
- *Internet/computer training:* there was inconclusive evidence to support training and use of internet/computer e-interventions to reduce loneliness: three high quality studies reported no significant decrease in loneliness, four smaller studies, more prone to bias, reported some evidence of decreased loneliness.

Projects varied in aim, type of technology, length, number of sessions, and setting (nursing homes, community) and there were no obvious patterns in the types of projects that may be more effective. Qualitative studies may illuminate features of initiatives that may be important to their effectiveness; in section 1.4, anecdotal evidence on the key attributes of DI projects from Ageing Better projects so far are summarised.

Evidence of facilitators and barriers to ICT use among older people

As mentioned in section 1.1, having the right tools to get online – access to online devices and broadband – can affect usage. Motivation is also important – older people can choose whether or not to be digitally engaged. People's entry-level of ICT skills and knowledge, as well as socio-demographic factors, have been found to influence the effectiveness of DI projects with older people; for example, computer-mediating social support was increased when older adults spent more time using the Internet, had more knowledge of the Internet, were of a lower age group and were women[49]. Difficulty in obtaining technical support is also a known barrier. Technology use decreased significantly with greater limitations in physical capacity and greater disability[60]. Vision impairment and memory limitations were also associated with lower likelihood of technology use[60]. Older people can have difficulties in remembering task-related steps, understanding technical words and using the mouse, despite their willingness; simpler screens and reduced functionalities were key aspects in the design of email systems for older people[61].

Evidence from Ageing Better so far

Anecdotal evidence from Ageing Better projects to date can highlight key features of projects that may be crucial to their success in reducing social isolation and/or loneliness. In November 2018, the Ageing Better Conference[62] asked members to discuss how – and if –

[59] Studies had to have a comparison group where the link between the intervention and SIOL could be assessed

[60] Gell, N. M., Rosenberg, D. E., Demiris, G., LaCroix, A. Z. & Patel, K. V. Patterns of Technology Use Among Older Adults With and Without Disabilities. *The Gerontologist* **55**, 412–421 (2015).

[61] Sayago, S. & Blat, J. About the relevance of accessibility barriers in the everyday interactions of older people with the web. in (2009).

[62] Big Lottery Fund. Connecting through digital technology. in (Big Lottery Fund; Hall Aiken, 2018).

becoming digitally connected helped to reduce social isolation and loneliness, and about their views on the effectiveness of their DI projects:

- *The Healthwatch Project* in Torbay helped older people to book GP and hospital appointments online and order repeat prescriptions. Older people were then inspired to use IT in other areas of their lives. People preferred to have an informal drop-in over formal training sessions so they could ask for support relevant to their immediate needs. Some GP surgeries now hold sessions in their waiting rooms to help patients get online.
- *Age UK Isle of Wight* found it was important to tailor learning to participants' needs and motivations rather than prescribing fixed learning activities and help to grow people's confidence.
- *Lai Yin Association* in Sheffield ran taster sessions to help older Chinese people connect to friends and family using their smart phones, then delivered training to six groups using peer coaches and student volunteers. Sustainability came from participants using the skills and knowledge developed to form their own online and offline support groups and activities. They also found tailoring support to participants individual needs, skills and motivations was essential. People also responded positively to interactive engagement.
- *Good Things Foundation* in Sheffield. They found good provision to be informal and friendly, where the project can find a personal hook for an individual and find something online which is of clear personal value to them. They also found it was good to leave the door open for more engagement at the end of the course so people can come back if they want to refresh their skills. Projects that give too much information can put people off and solidify the impression going online is not for them. Some people are happy to not be online; they understand the benefits and they are making an informed choice not to participate. DI support needs to be embedded into wider support services so that people can be encouraged to take up training opportunities.

Connect Hackney produced a digital learning report from Phase 1[63]. Many of the key findings mirrored those of other Ageing Better DI projects:

- Participants had very different levels of ICT skills and knowledge. Focusing on the personal benefits of ICT and tailoring approaches to participants' needs and motives helped people to engage with the projects.
- Smartphones were the most common devices to which people had access; some participants had tablets or computers at home but required support to use them.
- Health conditions were often a barrier to participating, and for participants who engaged who had physical or cognitive impairments, a trial-and-error approach was need to get the right sort of assistive technology in place. Navigating the keyboard and double-clicking could be challenging.
- Creating a supportive atmosphere which allowed for people to make mistakes and having some unstructured time for socialising encouraged participants to engage.
- Use of the non-roman alphabet needed specialist equipment and translation technology.
- Participants enjoyed using WhatsApp, Skype, taking photos, playing music through YouTube or Spotify, and carrying out their own reading/research.

[63] Connect Hackney. *Connect Hackney digital learning report*. (2018).

- Participants that were interviewed were largely uninterested in accessing services online.
- Social bonds developed between the participants in the projects which lasted beyond their engagement. Some participants went on to become volunteers, sharing their new-found skills with others.

Impact of the COVID-19 pandemic

Box B.1 outlines four key areas where older people may be digitally excluded identified by the Centre for Ageing Better.

Box B.1: Key areas of digital exclusion during the pandemic

- **Work:** Online job searching and applications are crucial yet many people over 50 still rely on word of mouth and adverts to look for jobs. Those that rely on community access to computers and the internet may struggle. People that are less digitally able are likely to be at a disadvantage in remote interviewing and in the job market overall.
- **Housing:** Many older people live in homes that still do not have internet access which is necessary for home working and can help people to stay socially connected.
- **Health**: Older people may be excluded from online activities to help them stay active at home and may be less able to engage with remote health services. They may also struggle to keep up to date with the latest COVID-19 guidance as the most current information is communicated online.
- **Communities**: The closure of libraries and community centres meant that many people lost their online access. Many local community groups provided online activities and support but they relied on people having the skills and infrastructure to go online at home. The trend to move public services online was accelerated by COVID-19 but offline services remain vital for many older people.

Appendix C: Indicative operational research questions and lines of inquiry

Indicative operational research questions and lines of inquiry for the fieldwork topic guides developed in collaboration with the Connect Hackney team are show below. The next page maps the data collected to the overall research questions in the study (Table C.1).

a) (Reach): How do participants find out about the projects?

- How do providers promote the projects?
- How is access related to socio-demographic factors like gender, ethnicity, age, and English as a second language?

b) (Engagement): Why do participants join the projects? What are their expectations and/or goals?

c) (Retention): What features of the projects encourage participants to stay for the length of the course?

d) (Implementation): Were the projects implemented as intended?

- Was the course pitched at the right level and pace for participants' needs?
- How do providers assist participants who have physical or cognitive impairment?
- What do participants and providers view as the best aspects of the projects?
- What do participants and providers think could be improved?

e) (Outcomes and mechanisms): Did the use of technology help to reduce SIOL? What are the key mechanisms?

- How did the projects aim to use technology to reduce SIOL? (theory of change)
- Did the projects improve participants' confidence in using technological devices?
- Did the projects improve participants' skills in using technological devices?
- What are participants using their smartphones/tablets for? (keeping in touch with family and friends (locally and abroad), meeting new people, navigating services (e.g. council services, health services, travel services), find leisure and social activities)
- Did the projects reduce participants' SIOL?
- Which devices were most used by participants, and why? Were there any functions, and/or apps which were particularly popular/successful / any unpopular?

f): (Sustainment) Are the outcomes of the projects sustained?

- Did participants continue to use ICT after the project ended?
- Did participants form lasting relationships with other people in the group?
- Do participants feel that ICT had an impact on their family and friendships? On their contact with other people? On their knowledge of local activities?
- Did participants go on to show others how to use devices?
- How do participants go online outside of projects?
- Do participants have access to broadband at home?
- After the project, who do participants talk to if they need help with their device?
- Are participants receiving more contact from others due to their increased confidence / use of ICT?

Table C.1 Evaluation data mapped onto its research questions

Research questions	Data
Q1: How were the projects implemented in their first year? How were the models refined and adapted based on learning? How effectively were the digital inclusion projects reaching their target populations?	• Observations of project sessions (T1) • Interviews with providers (T1) • Interviews with participants (T1) • Anonymised client data (T1)
Q2: What features of the digital inclusion projects encouraged the engagement and retention of participants, according to clients and providers?	• Interviews with providers (T1 and T2) • Interviews with participants (T1 and T2)
Q3: In what ways did the projects impact on participants' confidence and skills in using digital devices, use of digital devices to support social participation, and, ultimately social isolation and loneliness? What were the key mechanisms?	• Interviews with providers (T1 and T2) • Interviews with participants (T1 and T2)
Q4: Were the outcomes of the projects sustained, as reported by participants?	• Interviews with participants (T1 and T2 follow-up)
Q5: How did COVID-19 impact on the projects' implementation and on participants' experiences?	• Interviews with providers (T2) • Interviews with participants (T2) • Secondary analysis of project monitoring data

Appendix D: Observation schedule

Date:		**Location:**	
Time of observation (start to finish):			
Researcher initial:			
Focus		**Comment**	
1. Description of space and equipment set up			
2. Number and description of facilitators.			
3. Arrival of participants *Include how participants are welcomed, whether missing participants are followed up, how participants behaved while waiting for class to start*			
4. Number of participants in the group. *Include* *no. of men/women;* *ethnic diversity;* *number of group members with:* *Low support needs (LS),* *Moderate support needs (MS),* *High support needs (HS)* *No. using their own phone/tablet in class.*			
5. Clearly communicated aim and objective of session/workshop/training or meeting?			

6. Description of group structured time (i.e. teaching) - *describe quantity, nature, content, resources/handouts)*	
7. Description of group unstructured time (i.e. informal assistance, socialising) - *describe quantity, nature, atmosphere*	
8. Nature of interaction between users - *social butterflies, dominant/quieter group members, first/last to leave*	
9. Quality of facilitation - *including efforts to engage each group member, clarity and warmth in communication, guiding group discussion, encouraging group member to share experiences.*	
10. Other	

Appendix E: Provider interview guide (pre-COVID)

INTRODUCTION

The interview should take about 1 hour 30 minutes. We will ask you questions about promoting and engaging participants in the project, how the project may work to reduce social isolation and loneliness, and the successes and challenges of running the project. We will feedback the results of this evaluation to Connect Hackney and the national Ageing Better Programme.

If you do not want to answer a particular question, you don't have to, and if you feel uncomfortable, we can stop the interview at any point.

Do you agree to take part? <u>We need you to fill in and sign a consent form. Is that OK?</u>
Are you happy for me to record the interview?
Have you got any questions before we start?

BACKGROUND INFORMATION **Can you tell me what your involvement in the project has been?** **Have you run similar projects with technology and older people in the past?** *Prompts:* *If yes, can you tell me more… What some of the key things to take into account when working with an older age group?* *If not, have you run similar projects with other age groups? What are some of the key differences when working with an older age group?* **Were older people involved in the design of the project?** *Prompts:* *At what point?* *Now that the course has started?*	
REACH AND ENGAGEMENT **1. How have you publicised the project?** *Prompts:* *Challenges for promotion?*	

2. What features of the project did you promote to encourage people to attend? **3. What have you found to be the best ways to get participants to come to the first session?** *Prompts:* *(Retention) And to keep them coming?* **4. What have you found to be the main barriers to getting participants to come to the first session?** *Prompts:* *(Retention) And to keep them coming?* **5. Why do you think that participants attend the project at the start?** *Prompts:* *Considering investing in smartphone/tablet?* *Learning to use phone?* *Friendship?* *Free activity?*	
THEORY OF CHANGE **6. What have been the main benefits for participants attending the project?** *(For each outcome) Can you give me an example?* *Prompts for possible outcomes:* *Knowledge, confidence, skills in using smartphone/tablet?* *Using apps to stay in touch with family/friends?* *New friendships?* *Staying in touch with community and wider world?* ***7.*** **How does participants' motivation for attending affect the benefits they get from the project?**	

8. **Do some participants benefit differently from the project than others?** *Prompt:* *Have benefits been the same for* *a) no smartphone use vs a bit/some smartphone experience?* *b) all age groups? (60-74; 74+)* *c) all ethnic groups?* *d) all levels of mobility?* *In what ways have they been different?* **9. We are very curious about how the learning sessions reduce the risk of social isolation and loneliness. How do you think learning to use technology has helped participants to stay in touch *with other people*?** *Prompt:* *Can you give an example?* **10. How do you think learning to use technology has helped participants to stay in touch *with the world around them*?** *Prompt:* *Can you give an example?* *Using navigation apps?* *Searching for activities in local area?*	
IMPLEMENTATION **11. What is it about the way your organisation implemented the project that made a difference to how it worked?** **12. What are the major barriers participants have faced in learning to use digital skills and applying them independently?** *Prompt:* *Can these barriers be overcome?* *What techniques have helped to overcome these barriers?* **13. Have you had to adapt the course from the project you originally planned?** *Prompt:* *If yes, Why?*	

14. If there was anything you could change about the project to make it work more effectively, what would it be? *Prompt:* *If yes, what and why?*	
SYSTEM CHANGE **15. Can you tell me what involvement you have had with the Learning Network?** **16. Do you feel being part of the network has impacted your delivery or approach?** *Prompt:* *In what way?* *Signposting to other projects?* **17. Have you developed any new or existing partnerships through implementing the project?** *Prompt:* *Involvement with primary care?* *Involvement with businesses?* **18. Has performance monitoring had an impact on keeping the project on track?** *Prompt:* *If yes, in what way?* **19. What more support would the project like from Connect Hackney?** **20. Is there anything else you would like to tell me about the project that you think is important, that we haven't already spoken about?**	

Thank you!

Appendix F: Provider interview guide (during COVID-19)

INTRODUCTION

The interview should take about an hour. We will ask you questions about promoting and engaging participants in the project, how the project may work to reduce social isolation and loneliness, and the successes and challenges of running the project. We will also ask you some questions on how the current COVID 19 situation has impacted the delivery of your project. We will feedback the results of this evaluation to Connect Hackney and the national Ageing Better Programme.

If you do not want to answer a particular question, you don't have to, and if you feel uncomfortable, we can stop the interview at any point.

Do you agree to take part? <u>We need you to fill in and sign a consent form. Is that OK?</u>
Are you happy for me to record the interview?
Have you got any questions before we start?

WARM-UP AND BACKGROUND INFORMATION **Can you tell me about your project and your role within it?** **Have you run similar projects with:** *insert project relevant theme i.e.* older *men/* older *people with learning disabilities/* older *people with complex needs/* older *people from BAME communities* **in the past?** *Prompts:* *If yes, can you tell me more… e.g.* > *What are the key learning points from this/these that you are applying to this project?* > *What some of the key things to take into account when working with an older age group?* *If not,* > *Have you run similar projects with other age groups?* > *What are some of the key differences when working with an older age group?* >	
IMPACT OF COVID 1. **Can you describe the impact of COVID on your project?** 2. **How have you adapted your project to cope with the current situation?** *Prompt:*	

> *Can you give some examples?* > *What have been the particular challenges?* > *How have you been able to overcome these?* > *What do you think the impact of your adaptations been?* > **how well the adaptations are working and what impact it is having,* > **anything they tried that hasn't worked/isn't working* > **perceived broader impact of pandemic on their organisation and older people.* **3. Have you been able to maintain contact with all your participants? In what ways?** **4. What have your participants told you about how they're feeling/coping in the current situation?** *Prompt:* > *Can you give some examples?* > *What are their main challenges?* > *What could be done to address these?* **5. What more do you think the Programme could do to further support providers in the current situation?** **6. Have you been able to share knowledge and ideas with other providers about how to cope in the current situation?** *Prompt:* > *Can you give some examples?* > *Has this made a difference to how you have restructured your project?*	
REACH AND ENGAGEMENT ▪ NB: Researcher to modify if provider previously participated in interviews for RER report. Also, check dashboard data on characteristics of those participating to feed into conversation. **7. How have you publicised and promoted the project to your target group(s)?** *Prompts:* > *What methods have you used (e.g. leaflets and other print media, word of mouth, referrals and partnerships with other organisations)?* > *Which methods were most or least successful?* > *Challenges for promotion?* **8. What have you found to be the best ways to get participants to come to the first session?**	

Prompts: > *What features of the project did you promote to encourage people to attend? Or which features were most appealing to your participants?* > *(Retention) And to keep them coming?* **9. What have you found to be the main barriers to getting participants to come to the first session?** *Prompts:* > *(Retention) And to keep them coming?* **10. Why do you think that participants attend the project at the start? What are their motivations for taking part?** *Prompts:* > *Learning a new skill?* > *Meet other people/friendship?* > *Free activity?* > *Fun?* > *Health and wellbeing?* > *(Retention) And to keep them coming?*	
CO-PRODUCTION, ASSET-BASED WORKING & VOLUNTEERING **11. What sort of approach have you used to develop and deliver your project?** *Prompts:* > *How was your project developed? (e.g. co-production and/or asset-based working)* > *Who has been involved in its development?* > *How is the project delivered and who is involved in project delivery?* > *What partnerships are involved in development or delivery? What is made possible through these partnerships?* *If co-production/asset-based working is used:* > *What is working well?* > *What are the main challenges? Were you able to overcome these?* **12. Were older people involved in the design and/or delivery of the project?** *Prompts:* > *At what point(s)?* > *Now that the project has started?* > *Can you describe how they were involved and what contributions they've made?* > *What difference have these contributions made to the project?* *If no:*	

> *What made it difficult to involve older people in the design and delivery?* **13. Were older people involved as volunteers on the project?** *Prompts:* *If yes:* > *What role did they play?* > *What did you do that helped them to become volunteers?* > *What difference did your older volunteers make to the project?* > *What impact do you think volunteering had on your older volunteers?* > *How has their contribution been recognised?* > *What have you found to be the main challenges of involving older people as volunteers?* *If no:* > *What made it difficult to involve older people as volunteers in your project?*	
THEORY OF CHANGE AND PERCEIVED IMPACT **14. Thinking back to our discussion on benefits/outcomes for participants earlier, what benefits have you seen for the older people attending your project?** *(For each outcome) Can you give me an example?* *Prompts for possible outcomes:* > *Reduced social isolation & loneliness* > *Improved physical/mental health and wellbeing* > *Enjoyment* > *Improved confidence in navigating the borough to participate in activities they enjoy* > *Improved self-esteem/resilience* > *Empowerment/increased agency* > *Improved access - DI, health & social care, community* **15. What do you think are some of the key mechanisms through which your project has been able to achieve these outcomes (i.e. how do the key elements of your project achieve the expected benefits?)** *(For each mechanisms) Can you give me an example?* *Prompts for possible mechanisms:* > *Gaining knowledge, new skills, confidence, self-expression?* > *Increasing social interaction, social support, developing new friendships/networks and maintaining these?* > *Increased feeling of connectedness - cultural, community, social?*	

> *Improved healthy behaviours?* > *Staff - encouragement, support, listening?* > *Course content/free activity?* > *Location/ easy access* *Can you describe how these mechanisms work with your participants in the context of your project?* **16. Do you think the outcomes and mechanisms have been different for some of your participants?** *Prompt:* *For example:* > *all age groups? (60-74; 74+)* > *all ethnic groups?* > *all levels of mobility?* > *their motivations for attending?* *Can you give me an example of in what ways have they been different? E.g. What does confidence look like for different groups of people?* **17. Do you think there have been any unexpected outcomes or benefits from the project?** > *Which participants specifically benefited from these?* **18. Do you think your participants/older volunteers still have concerns about ageing well in Hackney?**	
IMPLEMENTATION **19. Have you faced any barriers in implementing and running the project?** *Prompt:* > *Can you give me some examples? (e.g. features of local context, difficulties in recruiting or retaining staff; staff skills)* > *Can these barriers be overcome?* > *What techniques/strategies have helped to overcome these barriers?* **20. Has the project been adapted from the project you originally planned?** *Prompt:* > *How has the project changed and why?* > *What impact have the adaptations and changes had?*	

21. If there was anything else you could change about the project to make it work more effectively, what would it be? *Prompt:* *If yes, what and why?*	
SYSTEM CHANGE **22. Can you tell me what involvement you have had with the Learning Network?** **23. Do you feel being part of the network has impacted your delivery or approach?** *Prompt:* *In what way?* > *Signposting to other projects?* > *Gaining new knowledge or sharing learning from other providers/CH?* **24. Have you developed any new or existing partnerships through implementing the project?** *Prompt:* > *Involvement with other CH providers?* > *Involvement with primary care?* > *Involvement with businesses?* > *Has the CH project provided you with any knowledge/evidence that has helped you or any of your participants/volunteers contribute to other borough-wide initiatives? For example, have you (or any of your participants) been involved in the development of LBH's Ageing Well Strategy?* **25. Do you think there is any value of coming together and sustaining the network beyond the programme?** **26. Has performance monitoring had an impact on keeping the project on track?** *Prompt:* *If yes, in what way?* **27. What more support would the project like from Connect Hackney?**	
SUSTAINABILITY **28. What plans, if any, did you have (*i.e. prior to COVID19*) to sustain your project at the end of the CH programme?**	

> *What is your view on these plans now in light of COVID-19?* **29. How could CH assist you in sustaining your project at the end of the programme?**	
30. Is there anything else you would like to tell me about the project that you think is important, that we haven't already spoken about?	

Appendix G: Participant interview guide (pre-COVID)

INTRODUCTION

The interview should last about 25 mins. We will ask questions about how you found out about the project and what you hoped to get out of taking part. We will also ask some questions about what you have liked and what could be improved, and how using technology has impacted on your social life (if at all). We will feedback the results of this evaluation to Connect Hackney and the national Ageing Better Programme.

If you do not want to answer a question, you don't have to, and if you feel uncomfortable, we can stop the interview at any point.

Do you agree to take part? <u>We need you to fill in and sign a consent form. Is that OK?</u>
Are you happy for me to record the discussion?
Have you got any questions before we start?

WARM UP AND REACH **1) How did you find out about the project,** **2) Can you tell me a little bit about yourself –** **Have you lived in Hackney most of your life?** **Are there any activities that you do routinely each week? E.g. social club, gym, volunteering, seeing a friend or relative.** **Do you live by yourself or with others?**	
REACH AND ENGAGEMENT 1. **What were your reasons for joining the project?** *Prompts:* *Considering investing in smartphone/tablet?* *Learning general skills in using phone/tablet?* *Improve confidence in using phone/tablet?* *Keep in touch with family and friends?* *New friendships?* *Free activity?* *Use phone/tablet to find out information?* *Use phone/tablet for practical purposes e.g. online shopping?* 2. **When you first read about, or was told about the project, how was it described to you?**	

3. **Why do you think mostly women join the project?** 4. **Did someone from the project discuss your personal needs and reasons for taking the course either before it started or at the first session?** 5. **The first time you attended the course, what were your first impressions?** *Prompts:* *The journey to the building?* *The room?* *The facilitators?* *The objectives or content of the course?*	
THEORY OF CHANGE 6. **What goals did you have at the start of the project?** **EXERCISE.** *Each given envelop with the goals below written on individual cards, plus some blanks. Participants asked to select or write down which goals are true for them. And then stick them on a piece of paper in order of importance. Then we'll compare them.* *Prompts:* *Considering investing in smartphone/tablet?* *Learning general skills in using phone/tablet?* *Improve confidence in using phone/tablet?* *Keep in touch with family and friends?* *New friendships?* *Free activity?* *Use phone/tablet to find out information?* *Use phone/tablet for practical purposes e.g. online shopping?* *Romance/online dating?* 7. **Did you achieve the goals that you had?** *Prompts:* *Can you tell us more…*	

8. **We are very curious about whether learning to use technology can improve social connections and relationships. How do you think learning to use technology has helped you to stay in touch *with other people*?** *Prompt:* *Can you give an example?* *Family and friends in UK* *Family and friends abroad* *Meeting new people* 9. **Do you think learning to use technology has helped you to stay in touch *with the world around you*?** *Prompt:* *Can you give an example?* *Using maps* *Using services, e.g. health, travel, council* *Finding out about local activities* *Reading news* *Doing shopping online* 10. **Have you experienced any negative sides to using the technology to connect with other people?** *Prompt:* *Can you give an example?*	
IMPLEMENTATION 11. **Would you recommend the course to a friend?** *Prompt:* *Can you tell me more…?* 12. **What features of the project encouraged you to keep coming to the sessions?** 13. **If there was anything you could change about the project to make it better, what would it be?** *Prompt:* *If yes, what and why?* *Level of one-to-one support?*	

Pace of the course? *Content of the course?*	
14. Is there anything else you would like to tell me about the project that you think is important, that we haven't already spoken about?	

Thank you!

Appendix H: Participant interview guide (during-COVID-19)

FINAL Interview guide for participants - Phase 2

For interviewer to consider and adapt questions accordingly:

Participant level

1) *Participants from before lockdown – need to capture experience before and during lockdown*
2) *New participants since lockdown*

Project level

1) *Projects that have been adapted to new context and still share similar features to when project was 'in person'*
2) *Projects which have not been able to translate virtually, and projects are providing quite a different type of project*
3) *Projects that are still in emergency response mode providing humanitarian support.*

INTRODUCTION

The interview should last about 45-60 mins. We will ask questions about how you found out about the project and what you hoped to get out of taking part. We will also ask some questions about what you have liked and what could be improved. We would also like to ask you some questions about how COVID19 has affected you and your engagement with the project.
We will feedback the results of this evaluation to Connect Hackney and the national Ageing Better Programme.

If you do not want to answer a question, you don't have to, and if you feel uncomfortable, we can stop the interview at any point.

Do you agree to take part? <u>We need you to fill in and sign a consent form. Is that OK?</u>
Are you happy for me to record the discussion?

Have you got any questions before we start?

WARM UP *NB: consider participants might want to talk about COVID-19 and lockdown straight away, so may need to be factored into warm-up* **1) Can you tell me a little bit about yourself –** *Prompts:* > *Have you lived in Hackney most of your life?* > *Thinking back to before lockdown, were there any activities that you do routinely each week? E.g. social club, gym, volunteering, seeing a friend or relative.* > *Do you live by yourself or with others?* **Where you involved in the group before lockdown?**	
IMPACT OF COVID **2) When was the last time you attended [name of project] before lockdown?** *Prompts:*	

> *How long had you been attending the project/ how often?* > *How has not being able to attend the [name of project] affected you?* > *Can you give me some examples?* > *Do you feel differently now than you did at the start of lockdown?* **3) Are you/ how are you managing to stay in touch with the project?** *Prompts:* > *Online/Social media/telephone?* > *With project staff/volunteers?* > *With other participants?* > *How often?* **4) How have the project staff supported you during this time?** *Prompts:* > *Can you give me some examples? (practical/emotional etc)* **5) How has the project changed from before?** *Prompts:* > *Can you describe how?* **6) Are you enjoying the project in the new format?** *Prompts:* *If yes -* > *What do you enjoy about it?* > *How is this making you feel?* > *How is it helping you?* > *What benefit do you feel you are getting from it?* *If no - how could it be improved/what more could be done?* **7) How do you think you will feel about returning to the project out in the community when possible?** *Prompts:* > *Can you describe how?* > *What more support do you feel you need?* **8) is there anything from the current format of project delivery that you would like to maintain after COVID?**	
REACH, ENGAGEMENT AND RETENTION **8) How did you find out about the project [*name of project*] originally pre-COVID-19 and lockdown?** *NB: Flexibility required - consider this may be covered above with COVID19 questions* *Prompts:* > *Leaflets, media, from health or other services, from friends or family* > *How was the project described to you?*	

9) What were your reasons for joining the project? *Prompts:* > *Gaining knowledge and/or learning new skills?* > *Improve confidence* > *Meet other people and/or make new friends?* > *Free activity?* > *Have fun?* **10) How did you feel the first time you attended the project?** *Prompts:* > *Worried about getting there?* > *Nervous/unsure what to expect - meeting new people/being in a group/content/activities* *If they found it difficult:* > *What helped or encouraged you to attend for the first time? e.g. welcoming environment/facilitators - kind, approachable and non-judgemental, listen/group dynamics - friendly, social atmosphere/ objectives or content of the project - interesting, meaningful, new, difficult/challenging, varied, fun?* > *Did feelings change over the course of the project?* **11) What features of the project encouraged you to keep coming to the sessions?** *Prompt:* *Can you tell me more…?* > *Would you recommend the project to a friend?* > *Was there anything that stopped you from attending?*	
IMPLEMENTATION **12) If there was anything you could change about the project to make it better, what would it be?** *Prompt:* *If yes, what, and why? e.g.* > *Level of one-to-one support?* > *Content of the project/course; pace of activities/course?* > *Structure of project/course - more/less structure?* > *More time/opportunities for socialising?* > *More opportunity to get involved in design/delivery?*	
THEORY OF CHANGE AND IMPACT **13) What aspects of the project did you enjoy and why?** *Prompts (examples tailor to link to specific project)* > *Gaining knowledge/skills?* > *Socialising with facilitators and participants?*	

> *Making new friends?* > *Feeling better about oneself, feeling more confident?* > *Having fun?* **14) How do you feel the project has helped you?** *Prompts (for interviewer to check covered):* > *Gaining knowledge/skills?* > *Socialising with facilitators and participants?* > *Making new friends or social networks?* > *Feeling better about oneself, feeling more confident in navigating the borough to participate in activities I enjoy* > *or to try other activities?* > *Having fun?* > *Improved physical/mental health and wellbeing?* > *Improved self-esteem/resilience?* > *Empowerment/increased agency?* > *Improved access - DI, health & social care, community?* > *Have these improvements lasted over time?* **15) Did you have any contact with anyone from the project outside of the hours of the project?** *Prompts:* > *F2F with facilitator or another participant (as an acquaintance/friend)?* > *On social media/WhatsApp group?* > *By telephone/video call?*	
CO-PRODUCTION, ASSET-BASED WORKING & VOLUNTEERING **16) Have you been involved in developing or delivering this project in anyway?** *Prompt:* *Either before COVID or since* > *Can you tell me more…?* *e.g. in the format/structure of the project/types of activities/content on offer/promoting the project/facilitating/peer-to-peer learning/mentoring/admin support etc providing feedback at the end of each session* > *Do you feel your input has been listened to and valued?* > *If yes…how?* > *If no…how would you have liked your input to be recognised?* **17) Have you been involved as a volunteer in this project?** *Prompt:* > *If yes, can you tell me about your role?* > *If no; would you have liked the opportunity to be more involved?*	

18) Have you been involved as a volunteer in any other local community projects/activities? *Prompt:* > *Can you tell me more…?* **19) Would you like more opportunity to be involved in designing, developing community projects, activities, and services for older people in Hackney?** *i.e. more involvement in the decision-making process*	
20) Is there anything else you would like to tell me about the project that you think is important, that we haven't already spoken about?	

Thank you!

Appendix I: Follow-up interview guide for participants from digital inclusion projects

INTRODUCTION

The interview should last about 30 mins. We will ask you about your experiences of using a smart phone/tablet over the last eight months, since finishing the Silver Connections/@online project. We would also like to ask you some questions about your experiences of using a smart phone/tablet or other device during the COVID19 pandemic, if you are happy to talk about this. We will feedback the results of this evaluation to Connect Hackney and the national Ageing Better Programme.

If you do not want to answer a question, you don't have to, and if you feel uncomfortable, we can stop the interview at any point.

Do you agree to take part? <u>We need you to fill in and sign a consent form. Is that OK?</u>
Are you happy for me to record the discussion?

Have you got any questions before we start?

10) Can you tell me a little bit about your current routine during the week? Prompts: Have you been shielding? Have you been going out for exercise? Contact with other people?	
11) The last time we spoke, you had just finished taking part in the Silver Connection/@online project, around October last year. **If I recall correctly, at the time you *[insert participant info on whether they had their own device and access to Wifi, and whether they were using their device].*** **Between the end of last year and March this year, before lockdown started, were you using your phone/tablet in the same sort of way? Any changes?** Prompts: Using it more/less often? Using it for contacting friends/family/community (e.g. church)? Using it for council services, travel services, health services? Using any particular apps? Check access to Wifi at home What lead to changes?	

3) Did you stay in touch with any other people that went to Silver Connections/@online? With participants or facilitators? Meet up face-to-face? Phone calls? Whatsapp? **4) Did you join any other community projects between the end of last year and COVID-19?** Prompt for details and to find out if CH project	
IMPACT OF COVID **5) How/whether has your smartphone/tablet supported you during COVID-19 and the lockdown?** > Staying in touch with family and friends? > Staying in touch with community groups? (Prompt for CH projects specifically) > Staying in touch with past participants? **6) Have you taken part in any online social activities? (For example, online exercise, online art activities or social groups)** If yes, how did you find out about it? Have you enjoyed taking part? If yes, > What do you enjoy about it? > How is this making you feel? > How is it helping you? > What benefit do you feel you are getting from it? If no, > How could it be improved/what more could be done? **7) When/if you've had any difficulties with using your device, has there been anyone that has helped you?** **8) Do you feel differently now about using a smartphone/tablet than you did before lockdown?** Increased motivation? Increased confidence? Increased knowledge? Increased skills?	

9) Is there anything from your current experiences of being online that you would like to maintain after COVID?	
THEORY OF CHANGE AND IMPACT **10) How do you feel the project has helped you in the long-term?** *Prompts (for interviewer to check covered):* > *Gaining knowledge/skills?* > *Socialising with facilitators and participants?* > *Making new friends or social networks?* > *Feeling better about oneself, feeling more confident in navigating the borough to participate in activities I enjoy* > *or to try other activities?* > *Having fun?* > *Improved physical/mental health and wellbeing?* > *Improved self-esteem/resilience?* > *Empowerment/increased agency?* > *Improved access - DI, health & social care, community?* **11) Would you be interested in more training in digital skills?** **12) Would you be interested in opportunities to volunteer teaching others digital skills?**	
13) Is there anything else you would like to tell me that you think is important, that we haven't already spoken about?	

Thank you!

Appendix J: Socio-demographic and baseline outcome profile for digital inclusion participants

Participant survey data was available for 84 participants.

a) Socio-demographic profile of participants

Table 1 describes the socio-demographic profile of participants who completed a CMF questionnaire at entry to the two digital inclusion projects under study (first column in table 1). The majority of participants were female and aged 70 or over. The majority were also from a 'Black' or 'White' ethnicity and described themselves as 'Christian' in terms of religion. Over half of the participants were living alone and over a half had a long-standing physical or mental illness or disability. A fifth of participants reported themselves to be a carer. (NB: Details are not reported on LGBT+ due to low numbers in some of the categories).

Connect Hackney projects overall are attracting a greater proportion of female participants than male and, as might be expected, a greater proportion of participants at the older end of the over 50 aged group (second column in table 1). These trends are even more marked amongst the participants in the digital inclusion projects.

Table 1: Socio-demographic profile of participants

	@Online and Silver Connections (%)	**All Connect Hackney projects** (%)	**Hackney Census data** (%)
Gender			
Female	90	62	52
Male	10	38	48
Total N[64]	*84*	*291*	-
Age [65]			
50 to 64	15	36	61
65 to 69	12	16	12
70 to 74	24	13	10
75 to 79	21	14	8
80 and over	29	21	9
Total N	***83***	***281***	-

[64] Total participant numbers (Ns) for each characteristic vary as not all 84 participants answered all questions.

[65] Age bands are structured in line with local dashboard. Categories '50 to 59' and '60 to 64' have been combined due to low numbers in band '50 to 59'.

Table 1 (continued): Socio-demographic profile of participants

	@Online and Silver Connections % (N)	**All Connect Hackney projects** (%)	**Hackney Census data** (%)
Ethnicity			
Black	46	43	26
White	40	42	56
Asian	6	6	9
Other[66]	8	9	9
Total N	*81*	*286*	-
Religion			
Christian	75	64	58
Jewish	9	7	6
No religion	7	14	18
Other[67]	9	15	18
Total N	*75*	*266*	-
Living arrangements			
Living alone	64	71	24
Living with others	36	29	-
Total N	*69*	*62*	-
Carer			
Yes	20	17	17
No	80	83	93
Total N	*56*	*60*	-
Disability			
Yes	62	60	38
No	38	40	76
Total N	*55*	*58*	-

Digital inclusion projects, like all Connect Hackney projects, are attracting a higher proportion of Black participants than might be expected from Hackney census data (46 and 43 per cent shown in the first and second columns of table 4.1 compared to the 26 per cent shown in the third column). Compared to Hackney residents and all Connect Hackney participants, participants in the digital inclusion projects were more likely to report their religion as Christian and there were less participants reporting 'no religion' or 'other' types

[66] Due to small numbers 'Other' was combined with 'Mixed ethnicity'.

[67] Due to small numbers 'Other' was combined with 'Muslim', 'Hindu', 'Sikh' and 'Buddhist'.

of religion. Compared to the local picture overall, participants across all Connect Hackney projects, as well as those participating in the digital inclusion projects, were more likely to be living with a long-standing disability or illness (62 and 60 per cent respectively compared to 38 per cent). The higher rates of participants with a long-standing disability or illness is likely to reflect the older age range of the participants (the majority of participants were over 70 years old).

We compared the socio-demographic profile of Silver Connections and @online participants (data not shown in table 1). There were no differences between Silver Connections and @online participants in gender, their living arrangements, whether they had a long-standing health problem or disability or were a carer. However, @online had more older participants than Silver Connections. There were also differences in ethnicity– 65% of Silver Connections participants were Black compared to 32% of @online participants; 53% of @online participants were White in comparison to 21% of Silver Connections participants. Only @online had Jewish participants.

b) Social contact and participation at baseline

Table 2 describes digital inclusion participants' scores on measures of social contact and participation at project entry (baseline) (first column in table 2). These are compared to all Connect Hackney participants, residents taking part in the Hackney baseline profile and the national picture.

Digital inclusion project participants reported a higher average level of social contact with their immediate social circle of family and friends compared to Connect Hackney project participants overall. Participants in the digital inclusion projects had a slightly lower mean level of contact with anyone other than family compared to older people at a national level (fourth column), but a higher mean level than participants across all Connect Hackney projects (second column). The slight difference compared to the national picture reflects a higher proportion of digital inclusion project participants reporting contact of at least once a month or less often.

Around 12% had little social contact with family and friends (scoring two or below), and around 4% had little social contact with non-family members (scoring 3 or less). Conversely, around 35% had high social contact with family and friends (scoring 4.5 or above), and 54% had high contact with non-family members (scoring 8).

Table 2: Baseline social contact and participation

	@Online and Silver Connections %	**All Connect Hackney projects** (%)	**Hackney Baseline profile** (%)	National Picture (%)
Social contact with children, friends and family				
Mean score (0 to 5)	**3.7**	**3.2**	**-**	**-**
Total N	***57***	***211***	**-**	**-**
How often speak to anyone other than family				
% saying everyday	**54**	**49**	**47**	**63**
% saying at least once a week	**41**	**35**	**37**	**33**
%saying at least once a month or less often	**6**	**16**	**16**	**4**
Mean score (0 to 8)	**7.2**	**6.8**	**-**	**7.36**
Total N	***54***	***255***	***354***	***1630***
Participation				
% member of a club, group or organisation	**94**	**73**	**39**	**71**
Total N	***52***	***248***	***354***	***5881***
Volunteering[68]				
% volunteered in past year	**52**	**47**	**10**	**33**
Total N	***42***	**231**	***354***	***5881***
Perception of whether do more or less social activities				
% saying less than most	**34**	**46**	**40**	**44**
% saying about the same	**33**	**25**	**40**	**37**
% saying more than most	**33**	**30**	**20**	**19**
Total N	***52***	***254***	***354***	***1630***

c) Social isolation and loneliness and wellbeing at baseline

Participants in the digital inclusion projects were more lonely than older people nationally and in Hackney as a whole, but were less lonely than Connect Hackney participants overall (Table 3). Participants' level of social isolation and loneliness was similar across projects (data not shown in table 3).

[68] Particpants were asked "In the last 12 months have you given unpaid help in any of the ways shown on this card…". A range of activities were shown on the card (e.g. raising or handling money/taking part in sponsored events; leading a group/member of a committees; befriending or mentoring people)

Table 3: Social isolation and loneliness

	@Online and Silver Connections %	**All Connect Hackney projects** (%)	**Hackney Baseline profile** (%)	National Picture (%)
De Jong Gierveld				
% scoring 6 (severely lonely)	**9**	**18**	**6**	**2**
% scoring 5	**6**	**14**	**5**	**3**
% scoring 4	**11**	**15**	**8**	**5**
% scoring 3	**24**	**16**	**16**	**9**
% scoring 2	**11**	**13**	**15**	**18**
% scoring 1	**11**	**9**	**20**	**26**
% scoring 0 (not lonely)	**29**	**16**	**31**	**36**
Mean score (0-6)	**2.3**	**3.2**	**1.9**	**1.4**
Total N	***55***	***225***	***354***	***1630***[69]
UCLA loneliness scale				
% scoring 9 (most lonely)	**5**	**8**	**5**	**2**
% scoring 8	**0**	**4**	**3**	**1**
% scoring 7	**6**	**13**	**4**	**3**
% scoring 6	**22**	**22**	**8**	**11**
% scoring 5	**10**	**14**	**11**	**11**
% scoring 4	**18**	**9**	**11**	**17**
% scoring 3 (least lonely)	**40**	**29**	**58**	**55**
Mean score (3-9)	**4.6**	**5.3**	**4.2**	**4.0**
Total N	***63***	***249***	***354***	***5881***[70]

However, there was a lot of variation between participants, some with much greater difficulties than others. On joining the projects, 15% of participants reported high feelings of loneliness based on the DJG score (a score of 5 or 6), and around 11% of participants reported high loneliness according to the UCLA (a score of between 7 and 9). Conversely, 29% of participants were not at all lonely based on the DJG and 40% of participants were not lonely according to the UCLA.

[69] TNS Omnibus

[70] ELSA

Table 4: Well-being

	@Online and Silver Connections % (N)	**All Connect Hackney projects** (%)	**Hackney Baseline profile** (%)	**National Picture**
Wellbeing (SWEMWBS)				
Mean score (7 to 35)	**24.0**	**21.1**	**-**	**25.2**
Total N	***49***	***195***	**-**	***Tbc***

In relation to wellbeing, around 10% of participants had low wellbeing scores (scoring 18 or less) and 18% had high wellbeing scores (scoring 30 or more). There was a trend for lower wellbeing scores at entry for @online participants (22.4 for @online versus 25.5 for Silver Connections, p<.069) (data comparing the two digital inclusion projects is not shown in table 3).

Appendix K: Session plan for Silver Connections remote digital inclusion course

- **Session 1 – setting up Zoom**: Learning from pilot, the providers dedicated the first session to a one-to-one telephone call, supporting each participant individually with learning how to get on to Zoom using a meeting ID and password (using a web link was less successful). The call also allowed the providers to find out what device they would be using, gauge their level of experience and find out what they wanted to achieve from the course.
- **Session 2 – how to use Zoom**: The second session focused on how to use Zoom – for example, the chat function, muting/unmuting, camera on/off.
- **Session 3 – internet research**: The third session, as with the pilot, focused on internet research to find out online activities, but this time the group also decided on an online activity the group could do together the following week, equivalent to the group outing in the original intervention.
- **Session 4 – online group activity**: The group selected a group exercise session, a chair dance routine and an archive film from the British Film Institute (BFI) about Hackney, with the facilitator sharing their screen.
- **Session 5 – social media and online safety**: The group looked at social media (for example, Facebook, Twitter, Instagram), explaining some of the differences between different social media, and explored staying safe online, for example, managing privacy settings, using anti-virus software, online shopping, managing passwords.
- **Session 6 – Q and A and celebration**: The final session was a question and answer session, and a celebration of participants' achievements and each participant was given a certificate. The providers signposted all participants to their remote in-house activities.

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