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# Digital Communities Wales: Digital Confidence, Health and Well-being: Process Evaluation and Theory of Change

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# Digital Communities Wales: Digital Confidence, Health and Well-being: Process Evaluation and Theory of Change

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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## Glossary

<b>Acronym/Key word</b>	<b>Definition</b>
A&E	Accident and Emergency
CRM	Customer Relationship Management
DCP	Digital Consultation Plan
DCW	Digital Communities Wales: Digital Confidence, Health and Well-being (2019-2022)
DIA	Digital Inclusion Alliance
DIEIP	Digital Inclusion Engagement Improvement Plan
ERDF	European Regional Development Fund
GP	General Practitioner
HSS	Health and Social Services
IMTP	Integrated Medium-Term Plan
KPIs	Key Performance Indicators
NHS	National Health Service
NWIS	NHS Wales Informatics Service
ToC	Theory of Change
VE	Virtual Experience
WLGA	Welsh Local Government Association

## 1. Introduction

- 1.1 OB3 Research, was appointed by the Welsh Government to undertake an evaluation of the Digital Communities Wales (DCW): Digital Confidence, Health and Well-being programme.
- 1.2 The aims of the evaluation are to:
- review and summarise existing evidence around the relationship between digital inclusion and health
  - review the effectiveness and efficiency of the delivery of the programme
  - assess the extent to which the programme aims have been achieved and targets met
  - provide evidence of the outcomes of the programme for individuals and the services they access.
- 1.3 The evaluation is being undertaken across three key stages, the timings of which may change should the programme be extended to 2025:
- a process evaluation and theory of change during 2020
  - an interim and outcome evaluation during 2021
  - a summative final evaluation during 2022.
- 1.4 This report sets out the findings of the process and theory of change stage, which has involved desk-based research, including an analysis of programme documentation and monitoring data, as well as fieldwork with Welsh Government officials, delivery staff and supported organisations.
- 1.5 This report is presented in nine chapters as follows:
- chapter one: this introduction to the report
  - chapter two: outlines the study methodology
  - chapter three: presents a review of literature relating to digital inclusion outcomes

- chapter four: sets out the policy and strategic context, including reviews of predecessor digital inclusion programmes
- chapter five: provides an overview of the programme, drawing upon a review of programme documentation and data
- chapters six to eight: present the findings of the fieldwork
- chapter nine: presents the conclusions, including a programme Theory of Change logic model and issues to be considered over the remaining delivery period.

### **About Theory of Change**

1.6 Theory of Change (ToC) is a methodological tool developed at the outset of an evaluation to find out what stakeholders believe a programme is for, and how they think the programme will achieve its outcomes. The resultant ToC logic model can illustrate the outcomes expected from a programme, thereby enabling reflection on whether delivery is working as intended.

1.7 This report considers the issues that policymakers expected the programme to address as well as the outputs and outcomes which it was hoped that DCW would achieve. It explores the resources and inputs put in place for the programme and how these were expected to lead to the achievement of short and long-term outcomes. The ToC approach also examines the assumptions that underpin the programme and external factors which may have bearing upon its performance.

## **2. Methodology**

- 2.1 This chapter sets out the method used for undertaking the evaluation, the profile of interviewed organisations and discusses some of the key methodological considerations in undertaking the study.

### **Method**

- 2.2 The evaluation activities which were undertaken between June and September 2020 involved the following elements of work:
- an inception stage, which included an inception meeting with Welsh Government officials, scoping interviews with Wales Co-operative Centre representatives and the preparation of a refined methodological approach and project plan
  - desk-based research, which involved an analysis of relevant policy and strategic documents including Welsh Government publications and key legislation; a review of DCW programme documentation and monitoring data as well as relevant literature relating to the relationship between digital inclusion and health and other outcomes
  - preparing qualitative discussion guides for interviewing contributors to this stage of the evaluation (set out at Annex A) and a supporting Privacy Notice
  - interviewing:
    - 10 Welsh Government officials involved in the design and delivery of the programme
    - 11 delivery team members based as Wales Co-operative Centre as well as the programme's Expert Advisor
    - two representatives from delivery sub-contractor providers, Swansea University and the Good Things Foundation
    - representatives from 20 organisations who have collaborated with DCW

- synthesising the findings of the fieldwork and desk-review to develop a ToC logic model for the DCW programme and developing a set of recommendations for the remaining period of the programme.

### **Profile of interviewed organisations**

2.3 The profile of 20 interviewed organisations was broadly representative of the DCW database of organisations supported, in that:

- they were located across 18 different local authorities: five were in north Wales, five were in south west Wales and ten were in south east Wales
- a broad range of organisations were interviewed including five health organisations, eight third sector or charity organisations (including two community centres and a youth centre), two housing associations, one public sector organisation, three local authorities (including a library service and a social care setting) and one private sector nursing care provider.

### **Methodological considerations**

2.4 The following issues need to be considered in relation to the methodology adopted for this study:

- the outbreak and subsequent restrictions imposed due to the coronavirus (COVID-19) pandemic has impacted upon programme provision as well as engagement and take up. As such it is appropriate that two ToC Logic Models are presented within this report: one presenting the original intention of the programme and a second to reflect actual delivery. The pandemic has also affected the approach adopted for undertaking this study e.g. all interviews were undertaken via Microsoft Teams or telephone
- the sample of organisations was drawn from a database of 628 organisations supplied by the programme. However, in light of the COVID-19 pandemic it was agreed that it would not be appropriate to include schools within the selected sample, despite these forming the majority of the education entries on the database. It was also agreed

that social care settings would be over-sampled in order to reflect DCW's recent work with care homes. The findings of this stage of the evaluation therefore need to take these issues into consideration. It will also be important to ensure that the next stage of the evaluation will secure the experiences of schools which have engaged with the programme

- a purposive sampling approach was adopted to select organisations who had been most involved with DCW interventions, as reported on the DCW database. Despite facing a challenge to secure the contribution of several organisations due to the current pandemic, only two substitutes were made to the agreed sample.

### 3. Evidence on digital inclusion and outcomes

- 3.1 This chapter explores the key findings available from recent literature relating to digital inclusion in the UK. It aims to identify any research on the benefits of digital inclusion activity on health, well-being, and other outcomes. It also identifies any gaps in the evidence available to inform future research work.

#### **Digital inclusion and social justice**

- 3.2 The **Lloyds Bank UK Consumer Digital Index for 2020**<sup>1</sup> suggests that an estimated 11.7 million (22 per cent) of the UK lack the skills needed to use the internet for everyday life – therefore almost a quarter of the population have very low levels of digital engagement. The Wales region analysis from the research<sup>2</sup> suggests that Wales has the highest proportion of any nation or region of people who are offline at 15 per cent<sup>3</sup> compared to the UK average of 8 per cent.
- 3.3 Age remains the biggest factor, with the over 70s highly likely to have very low digital engagement. Annual household income is another factor, with those with an annual household income of £50,000 or more 40 per cent more likely to have foundation digital skills than those earning less than £17,499.
- 3.4 **Digital Participation and Social Justice in Scotland**<sup>4</sup> reports similar findings and acknowledges that individuals who are digitally excluded are also those from deprived areas, living in social rented housing, on low incomes and over 60 years of age. They are also the very individuals who would disproportionately benefit from being online. As such, digital technology further exacerbates the deep-rooted inequalities already prevalent within our society and is a social justice issue of great importance that needs to be tackled<sup>5</sup>.

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<sup>1</sup> [Lloyds Bank UK Consumer Digital Index 2020](#)

<sup>2</sup> [UK Consumer Digital Index 2020 – National and regional findings and case study stories](#)

<sup>3</sup> Note that the appendix on page 61 of the Lloyds Bank UK Consumer Index 2020 notes that the sample size is 215 for Wales. The sample size for the UK as a whole is 4,233.

<sup>4</sup> [Carnegie UK Trust \(2016\) Digital Participation and Social Justice in Scotland](#)

<sup>5</sup> Ibid. p.8

- 3.5 The research looks at the contribution of several demographic factors to digital exclusion – with working status, qualification level and age proving particularly significant. Tenure, income, and whether a household has children were also seen to be important determinants. Conversely, living in an area of deprivation, gender of the highest income householder, long-term illness and urban-rural indicators did not appear to be drivers of digital inclusion<sup>6</sup>.
- 3.6 Motivation is a key barrier to getting online according to the Lloyds Bank Digital Index. One third of those offline say that they are not interested in the internet and 48 per cent of those currently digitally excluded say that ‘nothing’ could motivate them to get online. The survey suggests that those who are least digitally engaged are also at most disadvantage – paying higher household bills, spending more on utilities and earning less than their digitally included counterparts.
- 3.7 The Oxis Report on the **Perceived Threats to Privacy Online**<sup>7</sup> concurs with these findings. It found that most users of the internet are not particularly concerned about internet safety and most non-users are simply not interested in going online (69 per cent). They are non-users by choice in the main, although 18 per cent state that it is because they do not know how to use it, 10 per cent do not go online due to privacy worries and 2 per cent state that it is because they do not have access to a device.
- 3.8 Attitudes towards technology are, unsurprisingly perhaps, very different between users and non-users. Overall, 79 per cent of technology users believe that technology makes things better compared to just 29 per cent of non-users. Furthermore, 72 per cent of non-users believe it is easier to do things without technology, whilst only 28 per cent of users believe so.
- 3.9 The Oxis report found that home use remains the main way to access the internet, but work, library or mobile use have all increased – with the use of free wifi becoming the third most common way to get online away from home and work. Mobile phones are the most common devices used to

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<sup>6</sup> Ibid. p.13

<sup>7</sup> [Oxis \(2019\) Perceived Threats to Privacy Online: The Internet in Britain](#)

access the internet – with a mobile phone present in 92 per cent of UK households. There has been a large increase in access via tablets, e-readers and TVs with an internet connection. Voice assisted devices have reached 19 per cent of households in Britain in the last few years. Mode of access differs according to income, with 34 per cent of those earning less than £30,000 per year relying on mobile-only access.

### **Digital inclusion, health and well-being**

- 3.10 The recent report produced by Carnegie UK Trust and the Wales Co-operative Centre **Digital Inclusion in Health and Care in Wales**<sup>8</sup> provides evidence on how digital inclusion can improve the health and well-being of older people and people with a limiting long-term condition, disability or infirmity in Wales. The report highlights several levers and enablers which could be used in Wales to raise digital inclusion higher up the agenda and ensure it is embedded in health and care commissioning and provision.
- 3.11 The report suggests that whilst digital inclusion support to date has focused on helping people develop basic digital skills, it may no longer be the biggest barrier to digital take-up – particularly within the health and care context – as more people now have access to and are familiar with digital technology. Instead the report states that the message is clear: ‘people in Wales need digital health and care services which matter to them, are accessible and well designed and are meaningful to their everyday health experience. They need more than basic digital skills – they need digital health literacy which gives them confidence to use tools and resources effectively’.
- 3.12 The report acknowledges that future focus must be on measuring the success of digital inclusion initiatives by the outcomes they achieve, including health and well-being outcomes, rather than focus only on measuring digital skills improvements. It makes a series of important recommendations and calls for:

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<sup>8</sup> [Wales Co-operative Centre and Carnegie UK Trust \(2018\) Digital Inclusion in Health and Care in Wales](#)

- digital inclusion to be a key social determination of health and included in future public health mapping
- more rigorous evaluation of health and care outcomes from digital inclusion interventions
- the NHS Wales Planning Framework to require all Health Boards and Trust to explicitly account for digital inclusion activity in their Integrated Medium-Term Plans (IMTPs)
- a more joined up strategic approach to digital inclusion across local authorities and health organisations e.g. through the development of local digital strategies
- accelerating the use of social prescribing of digital inclusion support
- improving the digital health literacy of health and care staff including leaders and frontline staff
- co-producing projects for health and care organisations in Wales that better respond to current barriers and develop the best solutions for patients and service users<sup>9</sup>.

3.13 A **digital inclusion guide**<sup>10</sup> developed by NHS Wales in 2019 sets out to describe how health and care organisation can act on digital exclusion to fulfil the four principles of prudent healthcare. The guide refers to the increasing evidence of the benefits of digital health to patients and carers and refers to relevant and recent research findings. The benefits listed include:

- improved self-care for minor ailments
- improved self-management of long-term conditions
- time and cost savings through accessing services digitally
- reduced loneliness and isolation.

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<sup>9</sup> Wales Co-operative Centre and Carnegie UK Trust (2018) Digital Inclusion in Health and Care in Wales pp. 18-19

<sup>10</sup> [Digital Inclusion Guide for Health and Care in Wales](#)

- 3.14 It also suggests that the health and care system would benefit from the lower cost associated with delivering services digitally, improved adherence by patients to medicines and treatments and more appropriate use of services including primary and urgent care.
- 3.15 The evaluation of **Widening Digital Participation**<sup>11</sup>, an NHS Digital programme run by the Good Things Foundation in England to support those who are digitally excluded and at risk of poor health, is a key source of evidence of the possible health outcomes from digital inclusion activities.
- 3.16 The evaluation highlights a number of benefits to learners from their participation in the programme including participants feeling more empowered and having greater control over their own management of health issues as a result of being able to access reliable health information online. Just over half, 52 per cent, of participants stated that they felt less lonely or isolated as a result of learning digital skills whilst 62 per cent stated that they felt happier as a result of more social contact. Just under three quarters, 72 per cent, agreed that learning digital skills had improved their self-confidence and 65 per cent felt more informed about their health<sup>12</sup>.
- 3.17 The evaluation also identified significant behaviour changes with 56 per cent of participants stating that they would now access non-urgent advice on the internet first, such as the NHS website rather than go straight to their GP or Accident and Emergency (A&E). Half, 51 per cent, also stated that they had used the internet to explore ways to improve mental health and well-being.
- 3.18 The evaluation estimated that this behaviour change had resulted in a potential annual saving of £6m in 12 months to the NHS. Those savings alone represented a return on investment of £6.40 for every £1 invested in the programme<sup>13</sup>.

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<sup>11</sup> [Good Things Foundation \(2016\) Evaluation of Widening Digital Participation](#)

<sup>12</sup> NHS Wales (2019) p. 8

<sup>13</sup> Return on investment was calculated as the combined annual cost savings (return) of reduced visits to GPs and A&E (£6m) against an NHS investment of £810,000 in year 3 =

- 3.19 A follow-up report which draws out the specific findings and recommendations from the programme on how to **support health and social care staff to embed digital in the workplace**<sup>14</sup> highlights the system, organisational and individual barriers to health and care staff embracing digital including lack of skills and confidence; lack of time to upskill; lack of necessary tools and lack of buy-in at senior levels so staff lack 'permission' to tackle barriers.
- 3.20 The Nuffield Trust report on **delivering the benefits of digital health care**<sup>15</sup> identifies some benefits that could be achieved from digital innovations in health care such as the development of apps and online management tools that can monitor vital signs to allow clinicians to prioritise patients in need of the most urgent attention, and apps that could support staff working in the community<sup>16</sup>.
- 3.21 It also recognises that technology can provide much more proactive care to patients and allows resources to then be targeted at those most in need<sup>17</sup>. It can also provide an opportunity to provide better coordinated care for complex patients, particularly as they move from primary to secondary care and into social care systems so that information is exchanged more seamlessly without having to repeat tests and re-write patient care notes.
- 3.22 The research also shows how digital technology can improve access to specialist expertise. Patient-to-professional telehealth can reduce A&E attendance and hospital admissions and improve patient outcomes<sup>18</sup>.

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(£6m - £810,000)/£810,00 = £6.40 (for every £1 invested). A detailed explanation of the approach is provided in Appendix B of the report: [HEALTH & DIGITAL: REDUCING INEQUALITIES, IMPROVING SOCIETY](#)

<sup>14</sup> Good Things Foundation (2020) [Supporting Health and Social Care staff to embed digital in the workplace](#)

<sup>15</sup> Nuffield Trust (2016) [Delivering the benefits of digital health care](#)

<sup>16</sup> Specific apps mentioned include Patients Know Best; Microsoft HealthVault, Get Real Health and Epic's 'Lucy' system and 'Bedside' app, GetWellNetwork, The Mayo Clinic app, MyOps, VitruCare, Wellframe, PatientsLikeMe

<sup>17</sup> Ibid. p.11

<sup>18</sup> Ibid. p.15

- 3.23 The report highlights the importance of cultural change within healthcare organisations where staff are receptive to change and feel empowered to spot opportunities to improve. It suggests that ‘training is critical’ and should be ‘provided to all staff interacting with new technology before it is introduced, alongside real-time support’<sup>19</sup>. The report suggests that, if healthcare organisations can become more digitally enabled, it would result in improved patient outcomes and clinical professionals spending more of their time treating patients rather than on time-wasting processes or administrative tasks<sup>20</sup>.
- 3.24 A report by Loughborough University looking at the relationship between **digital inclusion and women’s health and well-being in rural communities**<sup>21</sup> found that whilst there are digital inclusion initiatives attempting to close the divide to enable women to make informed decisions about their health and well-being and their families the research is limited and fragmented. However, digital inclusion initiatives exist which attempt to close the digital divide by:
- providing infrastructure and access to digital technologies
  - building capabilities and skills in how to use technology and online provision
  - increasing the role of mobile technology in tackling digital exclusion<sup>22</sup>.
- 3.25 From the limited research available, the review confirms that digital inclusion has the potential to contribute to the improvement of women’s health and well-being.

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<sup>19</sup> Ibid. p.20

<sup>20</sup> Ibid. p.25

<sup>21</sup> Loughborough University (2018) [Digital inclusion and women’s health and well-being in rural communities](#)

<sup>22</sup> Ibid. p.29

## Loneliness and social isolation

3.26 The **Lloyds Bank Index** outlines the lifestyle and well-being benefits for people with high digital engagement:

- 87 per cent say that it helps them connect with friends and family
- 84 per cent say it helps them organise their life
- 55 per cent say it makes them feel more part of a community and
- 44 per cent say it helps them manage their physical and mental well-being.

3.27 The **Digital Participation and Social Justice** report highlights similar findings. It found a direct correlation between digital exclusion and the following three key determinants:

- an active lifestyle – those who regularly participate in cultural, sporting and volunteering activities are significantly more likely to have internet access even when other demographic and socio-economic indicators have been considered. This is seen as an important finding for policy development with a suggestion that the use of ‘personal hooks’ and hobbies should be a key mechanism to encourage people to explore the internet for the first time: ‘finding online content that relates to someone’s hobbies can be a highly effective approach to digital participation’<sup>23</sup>
- mental health – internet access was identified as a significant factor positively affecting mental health and well-being
- being socially connected - those with internet access were more likely to feel socially connected than those without access when all other factors were controlled for<sup>24</sup>.

3.28 A report looking at intergenerational initiatives to **address loneliness and social isolation**<sup>25</sup> by the Welsh Government also identifies the increasing

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<sup>23</sup> Carnegie UK Trust (2016) p.12

<sup>24</sup> Ibid. p.13

<sup>25</sup> Welsh Government (2019) [Review of key mechanisms in intergenerational practices, and their effectiveness at reducing loneliness and social isolation](#)

issue of both digital and social exclusion for older people. As services move online, older people miss out on the opportunities to connect with friends and family with digital technology. The report refers to the important role of intergenerational mentoring. It looks at UK wide examples of 'reverse mentoring' where younger people teach cyber-skills to older people and suggests that this approach could 'decrease social isolation for older people, increase their self and digital confidence' whilst providing beneficial outcomes for younger people too such as the development of leadership and communication skills. DCW's Digital Heroes<sup>26</sup> initiative is highlighted as a case study in the report.

### **Impact of the COVID-19 pandemic**

3.29 Unsurprisingly there is very little evidence at this early stage of the impact of the COVID-19 pandemic on digital exclusion rates. However, the latest Lloyds Bank Index does include results from a snapshot survey undertaken post the COVID-19 outbreak which suggests that behavioural changes in digital usage can already be seen. Registrations for online banking from the 70+ year olds cohort were three times the same time last year and the volumes of people aged 40+ registering for online banking have also significantly overtaken the rates for 2019 suggesting that there might be some impact on digital usage rates in future.

3.30 Attitudes towards digital engagement also seem to have changed as a result of COVID-19. The snapshot survey found that:

- 78 per cent of people agreed that the COVID-19 pandemic had escalated the need for digital skills
- 80 per cent agreed that using technology had been vital support to them
- 51 per cent believed that the need for digital skills in their home/work life had become more necessary due to lockdown<sup>27</sup>.

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<sup>26</sup> Digital Heroes is a digital volunteering scheme run by DCW which trains children and young people to help older adults who can't use the internet.

<sup>27</sup> Lloyds Bank Digital Index (2020) p. 28

## **Concluding thoughts**

- 3.31 It is evident that digital exclusion rates have remained fairly static over recent years (although the samples for Wales in some of the surveys is very small) with a significant majority of those not online over 70. Almost half of those currently digitally excluded seem to suggest that they have no desire at all to do so either. The research suggests that a lack of basic digital skills can make people feel more lonely and less connected with their community and can affect mental health.
- 3.32 Whilst there is some research on the positive health and well-being outcomes achieved by digital inclusion initiatives for both patients and healthcare organisations, there remain significant gaps in the evidence base. Rigorous evidence of health outcomes will be required to generate a step change in health and care provision, and it is imperative that digital inclusion activities within these settings seek to capture such evidence in future.
- 3.33 Whilst the impact of the COVID-19 pandemic on digital inclusion rates remains to be seen, it is clear from the research that there is an escalated need to have sufficient digital skills, confidence and access to devices to maintain social connections and improve mental health and well-being in this day and age.

## 4. Policy and strategic context

- 4.1 This chapter sets out key policy, legislative and strategic developments of relevance to the DCW programme. It also considers findings from previous reviews of predecessor digital inclusion programmes delivered in Wales.

### Policy and legislative context

#### *Prosperity for All*

- 4.2 The Welsh Government's strategy for a prosperous, secure, healthy, active and connected nation, **Prosperity for All: the national strategy**<sup>28</sup>, sets out a long-term ambition for realising the current Programme for Government, Taking Wales Forward, by 2021. Two fundamental themes set out in the strategy relate to improving the health and well-being of people, particularly by shifting the focus towards preventative action, and to improving connections across communities by building links to make it easier for people to come together. The strategy sets out the Welsh Government's intention to work with National Health Service (NHS) Wales to provide people with digital ways of accessing health and care services and information, with the intention that patients and carers take greater control of their health and well-being.
- 4.3 Since its publication of Prosperity for All, the Welsh Government has further increased the drive to accelerate digital developments across the health and social care sector, which underpin the fundamental need for intervention to support individuals and communities to access such provision.

#### *Digital Wales*

- 4.4 The Welsh Government published its digital framework **Delivering a Digital Wales** in 2010 to achieve a 'brighter digital future for everyone in Wales'<sup>29</sup>. Although now somewhat dated, the framework sets out five key objectives around inclusivity, skills, economy, public services and

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<sup>28</sup> [Prosperity for All: the national strategy](#)

<sup>29</sup> Welsh Assembly Government (December 2010) [Delivering a Digital Wales: The Welsh Assembly Government's Outline Framework for Action](#) p.3

infrastructure. It recognised the role of the predecessor scheme, Communities 2.0 in promoting digital inclusion across deprived areas.

4.5 The follow up **ICT Strategy for the Public Sector in Wales**<sup>30</sup> sets out how the Welsh Government would deliver upon the objectives for the public sector as set out in the Digital Wales framework. It proposed 14 streams of delivery which would achieve common ICT infrastructure, standards, capability and delivery across the public sector in Wales.

4.6 The Welsh Government's strategic framework **Delivering digital inclusion**<sup>31</sup> was published in 2016 and builds upon the previous Digital Inclusion Framework (2010), the Digital Inclusion Delivery Plan (2011) and refreshed plan (2015-2017). The 2016 Framework set out the Welsh Government's ongoing commitment to breaking down barriers for digitally excluded adults (aged 16 and over) in Wales and sets out a vision whereby 'everyone who wants to be online can get online ... and do more online to fully benefit from the opportunities the internet and other digital technologies offer'<sup>32</sup>. The framework sets out the four priority groups facing digital exclusion, namely older people, residents of social housing, unemployed and economically inactive people who lack basic digital skills and disabled people who encounter e-accessibility barriers. The DCW programme is identified as a key conduit for achieving the aims and objectives of this framework, and it is expected that the programme takes on board a co-ordination and facilitation role.

4.7 The Welsh Government is currently developing a new digital framework '**Digital Inclusion a Forward Look: towards a digitally confident Wales**', which will set out key actions to be taken over the next 12 months, with the overall aim to publish a new framework by 2021. In addition, the Welsh Government Office for the Chief Digital Officer is developing a **new Digital Strategy for Wales**. Both are expected to be published shortly and should help inform the remaining delivery of the DCW programme.

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<sup>30</sup> Welsh Government (2011) [ICT Strategy for the Public Sector in Wales](#)

<sup>31</sup> [Delivering Digital Inclusion: A Strategic Framework for Wales](#)

<sup>32</sup> Ibid. p.9

4.8 The **Parliamentary Review of Health and Social Care in Wales**<sup>33</sup>

concluded that the ‘current pattern of health and social care provision is not fit for the future’<sup>34</sup>. Two key recommendations made by the review relate to the need for the health and social care sector to ‘harness innovation and accelerate technology and infrastructure developments’ and to ‘put the people in control’. The review stressed the importance of responding to the revolution which was occurring due to the ‘digitisation, accessibility and analysis of information about people’s health and care’ and called for the scaling up of technologies to enhance access to advice and information. In doing so, the review recognised the need to help healthcare professionals to respond to these developments. The review also recognises the need to maximise the benefits of technology and innovation to deliver more effective and efficient health and social care, as these interventions play an important role in facilitating early intervention, avoiding escalation and supporting the well-being of citizens.

4.9 **A Healthier Wales**<sup>35</sup>, which intended to respond to the Parliamentary Review into Health and Social Care in Wales, sets out the Welsh Government’s ambitions for health and social care services. The plan is based upon the philosophy of prudent healthcare<sup>36</sup> as well as preventing illness. It also aims to support people to manage their own health and well-being, enable people to live independently for as long as possible and use technology where appropriate to create a more efficient, effective, equitable and sustainable health and social care service. A number of the projects funded via the Healthier Wales £100m **Transformation Fund** focus on transforming the health and social care sector via community-based solutions using technology, which will require patients to engage with some aspects of the service in different ways in the future. As a result, there is a

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<sup>33</sup> [The Parliamentary Review of Health and Social Care in Wales. A Revolution from Within: Transforming Health and Care in Wales Final Report January 2018](#)

<sup>34</sup> *Ibid.* p.4

<sup>35</sup> [Welsh Government \(2018\) A Healthier Wales: our Plan for Health and Social Care](#)

<sup>36</sup> To improve healthcare during times of austerity

need to improve basic digital skills amongst citizens to ensure that they can participate and benefit from digital health technologies and provisions which are currently being developed.

- 4.10 The Welsh Government's recent strategy for tackling loneliness and social isolation **Connected Communities**<sup>37</sup> recognises the impact that these twin issues can have upon health and well-being and is of relevance to the DCW programme. The strategy, which considers feedback from a public consultation exercise and the findings of the National Assembly for Wales' Health, Social Care and Sport Committee's inquiry, recognises the importance of access to digital technology in addressing loneliness and social isolation. Supporting and enabling digital inclusion is set out as a key enabler to achieve the strategy's priority of increasing and promoting opportunities for people to connect. DCW is identified as a key programme which will improve 'the digital capabilities of citizens and health and social care staff, allowing more people to become more active participants in their own health and well-being'<sup>38</sup>.

#### *Legislative context*

- 4.11 In terms of the legislative context, DCW can expect to make a positive contribution to the development of a more digitally inclusive society, set out as a well-being goal within the **Well-being of Future Generations (Wales) Act 2015**<sup>39</sup>. The Act introduced legislation which requires public bodies, including local health boards and local authorities, to adopt seven long-term well-being goals and put sustainable development and transparency at the heart of their work.
- 4.12 DCW has also been required to operate within the context set by the **Social Services and Well-being (Wales) Act 2014**<sup>40</sup>. This legislation set out a new legal framework for the social services sector by imposing a duty upon local authorities and health boards to work to promote the well-being of

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<sup>37</sup> Welsh Government (2020) [Connected Communities: A strategy for tackling loneliness and social isolation and building strong social connections](#)

<sup>38</sup> Ibid. p.20

<sup>39</sup> [The Well-being of Future Generations \(Wales\) Act 2015](#)

<sup>40</sup> Social Services and Well-being (Wales) Act 2014

individuals who need care and support. It sets out a requirement for local authorities and health board partnerships to work together to assess the care and support needs of those living in their region with an emphasis on prevention, early intervention and increased citizen engagement and voice.

#### *Welsh language*

4.13 In terms of Welsh language, the DCW programme is well placed to make a contribution towards realising the objectives set out across a number of relevant Welsh Government strategies. These include:

- **Cymraeg 2050: Welsh Language Strategy**<sup>41</sup> which sets out the Welsh Government's long-term approach to achieving a million Welsh speakers by 2050. The strategy recognises that investing in digital technology so that the Welsh language can be used in as many contexts as possible will be important to 'ensure that the Welsh language is at the heart of innovation in digital technology to enable the use of Welsh in all digital contexts'<sup>42</sup>. The strategy also recognises the importance of increasing the range of services offered to Welsh speakers, including those services offered by health and social care sector providers
- **More than just words: Strategic Framework for Welsh Language services in health, social services and social care**<sup>43</sup> which sets out a three year action plan for 2016-2019 and a follow-on two year action plan for 2019-2020 and adopts the principle of an 'active offer'<sup>44</sup> across the health and social care sector services in Wales. The strategy, which aims to increase the number and use of the Welsh language across the sector. The current action plan for 2019-2020 sets out an objective to ensure that the Welsh language is mainstreamed into health and social care technology and terminology

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<sup>41</sup> Welsh Government (2017) [Cymraeg 2050: A Million Welsh Speakers](#)

<sup>42</sup> Ibid. p.71

<sup>43</sup> [More than just words: action plan 2019-2020](#)

<sup>44</sup> That is, providing a service in Welsh without someone having to ask for it

- **The Welsh Government’s Welsh Language Technology Action Plan**<sup>45</sup> sets out key areas of development to ensure that the Welsh language remains at the heart of innovation and digital technology. Of relevance to the DCW programme are its ambitions in relation to creating Welsh-language digital infrastructure and building capacity and digital skills.

### **Findings from previous evaluations of digital inclusion initiatives**

- 4.14 The key findings from the three previous evaluations of predecessor digital inclusion programmes are set out below.

#### *Communities@One*

- 4.15 The Communities@One programme aimed to support the digital inclusion of individuals and communities within Communities First areas in Wales, by working with, and providing project grant funding to, voluntary and community organisations. The programme received funding of £10.5 million, to include a 71 per cent contribution from the European Regional Development Fund (ERDF), over a three-year period between January 2006 and December 2008.
- 4.16 The evaluation<sup>46</sup> concluded that the programme had been successful in establishing and distributing grant funding and that many funded projects had offered new opportunities to individuals to access ICT and develop new skills. The evaluation found that despite the large number of projects leading to a wide variety of experiences in different areas the programme nonetheless met most of its objectives.
- 4.17 Several recommendations were offered by the evaluation for consideration, including:
- the need to develop a comprehensive archive of good practice which would be available in the future

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<sup>45</sup> Welsh Government (2018) [Welsh language technology action plan](#)

<sup>46</sup> Welsh Government (2008) [Evaluation of the Communities@One Programme Final Report](#)

- engaging with the Welsh Government's Department for Children, Education, Lifelong Learning and Skills with delivering the digital inclusion agenda
- disseminating the programme's successful Broker model<sup>47</sup> to other parts of the Welsh Government and other organisations' funding grant regimes targeted at the voluntary and community sector
- that any future successor programme should:
  - have a longer timeframe for delivery
  - retain the successful Broker model adopted by Communities@One
  - consider how best to make onward referrals so that participants can pursue further digital opportunities
  - consider its role to work with public service providers to increase access to public services on-line
  - consider how to better track the outcomes of funded projects

### *Communities 2.0*

4.18 The Communities 2.0 programme was a six-year programme delivered from April 2009 to March 2015 with funding of just under £20 million to include an ERDF allocation of £8.9 million. The programme changed significantly over the course of its lifetime in that it was extended from the West Wales and the Valleys region to the whole of Wales. The second phase also involved a greater emphasis on working directly with individual beneficiaries.

4.19 The summative evaluation of Communities 2.0<sup>48</sup> concluded that:

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<sup>47</sup> Community Brokers were appointed by the programme and located within bodies perceived to have a critical role with regard to digital inclusion. Their responsibilities included establishing links and partnerships with local agencies and helping local community group access other prospective funding

<sup>48</sup> Welsh Government (2015) [The Evaluation of Communities 2.0 Final Evaluation Report – Revised](#)

- the programme had increasingly focused over time on activities to promote digital inclusion with individuals
- the work with individuals had been successful although the programme had struggled to reach some groups such as disabled people, given the specific nature of their needs and the intensity of the support required
- the work with voluntary and community organisations had been well received but had not been transformative or provided long-term solutions
- elements of good practice included making effective use of volunteers and delivering provision in small manageable sessions in informal settings.

4.20 The evaluation recommended that any future intervention should have less resources and focus on advocating the case for digital inclusion to public, private and third sector organisations. It also suggested that the programme should support and encourage partners already involved in digital initiatives to sustain their involvement and where necessary, to broker new local and thematic partnerships. The evaluation also recommended that the programme should continue to provide train the trainer training.

*Digital Communities Wales (2015-2019)*

4.21 This programme, which was delivered from April 2015 to March 2017 with an initial budget of £1 million per annum funded by the Welsh Government, but thereafter extended for a two-year period, adopted a more indirect delivery model than its predecessor schemes and focused on working in partnership with other organisations to deliver digital inclusion activity.

4.22 A theory of change logic model was set out for the programme and has been taken into consideration in preparing a logic model for the current programme.

4.23 The evaluation of DCW<sup>49</sup> found that:

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<sup>49</sup> Welsh Government (2016) [Evaluation of Digital Communities Wales](#)

- Welsh Government policy continued to be supportive of digital inclusion intervention in Wales, and that the Programme for Government (2016-2021) reaffirmed this commitment
- the programme performed well against its Key Performance Indicators (KPIs) and the feedback on the quality and relevance of training provided was excellent
- important outcomes for the programme included increased digital inclusion awareness (often associated with training provision), some increased capacity of partner organisations to deliver digital inclusion services, and re-invigoration of local digital partnerships. Establishing the impact of the programme on end user beneficiaries proved challenging due to the ‘indirect and largely disconnected relationship between DCW and partner organisation service users’<sup>50</sup>
- there would be potential opportunities for future digital inclusion intervention to embrace the broader health agenda and build upon emerging work by the programme in this sector
- any successor programme should have less resources and work through public, private and third sector partners rather than deliver front line activity itself
- at the time of undertaking the evaluation in 2017, stakeholders and partner organisations made the case for continued intervention and an extension of the DCW programme, particularly to equip digitally excluded individuals to engage with Universal Credit.

4.24 The evaluation offered a series of recommendations, including that:

- the programme be extended by two years to March 2019
- the focus during this extension should be on generating a sustainable legacy for digital inclusion intervention, including making resources and materials universally available on-line and focusing activity on existing partner organisations

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<sup>50</sup> [Evaluation of Digital Communities Wales](#) p.5

- the focus should be on improving the quality and consistency of Digital Inclusion Engagement Improvement Plans (DIEIPs) as a legacy product for the programme
- the programme continue to focus on co-ordination and partnership development functions, working towards the objective that local partnerships became self-sustaining
- programme KPIs be revised to reflect these changes over the remaining two-year delivery period until March 2019.

### **Concluding thoughts**

- 4.25 It is evident that Welsh Government policy and legislation, at the time when the current DCW programme was designed, supported continued public sector intervention to address digital exclusion amongst key groups.
- 4.26 Welsh Government policy also clearly set out the need for digital intervention to focus on the health and social care sector. Recent publications, such as Connected Communities, have reinforced this direction of travel and highlighted the importance of digital technology in helping to address well-being issues such as loneliness and social isolation.
- 4.27 A review of predecessor programme evaluations shows that their recommendations have frequently been adopted by subsequent funded digital inclusion initiatives. The recommendations of the DCW programme delivered between 2015 and 2019 have clearly informed the design and objectives of the current programme. There has been a clear shift towards digital inclusion funding being used as a conduit to work through partner organisations to reach end users and that the level of resource required to achieve this is lower.
- 4.28 The recent COVID-19 outbreak and government actions in responding to this global health pandemic have had a fundamental impact upon the context within which DCW has been operating since March 2020. Demand for digital health and social care services has increased and other settings, such as schools and third sector organisations, have either halted usual

operations and resorted to virtual provision, or have found themselves at the front-line of the emergency response. Government restrictions on the movement and interaction between people which were imposed as a result of the outbreak have also resulted in increased need and demand for digital means of communicating and accessing services amongst the programme's target groups.

## **5. An overview of Digital Communities Wales: Digital Confidence, Health and Well-being**

5.1 This chapter sets out a detailed overview the Digital Communities Wales (DCW): Digital Confidence, Health and Well-being programme taking into account programme level documentation and monitoring data.

### **Introduction**

5.2 DCW: Digital Confidence, Health and Well-being is a three-year programme which aims to reduce digital exclusion and help improve basic digital skills levels across Wales. Its key objectives are to:

- encourage and support people with limited digital skills to take advantage of the benefits of digital technologies
- facilitate the co-ordination of digital inclusion activity across the third, public and private sectors to maximise the impact of available support, with a particular focus on improving health and well-being
- embed digital inclusion activities within lead/umbrella organisations, enabling a cascading approach of training and support across organisations and community groups as a way of reaching those with limited digital skills
- encourage and support the progression of new and limited internet users to improve their basic digital skills, including the staff of organisations supported<sup>51</sup>.

5.3 The programme aims to equip individuals to meet the basic skills, set out within the UK's essential digital skills framework, which currently are:

- handling information and content: find, manage and store information and content securely
- problem-solving: find solutions to problems using digital tools and online services

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<sup>51</sup> Specification. pp.3-4

- communicating: communicate, interact, collaborate, share and connect with others
- transacting: register and apply for services, buy and sell goods and services, and administer and manage transactions online
- being safe and legal online: stay safe, legal and confident online.

5.4 The programme focuses on supporting four priority groups. In its proposal to the Welsh Government, the Wales Co-operative Centre sets out an annual number of individuals falling into these priority groups which it intends to support in order to reach its overall annual target of 60,000 participants:

- older people aged 50+ (27,000)
- working age economically inactive and unemployed (10,000)
- disabled people (13,000)
- social housing tenants (10,000).

### **Programme design**

5.5 The DCW programme is delivered by the Wales Co-operative Centre, with elements of the programme sub-contracted to the Good Things Foundation, a UK charity which provides online digital courses and facilitates a network of online centres, and Swansea University.

5.6 The role expected of the Good Things Foundation includes:

- promoting and delivering their online provision, Learn my Way<sup>52</sup> courses
- increasing the size and capacity of the Online Centre Network<sup>53</sup> in Wales
- developing three Wales specific, bilingual courses to support people to access basic online health information and services

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<sup>52</sup> [Learn my way](#)

<sup>53</sup> [Online Centres Network](#)

- building the capacity of local Health Boards and local partnerships to develop digital inclusion strategies and interventions.
- 5.7 It was expected that the Good Things Foundation would appoint a Senior Responsible Officer and a dedicated project manager for the programme.
- 5.8 It was proposed that Swansea University would play an advocacy role for the programme across the health sector, with two academic representatives undertaking the roles of Digital Inclusion Advocates. Both academic representatives are also members of the Leadership Group which takes responsibility for the Digital Inclusion Alliance for Wales. The Morgan Academy, based at Swansea University, is expected to disseminate learning and stimulate debate around policy in this area of work.
- 5.9 The DCW proposal to the Welsh Government set out nine key work streams which would underpin the programme:

1. Work intensively with targeted organisations to **co-produce** approaches that engage directly with people requiring basic digital skills support.
2. Build and strengthen **strategic relationships** as a route to embedding digital inclusion activity across Wales.
3. Support **Health Boards** in Wales to engage staff and volunteers with technology to improve health outcomes for patients.
4. Support **public and third sector** organisations to embrace and embed digital inclusion into their strategies and practices.
5. Promote and increase **basic digital skills volunteering** across Wales.
6. Work with each **Local Authority** in Wales to embed digital inclusion into their service delivery, with a focus on **social care**.
7. Engage with the **private sector** to embed digital inclusion activity into their services and training staff as volunteers.
8. Create, develop and share **training resources and toolkits** to support digital inclusion with a focus on health and social care.

9. Increase the number of **Online Centres** and take-up of **Learn my Way** in Wales.

- 5.10 DCW planned to deliver the following three volunteer programmes which would involve volunteers being recruited, trained and placed:
- **Digital Heroes** (including the Welsh Baccalaureate) who would be trained to deliver digital inclusion support within their own premises or with a local partner
  - **Digital Companions** who would be trained to deliver peer to peer digital inclusion support within an organisation
  - **Digital Champions** (including Digital health Champions) who would be trained to deliver digital inclusion sessions within organisations e.g. Digital Fridays.
- 5.11 It was also anticipated that a small element of the DCW programme would provide **equipment on loan** to organisations, to demonstrate the value of adopting new devices and approaches.
- 5.12 As part of the programme, a **Digital Inclusion Pathfinder Projects** element was planned to provide financial contribution to projects and activity that would advance digital inclusion within an organisation, county or partnership. This was a new approach designed to make things happen, roll out good practice or pilot projects and innovative ideas. It was expected that organisations would submit a Pathfinder Projects Proposal to apply for funding as well as make its own financial contribution to the project.
- 5.13 A fundamental aspect of the support to organisations was anticipated to be the development and agreement of **Digital Consultations Plans (DCP)** between the Wales Co-operative Centre and all organisations supported. The aim of DCPs is to identify the appropriate level of support best suited to reach the priority group beneficiaries.
- 5.14 A key new component of the proposed programme was a **Digital Inclusion Alliance**. This membership-based network was intended to bring together all stakeholders across Wales under a national banner. A core Leadership Group comprising senior representatives from various stakeholder groups

would be formed to drive forward the work of the Alliance. The purpose of the Digital Inclusion Alliance would be to spread news, share resources, deliver joint events, influence policy and promote digital inclusion as everyone's responsibility. The Alliance was expected to work alongside the Digital Leaders Network and UK Online Centres. The Alliance would be supported by a Partnerships and Campaigns Officer from within the DCW team.

### **Funding and spend**

- 5.15 The DCW programme is funded by two Welsh Government divisions, the Prosperous Futures division and the Health and Social Services (HSS) division. A budget of £6m (inclusive of VAT) has been allocated to the programme for a three-year period between 1<sup>st</sup> July 2019 and 31<sup>st</sup> June 2022. Additional funding may be available to support a possible programme extension from 2022-2025, subject to the findings of this evaluation and Welsh Government budget agreement.

### **Targets and performance**

- 5.16 The programme is expected to achieve nine key performance indicators (KPIs), set out at Table 5.1. The 9<sup>th</sup> KPI was introduced during the third quarter of delivery at the request of the contractor to reflect work being undertaken by the programme to support front line staff outside of health and care settings:

**Table 5.1: DCW Key Performance Indicators**

	<b>KPI</b>	<b>Annual Target</b>
1	Number of people directly supported through intensive interventions	5,000
2	People supported indirectly via engagement with organisations	40,000
3	Large private sector organisations engaged with	10
4	Third, public and private sector (including SME) bodies engaged with	80
5	Public sector organisations engaged with (to include every Health Board and Local Authority)	35
6	Digital Inclusion volunteers recruited and placed by organisations supported by the programme	500
7	Health and social care staff supported to engage with technology to improve health outcomes	5,000
8	Patients supported to engage with technology to improve health outcomes	15,000
9	Front line staff (non-health and care) trained to support service users to engage with technology	500

5.17 These indicators have been defined and agreed by the Welsh Government and Wales Co-operative Centre. They have considered previous programme targets and achievements as well as been informed by overall population counts. So for instance, KPI 7 was set on the basis that the programme would aim to support 6.25 per cent of the 80,000 registered NHS staff across Wales (i.e. 5,000 participants) within any 12 month period. This output could also include those staff who are not registered NHS staff, thereby expanding the potential audience for this KPI.

5.18 The evidence required for demonstrating each indicator have been set out in an internal document<sup>54</sup>. For instance, the definition for KPI 1 involves direct support through intensive interventions to individuals and is expected

<sup>54</sup> DCW Digital Confidence, Health and Wellbeing Definitions and Evidence Requirements March 2020, unpublished

to involve more than one session for each individual. The definition for KPI 2 is based upon the number of estimated unique individuals who have engaged with technology and are supported by organisations.

- 5.19 The latest quarterly report (quarter 4, one-year provision for the period up to the end of June 2020) sets out programme performance against targets to date. These are presented at Table 5.2. Overall, performance over the first year is good despite COVID-19 having impacted on the fourth quarter. The programme exceeded its annual targets for KPI 1, 4, 6 and 9 whilst other KPIs appear more challenging, particularly KPI 2 and 7 given that only a fifth of the annual target was achieved.

**Table 5.2: Programme performance (July 2019 – June 2020)**

	<b>KPI</b>	<b>Annual Target</b>	<b>Annual Output</b>
1	Number of people directly supported through intensive interventions	5,000	6,576
2	People supported indirectly via engagement with organisations	40,000	7,655
3	Large private sector organisations engaged with	10	0
4	Third, public and private sector (including SME) bodies engaged with	80	123
5	Public sector organisations engaged with (to include every Health Board and Local Authority)	35	0
6	Digital Inclusion volunteers recruited and placed by organisations supported by the programme	500	643
7	Health and social care staff supported to engage with technology to improve health outcomes	5,000	661
8	Patients supported to engage with technology to improve health outcomes	15,000	12,415
9	Front line staff (non-health and care) trained to support service users to engage with technology	500	545

Source: DCW Programme quarterly report, June 2020

- 5.20 The latest quarterly reports acknowledge that some KPIs remain challenging. The reports also note that the COVID-19 pandemic has

impacted upon programme delivery since March 2020. A decision was made to stop delivery immediately in vulnerable settings and schools, followed by a move towards virtual options in light of a Welsh Government directive. The programme shifted its focus to delivery of webinars and digital surgeries via various video calling platforms.

- 5.21 Recent quarterly reports also acknowledge that organisations focused their efforts on responding to the pandemic, and engagement with the programme was put on hold. This was a particular issue for those in the health sector.

### **Programme governance and staffing resources**

- 5.22 A Digital Inclusion Programme Board meets on a quarterly basis to oversee DCW delivery and help inform policy development. Terms of Reference for the Board expects members to act as critical friends to the programme. A review of minutes for recent meetings shows that its membership of some 30 individuals is drawn from some 18 organisations (including Welsh Government, DCW, third and private sector representatives).

- 5.23 In terms of the DCW delivery team, it was anticipated that a total of 24 members of staff would be appointed to the core DCW team at Wales Co-operative Centre. These would be supported by a further three members of staff from the organisation's corporate services. These posts were anticipated to include:

- a Programme Director
- Regional Managers (3)
- Regional Digital Inclusion Advisors (9)
- Regional Digital Inclusion Trainers (7.5 FTE)
- a Monitoring and Reporting Officer
- a Partnerships and Campaigns Officer
- a Training and Development Officer
- an Administrator

- a Finance Officer (0.5 FTE)
- Communications Officer (Web) (0.21 FTE)
- Communications Officer (Social Media) (0.34 FTE).

5.24 The anticipated DCW programme team structure is set out at Figure 5.1.

**Figure 5.1: Anticipated programme team structure**



Source: Wales Co-operative Proposal to the Welsh Government

### **Monitoring and reporting**

- 5.25 The Wales Co-operative Centre provides quarterly reports to the Welsh Government, outlining progress against KPIs.
- 5.26 The Welsh Government implements a quarterly outcomes audit to check a sample of the outcomes being reported by the Wales Co-operative Centre. For instance, the Welsh Government selects 10 individuals reported against KPI 1 (people directly supported through intensive interventions) to check that the Customer Relationship Management (CRM) software lists them as having been directly supported through intensive interventions.

Similarly, the Welsh Government will request to view a copy of Digital Consultation Plans for a sample of between two and four organisations to validate the quality of outcomes being reported against KPI (people supported indirectly via engagement with organisations).

### **Promotion and marketing**

- 5.27 The Wales Co-operative Centre's proposal to the Welsh Government sets out plans for marketing and promoting the programme. A key element of the communications plan is to engage with senior representatives from target organisations from across the health, social care, local government, third sector and other organisations. The aim is to create brand awareness, stimulate enquiries and communicate programme impact.
- 5.28 The communication plan identifies a number of channels which would be important for the programme. They include:
- branding for the programme
  - website, building on existing DCW website
  - social media, to build networks and generate enquiries
  - direct marketing, to simulate enquiries and build awareness
  - publications, including publishing reports
  - press releases, to include case studies and campaigns
  - conferences, including holding regular regional and one national conference
  - campaigns, including active participation in UK campaigns and delivery of own campaigns.

## 6. Findings from fieldwork: Design and development

6.1 This chapter presents the feedback gathered from two types of contributors: Welsh Government officials and programme delivery staff (based at the Wales Co-operative Centre, Swansea University and the Good Things Foundation) who had been involved in the design and development of DCW, on how the programme was intended to operate and the outcomes which were expected. It then considers how the COVID-19 pandemic has impacted upon the need for and design of the programme.

### **Policy drivers**

6.2 Welsh Government officials and programme delivery staff thought that the DCW programme had been informed by Welsh Government policies in place at the time. In particular, it was thought that DCW had a clear remit to help contribute towards the Programme of Government's Taking Wales Forward (2016-2021) commitment of getting 95 per cent of people to gain at least the basic digital skills required by 2021.

6.3 Other Welsh Government policy developments were also highlighted by contributors as being of relevance to DCW. Some of these were in place at the time of designing the programme whilst others have been introduced during the programme's delivery period. Each are considered in turn:

#### *Health and social care*

6.4 It was commonly suggested that the programme was well aligned with Welsh Government's health and social care sector objectives and its drive to provide people with digital ways of accessing health services and information. This was reflected in the original allocation of additional funding via Welsh Government's health budget to allow for specific intervention across the health sector. There was a consensus amongst contributors that digital health provision had grown in importance during the final stages of the previous programme, driven by Welsh Government and Health Board policies to expand digital health services. Contributors argued that the underpinning research undertaken by the Wales Co-operative Centre and the Carnegie Trust had played a key role in identifying the alignment between health and social care policy and programme delivery,

particularly the need to improve digital skills across the health sector workforce as well as amongst service users. It was also anticipated that the shift taking place across digital health would worsen the inverse care law, in that people who require care the most would be the least likely to access it.

### *Employability*

- 6.5 DCW was considered to have an important role to improve the employability of individuals out of work by supporting them to become more digitally included. In July 2020, a new £40m COVID-19 commitment was announced by the Minister for Economy, Transport and North Wales to support individuals over 16 who are looking to find work, pursue self-employment or find a place in education or training<sup>55</sup>. Part of this funding relates to DCW (£380,000 over a two-year period until the end of the current programme) and is expected to be used to invest in electronic devices for loaning to Communities for Work Plus participants to support them in their route into employment. DCW will take on the responsibility for procuring, distributing and asset managing 600 devices to participants without access to such equipment as well as deliver appropriate training and support to individuals.

### *The justice system*

- 6.6 The justice system in the UK is undergoing a digital transformation with the aim to reform the courts and tribunals system across the country. The UK Government's objective is to introduce digital procedures across courts and tribunals to achieve a more effective and efficient justice system. However, there are a number of challenges to be address if these objectives are to be achieved. These include the lack of sufficient access to video facilities within prisons, issues around access to equipment and the quality of provision available to those who are engaged with the justice system, the extent to which those in the justice system may have (undiagnosed) mental health conditions and issues relating to remote interpretation.

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<sup>55</sup> [Written Statement: Covid Commitment to Employability and Skills](#)

6.7 These developments could have important implications for the DCW programme as they are likely to create a new cohort of digitally excluded users who will find it challenging to engage with an online justice system. Some of these users are unlikely to have been historically reported as being digitally excluded as they would have had an appropriate level of connectivity, digital skills, and equipment in place previously to meet their everyday needs. However, to effectively engage with any changes to an online justice system in the future, contributors recognised that there will be a need to consider access to devices, connectivity and basic skills support.

*Information and advice services*

6.8 A large proportion of users who access information and advice services are digitally excluded. The shift towards delivering information and advice services via telephone and virtual methods since the advent of COVID-19 has raised challenges for this cohort. Contributors reported a drop in the households not making the transition from face-to-face support to virtual support, with anecdotal evidence suggesting that these clients are more likely to be individuals with physical impairments. A major obstacle to accessing online support was the affordability of accessing services digitally e.g. users having a restricted amount of data as part of their phone contract; as well as difficulties sharing paper based documentation e.g. sharing documentation to prove eligibility or copies of correspondence received.

6.9 Contributors believed that DCW has a role to play to support front line staff and volunteers to reach those end users who are digitally excluded. It was argued that face-to-face provision will continue to be important post-COVID-19 due to its ability to gain trust and delve deeper into the issues experienced by users, but that the service is likely to adopt a hybrid approach, with some of the preliminary tasks undertaken remotely in order to speed up the process. Some groups have reported a preference for a virtual service, due to the anonymity it affords. It was suggested that the advice and information sector has a role to identify users who cannot access its services online and work with DCW to address their issues. Contributors suggested that this could involve referring users to the DCW

programme, enlisting DCW's support to train staff and volunteers or accessing equipment through the DCW programme to use for demonstration and training with service users.

### **Underpinning need**

6.10 Contributors thought that the need for DCW was evident given that a small minority of the population across Wales remained digitally excluded, although it was recognised that this proportion had reduced over time. Several contributors drew upon the findings of National Survey for Wales data, such as that:

- the proportion of people who personally use the internet has increased over time, with 90 per cent of adults aged 16 and over now using the internet at home, work or elsewhere by 2019/20; leaving 10 per cent of people digitally excluded<sup>56</sup>
- the proportion of households who have access to the internet has increased from 73 per cent to 88 per cent between 2012/13 and 2019/20, although internet access continues to be lower in deprived areas<sup>57, 58</sup>.

6.11 Other contributors argued that DCW was needed because a lower proportion of the population used the internet in a meaningful way. For instance, the latest National Survey for Wales data shows that 73 per cent of internet users perform online activities associated with all five basic digital skills (as at 2019/20)<sup>59</sup>. It was considered important by contributors that DCW did more than just support people to engage with technology for the first time, and that the programme was also designed to provide

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<sup>56</sup> [National Survey for Wales: April 2019 to March 2020](#)

<sup>57</sup> [National Survey for Wales: April 2019 to March 2020](#)

<sup>58</sup> Household internet access varies by Welsh Index of Multiple Deprivation (WIMD) levels of area deprivation, For instance, in 2018/19, 92 per cent of households in the least deprived areas had internet access compared with 83 per cent of households in the most deprived areas.

<sup>59</sup> [National Survey for Wales: April 2019 to March 2020](#)

meaningful support and experiences to people so that they could achieve the five basic digital requirements set out in the digital skills framework.

### **Programme aims and objectives**

- 6.12 Contributors who had been involved with the programme design thought that one of the original aims of the current DCW programme was **to address digital exclusion across Wales**, and in particular to target and support the small cohort of people who are not online in Wales. This aim was considered to have continued from previous interventions, which focused on this as a priority. Contributors were mindful that the shift towards online provision since COVID-19 meant that the programme would find it more challenging to reach this digitally excluded cohort, as they could not engage with it by virtual means. It was also widely recognised that achieving this aim would require the programme to focus upon the ‘hardest to reach and convert’ and who faced barriers to digital inclusion which could not necessarily be addressed by DCW. These would include physical barriers (such as connectivity), financial barriers as well as attitudinal barriers (i.e. not wanting to engage).
- 6.13 Contributors also thought that DCW aimed to develop peoples’ levels of **digital skills and confidence**. It was argued that this aim had become more important over the course of programme delivery due to the impact of COVID-19 upon the digitisation of services and an increase in the digital skills required of users to engage with more online tasks and functions as well as undertake basic day-to-day tasks such as communicating with friends and family.
- 6.14 There was also some suggestion that DCW aimed to **inspire an interest and raise awareness of innovative technology**, given the focus on introducing innovative applications to patients and users based within particular settings such as care homes and hospital wards. For instance, a member of the delivery team observed that:

‘our role is also to do some inspiring – that is also part of the jigsaw – some of them are nervous about digital and being able to use their hobbies or interests as a way in.’

- 6.15 Another fundamental aim of the current programme was thought to be upon **supporting health organisations to embed digital inclusion at a strategic level** and to achieve a transformational change in their approach to digital provision. This was considered to be a long-term aim, given that achieving such a change across large public sector organisations would take time. It was noted that the programme was expected to work with Health Boards, as well as Local Authorities, at a strategic level to embed a sustainable approach to the digital inclusion agenda. One contributor described the goal as trying to ‘turn the direction of a juggernaut’. This expectation was thought to differ from previous incarnations of the programme, in that DCW was now required to work at a much more strategic level with fewer organisations<sup>60</sup> with an objective of obtaining a commitment at Board level to digital inclusion. Contributors acknowledged the challenge for a delivery project to influence this type of strategic change as it requires engaging with a large number of different departments across one public body in order to achieve change.
- 6.16 Contributors also stressed that DCW aimed to **support service provider workforce as well as end users** to develop basic digital skills, arguing that it was important to achieve a balance between provision which equipped both audiences with new skills and confidence. It was observed that the current programme intended to focus on supporting front line staff to secure a more holistic approach to digital inclusion across supported organisations. It was suggested that the programme’s initial delivery experiences had shown that health sector workforce skills were in fact lower than anticipated.

### **Programme outcomes**

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<sup>60</sup> The current DCW programme is expected to work with 375 organisations over a three year period compared with 650 organisations over a two year predecessor programme period.

6.17 Prior to COVID-19, contributors expected DCW to achieve a wide range of outcomes, including:

- a reduction in digital exclusion rates across Wales, particularly amongst programme target groups
- an increase in digital skills and confidence levels, again particularly across programme target groups and the health and social care workforce
- an increase in the number of people using technology competently and safely in their everyday lives
- an increase in the number of people being able to better manage their health conditions using digital methods
- improved health and well-being outcomes for programme participants
- a reduction in levels of loneliness and social isolation amongst programme participants
- health providers demonstrating a commitment to digital inclusion at Board level with a dedicated digital champion in place
- health providers embedding and implementing digital inclusion policies and practices across their organisation (evident via a digital strategy, budget, digital inclusion initiatives and adoption of the Digital Inclusion Charter)
- health and social care providers reporting improved digital literacy skills and competency across their workforce.

### **Target groups**

6.18 Contributors thought it was justifiable that DCW had been designed to focus on specific target groups as the evidence pointed to these groups being most digitally excluded. For instance:

- in terms of older people, only 52 per cent of people aged 75 and over were internet users in 2019/20, although the proportion had increased significantly from 2012/13 when only 22 per cent used the internet

- people with a limiting long-standing illness, disability or infirmity are less likely (at 82 per cent) to use the internet compared with 94 per cent of those without such a condition
- people out of work are less likely to use the internet than those in employment (98 per cent of those in employment use the internet compared with 93 per cent of unemployed people and 94 per cent<sup>61</sup> of economically inactive people, all of working age 16 to 64 in 2018/19)
- people living in social housing are less likely to use the internet (at 83 per cent) compared to those living in other types of accommodation (e.g. private rented home occupants at 95 per cent and owner-occupiers at 90 per cent)<sup>62</sup>.

6.19 However, some contributors suggested that these priority groups should be reviewed to take into account the impact of COVID-19. Several individuals were of the view that COVID-19 had highlighted and provided greater clarity to service providers on which of its users were unable to access digital provision and the factors accounting for this. As one contributor observed:

‘COVID-19 has demonstrated that you’ve got a whole new cohort of digitally excluded people ... it’s been a game changer in terms of the kit that people need’.

6.20 It was suggested that there may be benefit in segmenting DCW’s target market in a different, more nuanced way or focusing on specific sub-groups within the current four priority areas (particularly older people given the size of this cohort). Other options which were suggested included focusing upon priority groups aligned to particular public services (e.g. those accessing the justice system) or upon social deprivation levels rather than demography.

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<sup>61</sup> Data provided by the Welsh Government, drawing on National Survey for Wales data

<sup>62</sup> [National Survey for Wales, 2018-19: Internet use and digital skills](#)

## **The impact of the COVID-19 pandemic**

6.21 Contributors observed that the COVID-19 pandemic had increased the underlying need for DCW and strengthened the case for intervention, given the sudden and large-scale shift across public services moving online.

Amongst the comments offered were:

‘it is right up the agenda ... it is a priority’

‘COVID-19 has given it [DCW] teeth and a clear need’

‘I don’t need to go out to do presentations on what digital exclusion is anymore’.

6.22 Delivery staff reported that the pandemic had resulted in increased demand upon the programme, with DCW increasingly being considered by organisations and their users and staff as a mechanism to help them address a wider range of more immediate digital issues associated with the COVID-19 pandemic. This was thought to have put significant pressure upon the delivery team given that the demands placed upon the programme was:

‘so high it is difficult to manage expectations ... it was manic at the start of lockdown’.

6.23 This additional demand coincided with the Wales Co-operative Centre’s successful bid to deliver the Welsh Government’s initiative to allocate local devices to care homes and other settings such as hospices. This £803,000 initiative was intended to address the lack of digital connectivity and equipment in place across these settings. It was observed that this change would result in additional outcomes being achieved by the programme, notably outcomes such as improving connectivity and access to devices.

6.24 The COVID-19 pandemic was also considered to have highlighted the lack of connectivity and devices that citizens have when unable to leave their homes in order to live their lives and engage effectively with public services. Contributors observed that COVID-19 had ‘raised the bar’ in terms of what was required to be digitally included and expanded the services and activities which people are expected to engage with online.

COVID-19 was thought to have increased the cohort of people who could now be classed as being digitally excluded, and to some extent, this cohort was thought to have become more identifiable to service providers and policy makers.

- 6.25 Several examples were cited of target groups previously considered to be digitally included now falling into a digitally excluded category e.g. people previously using a smartphone to access the internet now requiring a tablet or laptop for new tasks such as applying online for a job; school pupils unable to access online learning as all members of the household have to share access to a single laptop or employees who are required to work from home but have poor or no connectivity<sup>63</sup>. Indeed, it was frequently argued that new groups of digitally excluded people have emerged, possibly raising questions about the appropriateness of the programme's original target audiences going forward.
- 6.26 Contributors acknowledged that the effects of COVID-19 had implications for the programme's future priorities, not least in terms of working within redefined criteria for digital inclusion. There was a strong desire to see DCW focus upon increasing the digital confidence, skills, and competency of those who had at least some form of digital engagement. In other words, it was suggested that the programme should focus less on supporting the most digitally excluded and focus more on those who are already digitally included in some way or form but who lack sufficient skills, access or confidence to fully participate in digital activities. It is worth noting however that other interventions are also available to further develop the skills of those who are already digitally engaged, including bilingual Learn My Way provision.
- 6.27 At the time of undertaking the fieldwork and drafting this report, huge uncertainties remain about the short- and medium-term priorities and needs which may arise as a consequence of the COVID-19 pandemic. Contributors took the view that there would be an ongoing need to review

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<sup>63</sup> It is worth noting that this group has since been supported via the Welsh Government's Stay Safe Stay Learning £3m education fund.

DCW's role and priorities, and that it could be challenging to obtain the right balance in meeting these new demands within the programme's resources.

## **7. Findings from fieldwork: Implementation**

- 7.1 This chapter considers the views of contributors about DCW's delivery model, its promotion and marketing approaches, support and training provided to organisations, other programme workstreams and the new Digital Inclusion Alliance (DIA).

### **Programme specification and delivery model**

- 7.2 The fieldwork found broad support for the programme's specification issued by the Welsh Government to deliver DCW given that these had been informed by previous programme targets and achievements. The delivery team, however, were of the view that the KPIs expected were ambitious and despite committing to their delivery during the tendering stage, were keen to renegotiate them in light of first year performance. We return to discuss this further in Chapter 9.
- 7.3 There was broad welcome for the inclusion of two sub-contractor organisations, the Good Things Foundation and Swansea University, into the delivery team led by Wales Co-operative Centre. Whilst some contributors were unclear about the role expected of Swansea University, others thought that they would undertake an important advocacy and advisory role for the project. It was also expected that Swansea University would undertake an active role within the proposed DIA.
- 7.4 The inclusion of the Good Things Foundation was considered to bring wider experience and evidence from England to the delivery team. There was also an expectation that gaining access to their online training provision would allow the programme to meet some of the targets around numbers of individuals trained.
- 7.5 Welsh Government officials and delivery staff thought that the programme had been designed with an appropriate level of resource and capacity in place to deliver its objectives. It was noted that the delivery model which comprised of teams of advisors and trainers was appropriate and worked effectively. A key strength of the team was thought to be its wide geographical coverage. A recent change approved by the Welsh Government for DCW to create a volunteer co-ordinator post was

welcomed as it was thought that this dedicated role would add capacity and generate consistency across the programme's volunteer recruitment approach. Some contributors suggested that the delivery team could benefit from greater administrative support to free up advisors and trainers. During COVID-19, delivery staff reported being under significant pressure to meet the requirements of the additional work to distribute equipment to care homes in addition to their usual duties, despite the Wales Co-operative Centre having received funding via the care homes loan device scheme to staff this intervention.

7.6 Positive feedback was gleaned about the programme's ability to retain experienced staff from previous programmes, and the high level of expertise within the team was widely recognised by contributors and supported organisations. One such contributor commented that there are: 'some exceptional members in the team ... they live and breathe what they're doing.'

7.7 A number of contributors also commented positively upon the delivery team's agility and flexibility to respond to additional demands during a period of crisis, adding that the team had been prepared to take additional duties on board during COVID-19 despite this placing them under significant pressures.

### **Promotion and marketing**

7.8 Contributors to this study thought that there had been strong demand for DCW provision over its initial period of delivery, up until the COVID-19 outbreak. Demand thereafter was considered to have changed: traditional face to face provision had to cease and many of the organisations who were collaborating with DCW found themselves having to address other priorities. However, demand from these organisations for other types of support increased, including support around home working, helping to set up digital staff meetings, advising on devices and connectivity issues as well as online training. One member of the delivery team commented that:

‘anything digitally related would come to us – the need for kit, data – things that were not necessarily in our remit – they came to us. It’s been hard to manage that demand’

- 7.9 Contributors thought that the programme has a strong brand and presence which built upon previous programme branding and adopted consistent use of branding guidelines and imagery. Mixed views were expressed about the effectiveness of the programme website: many considered it to be comprehensive whilst others suggested that there was scope for it to be updated.
- 7.10 Positive feedback was conveyed about the programme’s social media presence, particularly Twitter, as a means of engaging and informing target organisations. It was acknowledged however that this medium tended to reach the converted rather than digitally excluded individuals. Some contributors suggested that DCW should adopt a more balanced marketing approach in the future, by adopting more traditional promotional methods such as radio alongside its social media efforts in its effort to reach individuals not yet online.
- 7.11 Welsh Government officials and delivery team staff thought that the current programme had focused upon maintaining its existing relationships with those organisations with whom it had previously supported whilst also forging new relationships across specific sectors, particularly the health and social care sector. Several contributors thought that there was scope for DCW to engage further with private sector organisations, such as energy and utility companies, over the remaining period of the programme.
- 7.12 In terms of challenges, it was noted that the programme has found it difficult to recruit volunteers during the COVID-19 pandemic, as volunteer recruitment is considered to be more effective undertaken on a face to face basis rather than via digital promotion. Another issue raised by some members of the delivery team related to the lack of a dedicated DCW marketing officer from within the Wales Co-operative Centre, as it was thought that a dedicated postholder (rather than it being split between different people) would allow for a more effective marketing campaign.

7.13 Another important issue raised by Welsh Government officials and delivery staff in relation to the programme's promotion and communication related to the important contribution other strategic leaders could make to advocate the digital inclusion agenda. It was argued that the advocacy role played by the Welsh Government's Chief Digital Officer, the forthcoming Welsh Local Government Association (WLGA) Chief Digital Officer and the NHS Wales Informatics Service (NWIS)<sup>64</sup> was critical in supporting the DCW programme to achieve its objectives.

#### **Organisations' experiences of getting involved with DCW**

7.14 Whilst some organisations had previous contact with the predecessor programme, others had come on board during the current programme. Several organisations noted that a representative from DCW had visited them, to explain what support was on offer and to discuss how the programme could support their organisation. A few also stated that they had a long-standing association with the Wales Co-operative Centre, particularly third sector organisations. Others reported that they had come across the DCW programme whilst attending events or had approached the programme directly themselves. In some cases, organisations reported that they had become involved with a specific element of the programme such as Digital Companions whilst others noted that their whole service or department had engaged with DCW.

7.15 All interviewed organisations had dealt directly with a representative from the Wales Co-operative Centre and very few were sighted about the involvement of the Good Things Foundation or Swansea University. Having said this, a handful were familiar with the Learn My Way courses available via the Good Things Foundation and reported to have promoted the provision to their service users or volunteers. In one case, an organisation reported that their volunteers had engaged with the Digital Champions training available on Learn My Way and offered positive feedback on the provision.

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<sup>64</sup> The NWIS is currently transitioning to a Special Health Authority.

7.16 A variety of reasons were identified by interviewed organisations for wanting to get involved with the DCW programme, including to:

- help patients and services users to access services such as housing and benefits online. In these cases, organisations lacked appropriate equipment, and patients and services users lacked the necessary skills
- train volunteers, particularly hospital-based volunteers
- introduce new technology to service users and to be able to offer 'have a go' sessions with specific groups
- address service users demand and needs e.g. in one case members had asked for digital training as they did not think they made good use of their devices during group sessions
- train staff as digital champions to share skills and knowledge with service users. One argued that:

'our team were all perfectly capable of using the new technology, but they just needed some training and guidance on how to pass on this knowledge to others in a way that didn't overwhelm them'

- expand the courses and initiatives which organisations could provide to their users e.g. to expand the range of Adult Learning provision
- help organisations evolve and grow. In one case, an organisation was keen to work with DCW to extend their reach through digital means. This organisation acknowledged that:

'we had probably been missing these people because we were promoting ourselves on Facebook ... we recognised that we needed to do more to work with older people, and then give them the skills and confidence to be able to engage with us (and other services) online'

- engage in pilot activities e.g. one hospital department wanted to trial wearable technology as a tool for supporting patient diabetic care. The intention was to use the technology (Fitbits) to support patients who had a history of not being able to follow traditional care advice. In this

case DCW was considered to be a service which could advise on the set up of equipment and provide training on its use to patients

- help overcome gaps in the support available from their own IT functions. Some settings reported that it was a challenge to secure equipment and support from their IT department to deliver interventions which were not directly linked to work i.e. devices and support to service users or volunteers. In these cases, DCW was considered a valuable sign-poster, introducing organisations to contacts and funders who may be able to gift equipment
- support organisations to achieve their core objectives. Some organisations (e.g. library services, financial advisory services) considered it part of their role to help people get on-line and thought that they had a clear alignment with DCW programme objectives.

One care home had become involved with DCW as they recognised the need to embrace technology as a way of helping residents to stay in touch with friends and family and to access services. Prior to engaging with DCW, residents had little access to equipment or internet at the care home. This was due to the lack of equipment as well as a lack of appreciation of the potential benefits of using technology within resident care. Residents without their own equipment (e.g. a mobile phone) were reliant upon staff being able to access a designated computer or mobile phone to send messages or pictures to family or friends, which was considered ineffective. The arrival of the COVID-19 pandemic meant that residents were suddenly unable to see their loved ones or receive visitors. The lockdown also left residents with long days to fill, so the home recognised that it needed to find ways to keep people connected, occupied and entertained.

One housing association had become involved with DCW as they wanted to see their tenants improve their digital skills in order to engage with their services on-line e.g. to pay rent or report repairs on-line. In this case, the housing association was looking for creative and novel digital ideas to engage with tenants whom they had previously found difficult to enthuse about digital developments. DCW's creative and innovative equipment such as virtual reality goggles and digital bikes were considered fun and exciting tools for attempting to engage with hard to reach tenants and persuade them of the value of digital devices.

7.17 Interviewed organisations suggested that their staff played a key role in promoting and disseminating information to service users, patients and volunteers about DCW related opportunities such as training courses. Organisations suggested that word of mouth was an effective tool for generating interest, particularly amongst those who don't engage in any digital activity. Other approaches such as direct messages (e.g. newsletters, posters) and social media are also widely adopted. Many organisations noted that they re-tweet DCW messages about courses or opportunities.

7.18 Overall, organisations argued that they are well placed to enable DCW to reach their four key target groups. Some organisations work specifically with these groups e.g. housing associations work with those in social housing, some social enterprises and charities work specifically with disabled people or elderly people. Other organisations work with a broader range of service users which would include those from across the four target groups. Several organisations support users who fall into more than one of these target groups.

#### *Engagement with health organisations*

7.19 Unlike predecessor schemes, the seven Health Boards in Wales were of strategic importance to the DCW programme and it was considered a

priority to secure high-level commitment and buy-in from these organisations. Whilst DCW has attempted to engage with all Health Boards at a senior level, the success of doing so has been mixed. Many factors were thought to account for this. The health sector is proving a difficult landscape to navigate, with delivery staff having to grapple with the challenge of understanding structures and decision makers: 'we are working blind ... we need support to crack that shell'. In other cases, establishing relationships takes time e.g. 'it took a year to get into the Patient Experience team [at one Health Board]'. It was also argued that the programme was finding it difficult to meet the requirements of the health sector to demonstrate the evidence base of the benefits of adopting particular technology.

7.20 This view was reinforced by a health organisation who argued that:

'there are lots of pockets of things that they deal with in the Health Board but there is no broader understanding of the DCW programme here'.

7.21 It was frequently argued that the programme would benefit from external support from leading advocates in order to secure senior level commitment from Health Boards. Delivery staff reported that without this level of commitment from the top, it was very difficult to influence change. One such contributor reported:

'Health Boards are very difficult to break through. We need a strategic management role to feed into the top to cascade it down to enable us to do what we do.'

7.22 Delivery staff considered that Welsh Government health policy leads could undertake this role by encouraging Health Boards to engage with the programme. This input was considered to have been limited to date although there was some suggestion that the Welsh Government's health team has been able to become more involved of late due to greater capacity and stability within the team.

## **Provision to organisations**

### *Digital Consultation Plans*

7.23 The use of Digital Consultation Plans (DCP) was welcomed by Welsh Government officials and delivery staff as they were considered appropriate and useful to undertake an initial assessment of needs across an organisation and to set out an agreed action plan. However, delivery staff reported challenges in getting organisations to formally commit to some elements of the DCPs, such as KPIs.

7.24 Ten of the organisations interviewed recalled developing a DCP or referred to a 'consultation planning exercise' or similar which was undertaken to identify their needs. Organisations thought it important that they could discuss their requirements, to recognise and tailor the support on offer and to consider how to promote the use of technology within their organisations or with their membership. Some organisations had been in the very early stages of developing a DCP when the COVID-19 lockdown was introduced. Despite this some were able to implement ideas which were discussed:

'The planning process directly informed the training delivered and it helped [me] think about different ways technology could support the work of the community hub moving forward. The onset of COVID-19 has meant that many of these ideas have had to be put into practice, so the timing of the interaction with DCW proved to be very beneficial.'

7.25 One organisation also highlighted how DCW had visited the hospital during one of their initial meetings, bringing in equipment so that staff could try it out for themselves and see first-hand the potential benefits on offer. This was deemed to be a powerful approach:

'They came in and we all played around on the iPads. They showed us how to link the tablets up with an Alexa speaker, and we looked at how a VR headset could be used. Having them there to answer questions and give us ideas, helped us think more creatively about how to use the equipment on the ward.'

### *Loaning of equipment*

- 7.26 Around half of the organisations interviewed had loaned equipment from DCW including laptops, tablets, VR headsets, headphones, Fitbit and Alexa devices. These were used for various purposes including:
- attending medical or specialist appointments virtually
  - making video calls to friends and families
  - taking, sending or receiving pictures
  - communicating via email
  - reminiscing by looking up interests or old photos/films/music online
  - playing bingo, online puzzles and games and other fun activities
  - group activities in care homes such as bingo
  - undertaking virtual 'walks'
  - engaging in online shopping.
- 7.27 The care homes included in our sample had all accessed iPads or tablets through the kit for care home scheme, which they had made available to residents to use. Staff had shown residents how to use the tablets or had helped them where they were not able to do so themselves. To date, the care homes reported little direct contact with DCW and had limited knowledge of the project, so the collaboration had understandably not moved beyond the loan of equipment at this early stage.
- 7.28 Organisations reported that the loan period was generous and flexible and most felt that the process has been very straightforward. Only one organisation reported that they had found the process a little rigid and slow.
- 7.29 The fieldwork found evidence that some organisations progressed to purchase their own equipment following the loaning of various items via DCW. For instance, one social housing organisation was aiming to secure equipment for 10 per cent of their service users. Another community organisation was now investing in their own iPads to loan out to local people who would otherwise be unable to get online:

‘there are people who previously couldn’t book a doctors’ appointment online, or do their shopping over the internet, so we wanted to make these tablets available as a way of helping. It’s been a great success, and it can be tracked back to our work with DCW.’

7.30 Several organisations, particularly those in health and care settings, reported that despite wanting to loan Alexa devices from DCW, their health board policy meant that they could not be used due to security concerns. This was deemed to be a shame as voice-activated devices could work well with their patient group.

7.31 Organisations reported that user feedback about loaned equipment was generally positive – with service users enjoying the opportunity to use devices and confident to try them out in a safe environment where there was advice available if they had any difficulties. Organisations reported that service users were becoming more IT literate and developing the skills and confidence to use devices and undertake more online activity. Staff and volunteers also reported becoming more confident to build the use of digital equipment into patient care routines, because of the training and support provided by DCW.

#### *Support and advice*

7.32 Organisations were very complementary of the support and advice received from the DCW team of advisers and trainers. It was apparent that there was a consistently high service being accessed across the DCW regions. Interviewees described how they were very happy with the availability and knowledge of the DCW team and that they were always willing to help and go the extra mile:

- ‘we have an excellent relationship. The staff go above and beyond’
- ‘the team are always available and willing to help – there is a sense that they are committed to helping organisations deliver real change within their communities’
- ‘DCW and the Wales Co-op are amongst the best people we have dealt with’.

7.33 Two organisations mentioned that they felt that DCW staff were under pressure. One suggested that they could do with some extra staff in North Wales, whilst another felt that the Cardiff and Vale area was very vast for one adviser to cover and could benefit from additional capacity.

*Training accessed*

7.34 Delivery staff reported that there has been a marked shift towards delivering online training since the COVID-19 pandemic. On the one hand, this has enabled the programme to reach a greater number of participants but on the other, it is not considered an appropriate approach to support slower learners and those who are not online in any way. Delivery staff cautioned that the increase in the volume of trained participants during COVID-19 could not be sustained in the long term and that there had already been a shift to training smaller groups virtually in order to make it more manageable and a better experience for participants. The programme has also had to overcome issues associated with identifying suitable platforms to deliver training to staff from across a wide range of organisations, given the restrictions which have been in place across organisations.

7.35 It was also reported that there has been a change in the nature of training delivered by the programme since COVID-19. Pre COVID-19, the training delivered was considered to be more bespoke, more interactive and focused on inspiring people about technology. Post COVID-19, training is considered to be less bespoke, less interactive and focused on addressing digital skills gaps. Over time, it was reported that the programme has returned to deliver some 'fun' and inspirational activities such as Digital Storytelling.

7.36 The programme has developed a specific training module for the health sector, titled 'Inspiring Digital for NHS staff'. This training involves introducing staff to new digital opportunities such as assisted technology, virtual experiences (VE) and digital storytelling. This training module is currently being modified into an online course.

7.37 The nature of training accessed by organisations interviewed varied and included:

- basic digital skills
- employability or job search
- money saving
- disability inclusion
- learning for life ('fun' activities that can be undertaken online)
- use of online communication tools
- digital skills in the community.

7.38 The breadth and flexibility of the training on offer was widely commended:

'it was brilliant that DCW came in and started talking to us about how we could use our existing systems to do things differently...the ideas...sparked everyone's enthusiasm...and boosted the confidence of staff to try new things.'

7.39 One organisation who had participated in a number of training sessions welcomed their variety and tailoring to the knowledge base of participants. This respondent described how they had sat in on several training sessions and:

'enjoyed every single one bar one...there was one training session that was too interactive, too soon' but in the main 'no session has been a waste of time. I sit in on dozens of these sessions and learn something new every time'.

7.40 Several organisations had participated in 'Train the Trainer sessions' which involved a demonstration to staff on how to use devices followed by guidance on how to run sessions with their service users. The focus of the training was on identifying a suitable 'hook' that would draw service users in and gain their interest. The importance of 'hands on' practice was also highlighted.

7.41 When questioned, organisations were not always clear what type of training they had received from DCW. There were some examples where

respondents thought that the training accessed would be classed as 'train the trainer' but that it was not 'sold' as that. Many organisations also mentioned that they had accessed more generic training but gone on to do a lot of informal 'passing on the learning' internally in the organisation.

### *Quality of the training*

- 7.42 The feedback from organisations on the quality of the training was consistently positive. The pre-COVID-19 training in terms of both style and content was often described as 'excellent', 'fantastic' and of the highest quality, with great support and communication throughout. The content of training was described as answering needs: 'they always ask what we want rather than assume what we need.' Respondents particularly liked the 'hands-on' nature of the training. Others described how the training provided was 'thorough', set at the right 'tone' and pitched at the right level using simple terminology that all participants understood: 'they're not IT geeks, they speak your language'. The trainers themselves were always described as 'approachable', 'helpful' and 'friendly'.
- 7.43 Several responding organisations were particularly impressed with how well trainers dealt with older people or those with learning difficulties: 'they have been really good at dealing with difficult older people!' Trainers were described as very patient and adapted activities sensitively to suit service users.
- 7.44 One organisation suggested that the training was perhaps a little formulaic, in that it worked through a set curriculum on a tablet and could have been more effective had the trainer been able to spend more time getting to know the organisation and tailoring the approach accordingly.
- 7.45 A couple of organisations suggested that the online training had been even better than face-to-face provision, as access to recorded sessions meant that individuals could go back to the training, or that it could be shared more widely with additional volunteers and staff members as required:

‘I was impressed with their resources and their slides were reputable. It’s given the volunteers confidence in us and us the confidence that we’re providing them with the right training.’

### **Other DCW Workstreams**

7.46 A wide range of workstreams have been deployed as part of the DCW programme. This section considers the main initiatives which contributors were sighted about over the course of the fieldwork.

#### *Digital Heroes*

7.47 It was reported that some 6,000 Digital Heroes have been recruited by the DCW programme although only a small proportion of these were thought to have been active in residential homes.

7.48 This initiative was familiar to several Welsh Government officials who regarded it positively. They argued that it was a valuable intervention which could make a positive difference to young school children as well as older people in care homes. For instance, one contributor observed that:

‘there was a presentation with a school about their involvement with Digital Heroes – I was moved – I don’t cry easily. It was fantastic. It had real impact. It did not just have the intended impacts – older people becoming more digitally included and children gaining confidence - there was real value in the interaction. There was a genuine impact.’

7.49 Contributors also reported that it can be of value to help children realise the skills they have and how these can be of use to family members. In terms of lessons learnt for the future, it was suggested that there would be value in ensuring that schools committed to engaging with residential homes and community groups/settings before the initiative would be rolled out in the future, post COVID-19 restrictions.

7.50 Four of the interviewed organisations had been involved with Digital Heroes and regarded it positively<sup>65</sup>. The training provided was considered to have

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<sup>65</sup> This number is possibly lower than expected due to the exclusion of schools within the sample, who would have been very engaged with Digital Heroes.

been excellent and had provided young participants with ‘the information, ideas and confidence’ needed to undertake their role.

7.51 As a result of their participation, organisations gave examples of how the scheme had delivered support locally including:

- a group of children helping older people at a sheltered housing complex to learn about how they could use new technology to access services, stay in touch with friends and loved ones, and pursue hobbies and interests online
- several local schools working alongside the inter-generational work delivered by a Health Board
- a group of young Police Cadets working with older patients at a hospital: ‘the youngsters could show the patients how to use the equipment, but more importantly they could sit and talk with them and give them such much needed company whilst they are on the ward’

7.52 Since the COVID-19 outbreak, the implementation of the Digital Heroes initiative has been on hold but all those involved were keen for it to continue in the future.

#### *Hwb Heroes*

7.53 The Hwb Heroes has involved young people sharing a digital message with older people during the COVID-19 lockdown period, be that a poem, picture or music. It was set up by the DCW in conjunction with the education team at Welsh Government within a very short timeframe, promoted via social media and some 1,000 digital messages were received. Welsh Government officials and delivery staff took the view that this had been well received and had been an important effort to help address issues of loneliness and social isolation amongst older people during the period of lockdown. It was suggested that its impact could be further extended and sustained if there was some follow-on activity and opportunities, rather than be restricted to a one-off event.

### *Digital Companions*

- 7.54 Three health and care organisations from the sample had accessed training from DCW to support their own Digital Companion projects. The training was described as providing invaluable advice and guidance for how volunteers can make better use of digital technology when delivering support to patients.
- 7.55 In one organisation their Digital Companion scheme had fallen by the wayside in recent months due to other pressures, whilst another two organisations had not been involved in the Digital Companions training to date but intended to do so in future.

### *Digital Champions*

- 7.56 Five organisations mentioned that they had undertaken the Digital Champions training process to help upskill staff to deliver support and services more effectively. A sixth organisation intended to undertake the training in the future whilst another was currently waiting for a licence and log-in details so that volunteers could undertake the course in their own time.
- 7.57 One organisation mentioned how the service had been 'great for us as you're never quite sure of the digital knowledge and skills that your team may have. The Digital Champions course offers a basic grounding, a baseline of information and practice and this brings consistency to what we offer.'
- 7.58 Another organisation reported that despite training 75 staff as Digital Champions they were now 'back to square one' as most of the staff had left their existing roles, either to take up other roles within the organisation or externally. This respondent suggested that there was an element of disconnect within Digital Champions when compared to Digital Heroes and Digital Companions training: 'with the Digital Champions scheme there is no incentive. Staff are told they have to do the course and often respond with 'it's not in my job description'. It was suggested that a simple certificate upon completion and a 'Champion' badge could help ensure better buy-in.

### *Learn my Way courses*

7.59 Welsh Government officials and delivery staff regarded Learn my Way courses as a good resource but acknowledged that they could only be accessed at online centres. The closure of online centres during COVID-19 has meant that access to them has been restricted. It was argued that it would be helpful if courses could be accessed via other methods (e.g. via smartphones where users had public wifi connectivity) or for content to be downloadable to allow people to study from home without internet access.

7.60 Seven of the organisations interviewed had heard of, or accessed, the Learn my Way courses although most had not made much direct use of the resources. Of those that had, one organisation had actively promoted the training and resources available on the Learn My Way platform (via twitter and facebook) and this had generated a lot of interest. Another organisation described how the courses had initially been made available to staff before being rolled out to service users via a social club, digital surgeries and an Into Work course:

‘We signpost to [Learn my Way] to continue the learning. We use it everywhere. It’s so easy to use and people respond so well to certificates. DCW helped a lot with rolling things out.’

7.61 Another respondent described the Learn my Way courses as ‘looking very good and relevant’ whilst another felt that the content was perhaps ‘a bit wordy’ and could be improved by better use of infographics and more visually appealing content.

### **Digital Inclusion Alliance**

7.62 The Digital Inclusion Alliance (DIA) was proposed as a new concept within Wales Co-operative Centre’s proposal to the Welsh Government. At the time of drafting, the DIA had met on two occasions (once in person and once on a virtual basis) but contributors reported that its development had been hampered by COVID-19 restrictions.

7.63 Many questions were raised by contributors about the purpose and remit of the DIA, with several individuals uncertain how it added value to existing foras such as the Welsh Government Digital Inclusion Board. Some

contributors expected the DIA to support the programme's communication strategy and/or facilitate links to large organisations and public sector organisations. A strong call was made for the DIA to adopt clear terms of reference to set out its purpose and remit as well as to adopt a forward work programme. Some also argued for a review of its membership, to ensure that it was appropriate and inclusive of health organisations.

- 7.64 At the time of undertaking the fieldwork contributors agreed that it was too early to come to a view about the effectiveness of the DIA as it needed another six months to a year to establish itself and find its feet. However, it was argued that as the programme's remaining delivery period was limited, there was a need for the DIA to rapidly build momentum or else 'it will be pointless' to proceed with it.

### **Monitoring and management**

- 7.65 Welsh Government officials and delivery staff alike highlighted the positive working relationship between Welsh Government and Wales Co-operative Centre staff. Welsh Government officials were considered to be hands-on in their management of the programme and this was seen as an advantage, particularly during COVID-19, as the close relationship enabled new developments to get off the ground quickly. One contributor observed: 'there is a longstanding relationship on the Welsh Government side – they have been there consistently – and are familiar with the programme. It is healthy to have that and help join the dots at a ministerial level'.
- 7.66 It was acknowledged that due to the increased profile of digital inclusion and DCW over the past twelve months, there has been a significant increase in information requested by Welsh Government as funders. This has had an impact on programme staff time to respond, in often urgent timeframes, and therefore has detracted from their day to day programme delivery.
- 7.67 An additional regional programme manager role was created for this DCW programme, with the new role responsible for north Wales. Mixed views were conveyed about whether this change had been appropriate. On the one hand it was thought that the creation of a third managerial role had

created more issues around consistency across the programme whilst on the other, the new role was thought to have the potential to add value as an account manager for strategic organisations such as health boards and local authorities.

7.68 In terms of monitoring arrangements, there was unanimous welcome for the new CRM adopted by the programme and contributors thought this was working more effectively than previous monitoring approaches. In terms of gathering monitoring evidence from organisations, it was noted that gathering impact evidence could be challenging as organisations tend to provide quite limited feedback e.g. ‘our residents have enjoyed’ as opposed to evidence on the difference made.

7.69 Interviewed organisations were pleasantly surprised by the reasonable monitoring and reporting requirements asked of them by the programme, adding that there had been very little paperwork to complete. A handful reported that they had provided monitoring data such as number of users or volunteers trained or the use of devices. Organisations who had been supplied with loaned tablets reported that they had been provided with forms for recording their use. One organisation also reported that they had been asked to supply case study material for the purposes of programme promotion and dissemination. Overall, the monitoring demands asked of organisations were not considered to be onerous. Indeed, one contributor thought it was ‘light touch compared to other schemes.’

### **The impact of COVID-19 upon DCW delivery**

7.70 The onset of the COVID-19 pandemic, which resulted in government-imposed lockdowns and guidelines on social distancing, meant that DCW had to immediately halt its face to face engagement activities in mid-March 2020. The traditional venues used to deliver engagement and training activities (e.g. libraries, community centres) were closed. As a result, it was reported that it became very challenging, if not impossible, to support the most vulnerable clients who would have previously been engaged via these venues. At the time of undertaking fieldwork, it was anticipated that a

continued winter lockdown would have significant impact upon the programme's ability to meet its objectives and targets.

- 7.71 COVID-19 has also resulted in other restrictions for the programme. Across the health and social care sector in particular, staff availability to engage with DCW has diminished due to having to respond to other priorities. DCW delivery staff are unable to meet and network with potential new organisations who could benefit from support.
- 7.72 Whilst DCW provision was re-introduced via virtual, on-line methods it was argued that the programme can only reach individuals who have at least some digital connectivity and competency, as this is a requisite to participate. It was also noted that end users can now engage with DCW directly e.g. they can sign up to webinars without being associated to any particular organisation. This approach was not thought to reflect the proposed delivery model.
- 7.73 Delivery staff also noted that training content has evolved to meet peoples' specific needs during the lockdown period e.g. demand for training such as learning to host a webinar or virtual meetings had snowballed. Delivery staff suggested that some training content can be more challenging to deliver on a remote basis e.g. teaching users to use a digital device can very challenging.

#### *Kits for care homes*

- 7.74 Additional funding was allocated by the Welsh Government to DCW to deliver 1,000 devices across 600 care homes in Wales as well as other settings such as hospices, in response to the COVID-19 pandemic. Contributors commended the programme for its efforts, flexibility and agility to distribute the equipment in such an efficient manner. Despite the Wales Co-operative Centre having considered and budgeted for staffing resources to deliver this initiative as part of their proposal to the Welsh Government, delivery staff argued that the amount of work involved in distributing the equipment coupled with the complexity of establishing an effective asset management scheme had been underestimated.

- 7.75 Some delivery staff suggested that the additional workload resulted in DCW being distracted from its original work programme and one such contributor argued that the additional work had possibly become a preoccupation at the expense of other requirements. However, we understand that additional resources have since been made available to the programme to fund a full-time asset management role which should reduce the pressure on DCW.
- 7.76 Contributors identified many lessons from the programme's experience of distributing equipment across care homes not least in that the exercise has shed light on other digital issues facing these settings, including the lack of wifi access across care homes, poor connectivity and lack of digital basic skills amongst care home staff. Whilst some of these issues are beyond the scope of DCW, it was thought the programme needed to consider which and how it could address those within its scope.
- 7.77 Other contributors suggested that the monitoring demands placed upon care settings which had received equipment had been too onerous, particularly in light of the circumstances facing care homes due to COVID-19. This was thought to have resulted in a lack of monitoring data about the take up of equipment and difference made. Several contributors called for the kits for care homes initiative to be evaluated in order to understand the impact that placing devices in care homes has had upon their residents, although this would place an additional burden upon the care homes.

*Extending the approach to other sectors*

- 7.78 At the time of undertaking the fieldwork, a similar approach to the kits for care homes initiative was being developed to support individuals seeking employment. Whilst the DCW programme was considered to be an appropriate conduit for distributing equipment and responding to the needs and priorities associated with a health pandemic, delivery staff were concerned that being tasked to deliver asset management schemes across different policy areas could detract from their capacity and ability to deliver the programme's main objectives. There was a call for a more balanced approach to be taken as the COVID-19 pandemic continues, with agreement upon the key policy priorities which DCW could help address

whilst recognising that resources would need to be diverted away from the original work programme to achieve these.

*The impact of COVID-19 upon organisation's involvement with DCW*

7.79 Most organisations reported that the COVID-19 pandemic had negatively impacted upon their ability to deliver digital inclusion activities. These varied from organisation to organisation but included:

- social clubs and projects involving digital devices being put on hold
- devices not being used at all even where there was access to them
- devices not being delivered as originally planned
- arranged training courses such as those for Digital Companions and Heroes being postponed
- face-to-face support to services users not being delivered.

7.80 Several examples were provided of how DCW had adapted and sought to continue supporting organisations during lockdown by adapting their approach and offer of support. These included:

- providing links to webinars e.g. on how to use Zoom and Microsoft Teams
- signposting to useful resources, information and contacts
- keeping in regular contact
- making use of the DCW devices to access information or develop training modules e.g. for COVID-19 hygiene
- being introduced to an app that allows another person to take control of the tablet in order to make support and instruction easier
- accessing online training sessions.

7.81 Several organisations reported how the crisis had helped shine a light on the importance of the DCW programme and the need to ensure communities have good access to digital skills, services and kit:

‘COVID-19 has accelerated and amplified the work of DCW in many ways’

‘the crisis has magnified the benefits of digital technology and it has become an ever more important part of service delivery and support’.

7.82 However, organisations widely recognised that many of the most vulnerable service users, who lacked either the skills, confidence, connectivity or access to devices, simply weren’t being supported adequately during this crisis as it was simply not possible to reach them and support them. Organisations fully appreciated how COVID-19 had resulted in DCW having to move its provision online and thought that this had worked well over the short term. Organisations did not have any simple solution but reiterated the continuing need for support and investment in the provision of access to devices:

‘unfortunately those that have the most to benefit from becoming more digitally literate, are often those who simply do not have the money to be able to access tablets or to have good broadband in their homes. A blended approach is needed in future to help these communities move in the right direction.’

## 8. Findings from fieldwork: Achievements and outcomes

This chapter considers DCW's performance so far, some initial observations about the outcomes being achieved and lessons learnt to date. It draws upon the views of Welsh Government officials, delivery staff and organisations who have engaged with the programme.

### Performance to date

- 8.1 Welsh Government officials and delivery staff acknowledged that the programme was underperforming against a number of its KPIs and suggested that it was highly unlikely that they would be achieved over the duration of the programme, largely due to the circumstances which hindered them from working on a face to face basis with participants and organisations.
- 8.2 Delivery staff expressed concern about the volume of KPIs set for the programme despite them being lower than previous programme targets, in order to allow the current programme to focus on strategic level change across organisations, and better resourced in terms of overall funding. There was a strong desire to renegotiate the KPIs set for the programme.
- 8.3 Delivery staff suggested that the KPIs did not reflect the strategic nature of the work required during this delivery phase of the programme. Several contributors argued that the focus of the current programme is to embed digital inclusion into organisations but that the KPIs did not reflect this, and as a result they felt like 'bolt-ons' to the programme. One contributor even observed that:
- 'the focus on numbers is a detriment to the purpose of the programme'.
- 8.4 Several contributors thought that there would be value in moving away from capturing and reporting output KPIs and adopt more qualitative outcomes, which would better reflect the aims and objectives of the current programme:
- 'currently they are very quantitative but that does not necessarily fit with what the programme is trying to do. It needs a more qualitative focus.'

However, it was also acknowledged that adopting qualitative outcomes only for a publicly funded intervention of this scale would raise difficulties in terms of demonstrating value for money achieved.

8.5 Delivery staff thought that there was a clear set of definitions and guidelines in place for each of the nine KPIs in place for the project, which ensured that they were interpreted consistently. However, staff acknowledged that it was often challenging and time consuming to provide the necessary evidence to demonstrate that they were being achieved. It was also the case that the programme faces difficulties gathering evidence from organisations who have engaged with DCW.

8.6 Some specific points were raised in relation to the existing set of KPIs in place. These are considered below:

- KPI 1 (direct support to individuals through intensive interventions): at the time of undertaking the fieldwork contributors thought that it would be challenging to achieve this target given the restrictions introduced as a result of COVID-19, as the programme was restricted from delivering face to face provision. Despite this, during the fourth quarter alone, DCW reported 3,990 outputs against this KPI thereby exceeding the annual target set. A large proportion of the fourth quarter outputs were associated with the provision of loan devices to care homes. Whilst the programme has been providing direct support to a greater number of participants via its online provision, these do not necessarily qualify as being ‘intensive’<sup>66</sup> and so cannot be reported against this KPI although they are counted towards KPI 2 (people supported indirectly via engagement with organisations). Contributors were mindful that this target had been recently capped (at five end user per member of staff trained) which, in their opinion, raised further questions about its value as a reporting tool
- KPI 2 (people supported indirectly via engagement with organisations): several contributors questioned the appropriateness and value of this

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<sup>66</sup> Welsh Government defines intensive intervention as an individual accessing ongoing and longer term support, often on a one to one basis.

target, since it is based on estimated organisational data rather than actual figures. Instead, delivery staff suggested that a more appropriate KPI would be one which would reflect the programme's strategic work with organisations

- KPI 5 (public sector organisations engaged with): contributors considered this KPI to be a critical one which did in its ethos reflect the focus of the programme. The adopted definition<sup>67</sup> was considered too restrictive given that an organisation can only be counted as having engaged with DCW once, be that during the predecessor or current programme – although the programme can provide a narrative report upon the activities undertaken at departmental level to the Welsh Government. In light of the fact that no outputs have been reported for this KPI during the first year of delivery (as the organisations have previously been counted as outputs against a predecessor programme), there was a call for this KPI to be re-defined to ensure that engagement with individual departments was better acknowledged
- KPI 6 (Digital Inclusion volunteers recruited and placed by organisations supported by the programme): in light of COVID-19 restrictions, the programme's ability to recruit and place digital inclusion volunteers in various settings has been reduced. Whilst the full extent of the COVID-19 pandemic duration is not known at the time of drafting, the programme has lost at least a six-month period to recruit and place volunteers.

8.7 There was a strong view that the programme's KPIs should reflect the activities now being undertaken by the programme since COVID-19. It was suggested that the programme's additional work across care home settings as well as the planned activities across employability initiatives should be reflected, for instance. It was suggested that adopting a simple KPI such as the number of devices distributed or number of settings/participants in receipt of devices could be possible, although this was perhaps an overly

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<sup>67</sup> An organisation can only be counted as being engaged once with DCW, be that during the previous programme period, 2015-2019, or the current programme (July 2019 onwards)

simplistic solution which would not capture the impact of devices distributed and would have significant resource implications.

- 8.8 Another gap within the current set of KPIs was thought to be around the impact of intervention upon participant welfare and well-being. This was coined as reporting 'Tech for Good' outcomes. It was suggested that a similar KPI to that already in place for KPI 8 (patients supported to engage with technology to improve health outcomes) could be introduced around well-being. This might include identifying the benefits of engaging with technology upon levels of social isolation, loneliness, anxiety, self-esteem, quality of life, mood and spirit as well as living independently.

### **Outcomes being achieved**

- 8.9 Whilst it is not an objective for this theory of change and process evaluation report to capture the impact of the programme, it is worth exploring the evidence gathered to date about the contribution DCW is making to expected programme outcomes. This is informed by the views of stakeholders, delivery staff as well as supported organisations.

### *Influencing change within public sector organisations*

- 8.10 In terms of engaging and influencing change within public sector organisations, it was reported that the programme has made some inroads to developing positive relationships with Health Board representatives. The role of a dedicated Account Manager, undertaken by Regional Managers, was considered helpful.
- 8.11 Influencing and observing any meaningful change across health and local authority organisations will take time and it was argued that it is too early to report upon any strategic change across these organisations as a result of DCW. It was also noted that this outcome would be dependent upon the programme securing support from Welsh Government to engage with Health Boards at a strategic level, and for this commitment to be reinforced in the way Health Boards report to the Welsh Government.
- 8.12 Some initial positive examples were cited whereby engagement with DCW was leading to emerging developments across Health Boards. For instance, one Health Board was developing a Digital Inclusion Strategy

whilst another was collaborating with DCW to develop an informatics strategy which would reflect digital transformation and digital inclusion.

*Difference made to organisations*

- 8.13 Ten organisations were able to articulate specific examples of the difference which involvement with DCW had made upon their work. Involvement with the DCW programme had:
- provided credibility and integrity to their digital approaches
  - promoted digital skills across the community
  - upskilled staff to be more effective in their work: 'having somebody external to come into the organisation has given the whole process a big boost'
  - enabled them to access opportunities and equipment that could not be procured internally: 'we need them to then make the business case and take it to procurement with proof it works. We can then integrate the technology into people's lives. They help every step of the way.'
  - helped the organisation to consider how to make better use of digital technology during a period of growth and significant challenge
  - provided the organisation with the methods and skills required to enable them to extend their reach and begin wider engagement with older service users
  - made it easier to demonstrate the impacts of digital inclusion and therefore access additional funding for their activities
  - changed the attitude of staff dramatically: 'staff generally don't like change, but the project has shown them how useful the iPads can be.'
- 8.14 Three organisations noted how involvement with DCW had helped them cope under lockdown. One organisation had utilised the loaned tablets to communicate with volunteers and members and was now in the process of developing a digital strategy. Another organisation, with DCW's advice, had been able to put in place alternative methods of supporting clients during lockdown and shifted a lot of face-to-face support to online Zoom or Skype

meetings: 'having access to DCW's expertise and knowledge has been invaluable.'

- 8.15 Four of the organisations interviewed were from the health and care sector and all identified how DCW support had allowed them to try new ways of working and 'trial' new technology that could support patient care:

'DCW support has helped the UHB team harness the potential of technology to improve the way they support patients, and it has allowed volunteers to pass on knowledge and upskill patients about how technology can support their health and well-being in their day to day lives.'

- 8.16 Another organisation in the health and care sector attributed the work of the DCW in helping them develop resources for patient engagement and education work, whilst another had been able to develop virtual visiting and virtual online facility for befriending during the pandemic with the help of DCW:

'we've pushed forward because we had the relationship with DCW and the support. Without that we wouldn't have been able to do what we do.'

- 8.17 Four organisations felt that their involvement with DCW had a limited impact on them to date although did provide some examples such as raised staff awareness of digital inclusion and technology being more embedded in day centre activities. However, these organisations were all in the early stages of involvement with the project and although had not moved forward as much as they would have liked, they acknowledged that 'digital inclusion is now on our agenda'.

- 8.18 One organisation felt that it was COVID-19, rather than DCW that had driven the agenda forward, with a demonstrable shift across the health and care organisation towards digital approaches to patient assessment by clinicians and patient feedback.

The support from DCW at a care home had helped them adapt their services over lockdown. They were able to help residents stay in touch with relatives, and were able to use the technology to deliver their revised activity programme: 'The experience has opened the eyes of the Management to what can be done using the technology. Residents have responded positively, and everyone has reportedly had a lot of fun on the iPads.'

The team can see the potential of the equipment as a means of helping residents connect to people and their interests: 'It is definitely the way forward.' Having seen the benefits, the Manager has now allocated the equipment to different parts of the home, to ensure all residents always have easy access. Previously, this was not happening and residents in effect were cut off from the online world. The equipment also saves time for staff, who otherwise would have had to run everything through a central office, which was time consuming and frustrating for staff, residents, and families.

The devices provided for the care home has built more positive relationships between the home and the families of residents. Because families can see that staff are using the equipment creatively to help residents stay in touch, it has created a far more positive dynamic: 'Families feel closer to their relatives as they no longer just have to rely on the physical visits. This is one of the unexpected benefits that has come from using this equipment over lockdown.'

#### *Difference made to staff/volunteers*

- 8.19 Three clear messages were provided during interviews with organisational respondents of the impact of DCW involvement on staff and volunteers.
- 8.20 Firstly, staff and volunteers, because of DCW training, have developed their own digital skills and have increased their confidence:

- ‘team members are far more capable and confident using the equipment as a result of the training received from DCW. They have become better at building the equipment into their day to day activities and have a better grasp of how digital content can support the work they do with older patients on the ward.’
- ‘staff now view technology as a natural and integral part of the way they deliver support, and this is a step change from where things were two or three years ago. It has an important part to play and we are using it far more ambitiously. It is becoming embedded in our work.’

8.21 Secondly, involvement in DCW training provision had made staff and volunteers better equipped to pass on their learning or teach others within their community:

- ‘staff perhaps have a better appreciation of how to explain things to others. The team realise now that they have to explain things slowly and that they need patience.’
- ‘the younger staff have been showing the older staff what to do, so there is an exchange of knowledge and skills taking place within the team. Also, staff feel that they have been able to strengthen their relationship with residents as they’ve been showing them how to use the kit. The staff like helping the older people use the equipment, and the residents really appreciate the help, so it helps create a really positive bond”.

8.22 Thirdly, involvement with the DCW programme has sparked creativity among staff and volunteers and helped them think differently and consider how digital technology could be used to support people in the community:

- ‘the training gave the team lots of new ideas and allowed the Digital Companions to be more creative about how they used technology in their interactions with patients.’
- ‘DCW has helped some staff and volunteers overcome their scepticism of new technology, and this has opened their minds to new ways of working.’

- ‘because of the support and enthusiasm of the DCW team, our staff and volunteers are now using the technology in a way that enriches the support. It’s almost as if we are now using the technology in a way that the patient doesn’t even notice, and this really improves the level of interaction and learning. To achieve this takes confidence and skill, and DCW have certainly helped our staff on that front.’

8.23 Several respondents from the health and care sector especially, noted how DCW’s provision of kit had changed the way they worked:

‘it’s given us the kick up the backside we needed to start using the technology, and we won’t go back now. It’s been really positive”.

8.24 Examples were provided of Fitbits, virtual reality headsets and tablets all being used as part of approach to patient care and patient treatment. One ward described how the occupational therapists now used VR headsets when people were distressed as part of their therapy. It had become a part of the therapy and treatment of patients, with the headsets often used instead of issuing medication: ‘we are finding them an effective tool, although we don’t have any data or concrete evidence to prove this yet’.

*Difference made to end users*

8.25 Organisations referred to several ways in which they felt that involvement in DCW had been beneficial to end users. Increased confidence in using different types of IT equipment and technology for different purposes was a key finding. Feedback from care homes and hospital wards showed that whilst older people tended to be wary initially, a little guidance and support quickly enabled confidence to grow:

- ‘the life and joy it brought into the ward has been clear to see. It has also helped the older people feel part of what’s going on in the outside world. Many feel left behind because of everything being online, so to give them the opportunity to try things and get involved in a way that feels safe is a real boost for them’
- ‘one lady asked me to show her how online shopping worked, and then the next time her daughter came in they sat down and placed an order

online. She was really pleased, and it was clearly something that she'd been wanting to do for some time but had perhaps lacked the confidence to try it. It makes you think what else people might be missing out on because of their lack of digital access'

- 'the iPads have been a huge success and they are in constant use. Patients have used them to explore a range of interests and undertake lots of different activities. Staff have sat with patients and helped them search for what they are interested in, whether that is an old video clip or song that brings back fond memories'
- 'many patients have also started using the iPads independently as their confidence and digital skills have grown. Relatives and visitors have also been able to use the iPads with their relatives during their visit, which has proven very popular'
- 'for some patients it takes them outside of their comfort zones and opens their minds to learning new things. Patients are starting to use technology for My Health Online, for shopping, for keeping in touch with relatives. All of these experiences help demystify technology and open people's eyes as to how it can deliver benefits.'

8.26 Several organisations also discussed how the use of the technology or skills developed via DCW involvement had improved the health and well-being of their end users. For example:

- one organisation gave an example of an end user with learning difficulties who had not had to attend medical appointments during lockdown as they had access to loaned kit from DCW. This had lessened the anxiety considerably for the individual and made the process less traumatic
- another organisation described how end users taking part in a Fitbit loaning trial scheme had lost weight or continued with the good habits after being involved in a pilot scheme: 'when we first tested the kit before the trial, one of the patients was only doing 80 steps a day, so the project has really changed people's behaviours, which if maintained, could have massively positive health benefits longer term'

- a health organisation described how patients reported on the positive and calming effect instilled by the use of VR headsets: 'it's been very useful during the coronavirus because patients couldn't leave the ward so they got to experience activities like a virtual walk on a local beach'
- 'one occupational therapist sat and sobbed when I turned up with the donated devices and then she was running round the garden with the devices because she knew how they would help the patients. Witnessing that – you realise it's worth it.'

8.27 Several organisations also described how the use of digital technology was making end users feel less lonely and isolated:

- 'it's been a lifeline and they would tell you that. One volunteer put a 90-year-old lady in touch with her family. You can't put a price on that'
- 'residents have responded very positively to the iPads and have enjoyed being able to use the kit to speak to their families, explore their hobbies and interest, and keep up with what is going on their area. This has helped people's morale and well-being over lockdown'
- 'we had a 96-year-old who was telling us that she was missing her iPad. She told us that she uses her iPad at home to watch her weekly church service. It was wonderful because we were then able to set her up with a tablet so that she could be part of her weekly worship. You should have seen the change in her. It's those moments that are hard to capture – it gave her some sort of life and purpose, whereas before she was just sat in bed doing nothing'
- 'it's offered an opportunity for people to come together to learn something new in a social setting'
- 'we've had situations where staff members have been standing at the window of our offices, helping an elderly person to use their iPad so that they could speak to their family – that shows the difference this sort of support can make'
- 'it's helped people stay in touch using their digital equipment – this was very important given people's isolation over lockdown'

- ‘the ability to maintain good contact with relatives over video call has been a game changer and is something that has been hugely beneficial for people’s morale and mental health. The iPads have been an invaluable tool for facilitating this and it is definitely something the team want to continue doing on the ward moving forward.’
- 8.28 The Digital Heroes programme was seen to develop confidence and skills amongst young people and promoting inter-generational dialogue:
- ‘it was an eye-opener for the young volunteers in terms of grasping the things that the older people could not do or understand. They had a lot of fun and got a lot from it’
- 8.29 For some of the organisations, their involvement with DCW was still in the early stages and they felt that it was too early to be able to attribute any difference made or any tangible benefits to date. However, several of these organisations felt that the potential benefits could be ‘significant’, ‘broad’ and ‘quite dramatic’ in future.

#### **Lessons learned to date**

- 8.30 The main lessons learned to date which could inform the remaining programme delivery included:

##### *Strategic level engagement*

- 8.31 Several contributors suggested that Welsh Government health policy team engagement with the programme could be strengthened over the remaining delivery period, in order to reinforce the importance of the messages being conveyed by DCW to the health sector. It was observed that the relationship between the Welsh Government’s health policy team and the programme had strengthened following the channelling of the kit for care home funding through the programme, and that there was scope to build further upon this. Amongst the comments made were:

‘more strategic input would be really handy – sometimes we work with departments and wards but we work bottom up. As a programme we need to be sat down around the table with a Chief Exec or senior manager of a Health Board’

‘where is the Welsh Government? Why aren’t they telling Health Boards to invest in this?’

- 8.32 It was suggested that public sector organisations could be encouraged by to appoint a senior Digital Champion, so that the DCW programme has a strategic link within Health Boards and Local Authorities. Similarly, it was suggested that senior leaders from within the Wales Co-operative Centre could play a greater advocacy role for the programme across key target organisations.

*Effective utilisation of digital champions*

- 8.33 Contributors were mindful that DCW should look to maximise its engagement with strategic digital champions over the remaining programme delivery and utilise them as effective advocates of digital inclusion. The appointment of a new Chief Digital Officer based at the WLGA, coupled with the establishment of a new Digital Special Health Authority, adds to the key strategic leads (a Chief Digital Officer at Welsh Governments already in place) which DCW needs to engage with:

‘Getting these champion roles at a strategic level in the public sector world is important – and we need to think about how does the DCW programme interface with them – what do standards mean – is there a role for a programme like this to ensure that community inclusion is at the heart of what they do?’

*Responding to the COVID-19 impact*

- 8.34 Contributors argued that on the one hand, demand for DCW intervention has grown since COVID-19 and the timing is right for the programme to make a real difference. However, on the other, care needs to be taken to ensure that the programme prioritises activities where it can achieve the greatest difference. As one contributor explained, the programme:

‘can’t be all things to all people ... there is a danger that we’re getting pulled into different directions’.

- 8.35 Contributors also thought that it was important to maintain and maximise upon the programme’s strengths during these uncertain times. It was

argued that DCW's agility and flexibility to respond to opportunities and needs during COVID-19 should be maintained given the uncertainty of the situation over the coming months and years:

'that ability to respond to challenges and opportunities will be so important'.

There was some suggestion that it may be timely to reconsider the appropriateness of the current DCW structure in light of the impact of COVID-19. For instance, it was anticipated that there would be less of a focus on meeting people on a face to face at community venues and a greater focus upon supporting public service providers to implement digital inclusion strategies. This may have implications upon the allocation of resources and structure required for the programme to operate within a new normal set of circumstances.

### **Organisations' future needs**

8.36 In terms of future support from the DCW programme, organisations would welcome the following:

- greater capacity within the DCW team to reflect the increased demand and need for their services since COVID-19
- continued online training (even post COVID-19), as many staff have found it easier to engage virtual provision
- refresher training provision or training for new cohorts of staff and volunteers, when it becomes possible to deliver face to face provision
- access to a helpline, to offer follow-up support if required to staff, volunteers and users who engage with DCW training
- access to evidence about the health and well-being outcomes being achieved by adopting digital solutions across the health sector
- reviewing the programme's key target audiences as the definition for digital exclusion has changed since COVID-19. For instance, one contributor argued that an individual with an iPhone 4 and 2 GB of data is currently classed by them as a local authority as digitally included

when they conduct their digital inclusion survey, but that is not sufficient for this day and age. Another contributor observed:

‘the perception we’ve had about digital exclusion are blown open... we’re helping kids and parents to understand Google Classroom.’

## **9. Conclusions and recommendations**

- 9.1 This chapter presents our conclusions, including a programme Theory of Change (ToC) logic model for the DCW programme and issues to be considered over the remaining delivery period. It also returns to consider the key objectives set for this process evaluation.

### **Theory of Change for the programme**

- 9.2 The views of contributors who were involved in the design of the DCW programme, together with an analysis of the programme documentation, have informed the Theory of Change logic model for DCW to reflect how the programme was intended to operate. Figure 9.1 sets out what DCW was expected to achieve including the anticipated outcomes and the activities which would generate them. It also describes the inputs which were intended to be put in place to order to bring about change.

**Figure 9.1: Initial DCW Theory of Change Logic Model**

<i>Inputs</i>	<i>Activities</i>	<i>Outputs</i>	<i>Intermediate Outcomes</i>	<i>Overall outcome</i>
<p>Dedicated and appropriately resourced team from Wales Co-operative Centre, Good Things Foundation and Swansea University</p> <p>Appropriate governance structures e.g. Programme Board</p> <p>Cooperation and collaboration with partner organisations</p> <p>£6m Welsh Government funding</p> <p>Focus on four target groups (over 50, inactive/unemployed, disabled and social housing tenants)</p>	<ul style="list-style-type: none"> <li>Recruitment and engagement of public, private and third sector organisations</li> <li>Assessment of organisations' needs using Digital Consultation Plans</li> <li>Delivery of digital advice and support to organisations</li> <li>Account management of, and intensive support to, Health Boards</li> <li>Provision of loaned devices and financial support to organisations</li> <li>Promotion and recruitment of participants</li> <li>Face to face awareness raising and digital training to end users</li> <li>Face to face awareness raising and digital training to workforce</li> <li>Promotion and provision of online courses e.g. Learn My Way</li> <li>Volunteer recruitment, <a href="#">training</a> and placement (via Digital Heroes, Digital Companions and Digital Champions)</li> <li>Digital Inclusion Alliance established and facilitated</li> </ul>	<p>Number of organisations engaged and supported</p> <p>Health Boards meaningfully engaged with DCW</p> <p>Number of devices loaned</p> <p>Number of end users trained</p> <p>Number of workforce staff trained</p> <p>Proportion of participants from four target groups</p> <p>Number of volunteers recruited and used</p> <p>Number of DIA meetings and membership</p>	<p>Health organisations embedding and implementing digital inclusion practices and policies</p> <p>Health and care providers reporting improved digital literacy skills and competency across workforce</p> <p>Increased levels of interest and awareness of innovative technology amongst participants and targeted workforce</p> <p>Improved basic digital skills amongst participants</p> <p>Participants reporting improved health and wellbeing outcomes</p> <p>Participants reporting reduced levels of loneliness and social isolation</p> <p>Programme target groups reporting positive outcomes</p>	<p>Reduced levels of digital exclusion across Wales, particularly across four target groups</p> <p>Increased levels of digital skills (as measured by the five basic skills) and confidence across Wales</p> <p>Increased levels using technology competently and safely in their everyday lives</p> <p>Increased levels of people using technology to manage their health conditions</p>

9.3 Several assumptions underpin and inform this model, including:

- organisations will want to engage with the programme in a meaningful and strategic manner and will be able to overcome any internal challenges or obstacles in order to implement new digital inclusion practices and policies
- organisations will be able to release staff to participate in face to face awareness raising sessions and training provision being delivered by the programme
- staff who have been trained by DCW will wish to, and be confident enough, to share their skills and knowledge with service users and patients
- the type of organisations targeted by the programme will allow for the recruitment and participation of the four key target groups (over 50, inactive/unemployed, disabled and social housing tenants) within the programme
- target participants will be motivated to engage in digital training provision and that demand for provision will be strong
- training provided by DCW will allow participants to develop and obtain the five basic digital skills and competencies
- participants will use their newly acquired digital skills and knowledge to access health and other services and that by doing so, they will be better able to manage their health and well-being
- other barriers faced by participants to become digitally included, such as poor internet connectivity or financial constraints will be addressed via other initiatives or solutions.

9.4 Figure 9.2 sets out a revised ToC logic model for the programme which takes into account the findings of this process evaluation. The logic model sets out the actual inputs, activities and outputs being delivered by DCW at this point in time, together with the outcomes which can be expected to be achieved as a result of these. This model reflects the additional resources allocated to the programme during COVID-19, the introduction of a more

comprehensive asset management scheme and the move towards online delivery of provision to organisations and participants. In terms of outcomes, key changes compared with the original model include

- a shift in focus in the nature of training provided (i.e. to meet specific participants skills needs during COVID-19 to engage in everyday tasks, education, work and access services);
- the type of participant who can engage with virtual provision (i.e. it to reflect the fact that the original target groups and more vulnerable individuals are less likely or able to engage with virtual provision) and
- an increasing focus upon digital connectivity intervention.

**Figure 9.2: Revised DCW Theory of Change Logic Model**

<i>Inputs</i>	<i>Activities</i>	<i>Outputs</i>	<i>Intermediate Outcomes</i>	<i>Overall outcome</i>
<p>An agile and flexible team from Wales Co-operative Centre, Good Things Foundation and Swansea University</p> <p>Appropriate governance structures e.g. Programme Board</p> <p>Cooperation and collaboration with partner organisations</p> <p>£6m Welsh Government funding</p> <p>Additional Welsh Government funding for device distribution</p> <p>Focus on those digitally excluded because of Covid</p>	<ul style="list-style-type: none"> <li>Virtual engagement with public, private and third sector organisations</li> <li>Assessment of organisations' needs using Digital Consultation Plans</li> <li>Remote delivery of digital advice and support to organisations</li> <li>Account management of, and intensive support to, Health Boards</li> <li>Establish asset management scheme and provision of loaned devices to organisations, including to care homes</li> <li>Recruitment of participants via social media</li> <li>Bespoke online digital training to end users</li> <li>Bespoke online digital training to workforce</li> <li>Promotion and provision of online courses e.g. Learn My Way</li> <li>Virtual volunteer recruitment and training (e.g. via Hwb Heroes)</li> <li>Establish Digital Inclusion Alliance</li> </ul>	<p>Number of organisations engaged and supported</p> <p>Health Boards meaningfully engaged with DCW</p> <p>Number of devices loaned (including to care homes)</p> <p>Number of end users trained</p> <p>Number of workforce staff trained</p> <p>Number of volunteers recruited and trained</p> <p>Number of DIA meetings and membership</p>	<p>Health organisations embedding and implementing digital inclusion practices and policies</p> <p>Health and care providers reporting improved digital literacy skills and competency across workforce</p> <p>Improved digital connectivity at care home providers</p> <p>Participants gaining new, specific digital skills relevant to their work and lives</p> <p>Participants reporting improved health and wellbeing outcomes</p> <p>Participants reporting reduced levels of loneliness and social isolation</p>	<p>People across Wales having sufficient skills and confidence to be able to engage with digital services</p> <p>Increased levels using technology competently and safely in their everyday and working lives</p> <p>Increased levels of people using technology to manage their health and wellbeing</p>

## **Data sources to inform outcome evaluation**

- 9.5 In terms of the data required to inform an effective outcomes evaluation we are of the view that the current arrangements, which are in place via the programme's CRM and quarterly reporting to the Welsh Government, could capture most of the outputs set out in the revised ToC Logic Model e.g. those relating to numbers engaged, supported and trained. The programme will need to ensure however that it can provide data against all seven outputs set out in the model.
- 9.6 The ToC Logic Model sets out six intermediate outcomes expected to be achieved as a result of the programme's intervention. Most of these outcomes are qualitative in nature but could be evidenced in part via programme monitoring and reporting tools. It would be helpful if DCW could review and identify what evidence it could easily capture to help demonstrate that these intermediate outcomes are being achieved. In particular, it would be helpful if the programme could consider what evidence it could gather to demonstrate that its asset management scheme for loaning devices, is leading to improved digital confidence of staff and residents at care home provider settings.
- 9.7 Evidence from the outcome evaluation will also be important to test whether these intermediate outcomes are being achieved. We suggest that the evaluation approach considers undertaking:
- in-depth case studies across a small number of Health Boards, with a view to interviewing strategic leaders, heads of services/departments who have actively engaged with DCW, a sample of the workforce and a DCW representative who has supported the organisation to understand how the programme is impacting upon digital inclusion practices and policies at an organisational level. These in-depth case studies would also seek to gather and analyse data and trends on workforce digital literacy skills and competency, drawing where possible on programme level intelligence about workforce skills
  - fieldwork with participants who have directly engaged with the programme to understand the extent to which participants have gained

new digital skills, experienced improved health and well-being outcomes or reduced levels of loneliness and social isolation. It may be appropriate to conduct a short web-based survey of participants who have engaged with DCW training during a specific period (say six months) leading up to the survey being distributed. We appreciate that the profile of these surveyed participants will be skewed towards those who are digitally competent and as such it may also be valuable to conduct a small number of visits to observe and interview groups of participants/end-users who are engaged with the programme via partner organisations

### **Programme design and implementation**

- 9.8 It is evident that Welsh Government policy and legislation, at the time when the current DCW programme was designed, supported continued public sector intervention to address digital exclusion and basic digital skills amongst key groups. The feedback gathered via this evaluation suggests that the programme was designed appropriately to address the challenges and needs which it was expected to tackle.
- 9.9 The rationale for focusing intervention upon the health and social care sector is clear and well documented: Welsh Government policy clearly set out the need for digital intervention to focus on the health and social care sector. It was also appropriate for the programme to inspire interest in new technology amongst participants by focusing upon their hobbies and areas of interest, as the evidence points to this being an effective method of engaging digitally excluded groups.
- 9.10 The DCW programme continues to be highly regarded, and the calibre and expertise of the delivery team is widely recognised by Welsh Government officials and organisations alike. Based on the feedback gathered, the overall staffing resources allocated to the programme at the outset appears appropriate and the introduction of a new volunteer co-ordinator role has been welcomed. The feedback suggests that the programme could benefit from more senior level engagement from within the Wales Co-operative Centre to support the strategic work with health organisations as well as a

dedicated marketing post-holder in place. There is also a need to consider whether other changes are now required in light of the impact COVID-19 has had upon the implementation model. For instance, if the growth in virtual training provision experienced during COVID-19 is sustained the programme may wish to explore the most suitable structure and resources to deliver this.

9.11 There is much uncertainty about the Digital Inclusion Alliance (DIA) and how it can add value to the programme and the digital inclusion agenda across Wales, given the lack of progress made on this strand of the programme. Greater clarity and progress is required over the remaining programme period before the effectiveness of the DIA can be assessed.

9.12 As a result of the COVID-19 pandemic, many organisations reported that their ability to deliver DI activities reduced and that they no longer had capacity to engage with DCW. At the same time however, the programme found itself having to accommodate a different set of more immediate demands and requirements from organisations and their staff/users. It was logical for DCW to become engaged in an additional initiative to support care homes with devices at this point in time, as it was well placed to contribute towards the emergency response. In doing so however, the programme found itself under significant pressure to deliver an additional initiative within very tight timescales and underestimated resources. Despite this, it has responded in an agile and flexible manner to this challenge, and the delivery team should be commended for the effort deployed during the pandemic.

9.13 Whilst the additional demands taken on by DCW are in keeping with the programme's aims, it cannot be expected to sustain the same level of intervention without additional capacity on an ongoing basis. This process evaluation has demonstrated that the COVID-19 pandemic has had a transformational impact upon the digital inclusion landscape across Wales. The programme may therefore wish to consider and prioritise its role for the remaining programme delivery to ensure that it continues to address emerging priorities associated with the digital divide. It may well wish to consider whether the branding of 'digital inclusion' is still appropriate in light

of the programme's increasing focus on improving digital access, skills and confidence.

- 9.14 Performance against programme funded KPIs over the first year has been good, especially considering the restrictions introduced as a result of the COVID-19 pandemic, with four of nine KPIs having been exceeded. Five of the nine KPIs were not achieved, with delivery staff attributing under-performance to the fact that targets had been overly ambitious despite these having been informed by previous programme achievements.
- 9.15 The process evaluation has raised several issues relating to the nature and volume of KPIs adopted for the programme. The feedback suggests that these need to be revised, particularly given that the COVID-19 pandemic has raised issues around their relevancy. We conclude that the programme's KPIs should be more strategic and better aligned with the intermediary outcomes set out in the ToC model. They also need to ensure that they reflect the wider scope of the current programme in responding to the COVID-19 pandemic.

### **Recruiting potential recipients**

- 9.16 Demand from programme participants has been consistently strong and has grown since the advent of the COVID-19 pandemic. Whilst the programme initially relied upon organisations to recruit recipients there has been an increasing reliance upon direct recruitment methods since COVID-19 with recipients becoming engaged virtually rather than on a face to face basis. Whilst the programme developed a broad communication plan, the feedback suggests that greater reliance has been upon social media activity. Whilst many contributors would like to see greater use of traditional media methods to recruit potential recipients, care is needed to ensure that the programme could meet any further increase in demand for its provision. Furthermore, it is important that the programme maintains its focus on marketing via organisations who are better placed to reach target participants, rather than focus on doing so directly.
- 9.17 It will be important for the programme to consider how it continues to support the new, possibly non-traditional cohort of people who have found

themselves digitally excluded since COVID-19. The programme needs to recognise and consider the implications of the shift which has occurred in terms of what constitutes 'real' digital inclusion in 2020. There is also a need for the programme to review its priority groups in light of recent developments, with consideration given to focusing upon specific sub-groups within the four target groups e.g. focusing upon those aged 70 and over.

### **Organisation engagement**

- 9.18 The DCW programme has continued to engage with a wide range of organisations during this delivery period. The feedback gathered via this evaluation as well as an analysis of the profile of organisations supported to date suggests that there is more scope for the programme to support, and work through, large private sector organisations such as utility companies in order to recruit potential recipients.
- 9.19 Given its remit, the programme has focused on engaging with health sector organisations. The evaluation has gathered evidence that engagement is taking place at the operational level e.g. at ward or service level, across these organisations. Whilst the evidence shows that this engagement and intervention is well received and starting to make a difference at an operational level, there is a lack of evidence to demonstrate that these activities lead to effective engagement with strategic, senior level representatives from across the health sector. The DCW programme needs to consider how it can develop strategic relationships with senior representatives across the health sector, drawing upon advocacy support from key Welsh Government officials, senior Wales Co-operative Centre staff as well as other strategic digital inclusion advocates. This senior level of engagement and commitment is required in order for the programme to influence health settings to embed and implement digital inclusion practices and policies across their organisation.

### **Recommendations**

- 9.20 We offer the following recommendations for the Welsh Government to consider in the delivery of the DCW programme :

- **Recommendation 1:** to consider the findings of this evaluation to inform the programme's priorities over its remaining delivery period, ensuring that an appropriate balance is sought between meeting additional policy demand on the one hand and programme capacity on the other
- **Recommendation 2:** to explore the extent to which there has been a significant shift in the definition of digital exclusion as a result of COVID-19, and consider the bearing this may have upon programme implementation
- **Recommendation 3:** to explore how strategic and high-level engagement with, and commitment from, health organisations can be achieved, drawing upon robust evidence about the health and well-being outcomes that can be achieved via digital solutions as well as wider advocacy support including from Welsh Government officials, senior Wales Co-operative Centre staff, digital advocate champions and the Digital Inclusion Alliance
- **Recommendation 4:** to review whether the programme would benefit from making changes to its staffing structure in light of suggestions captured by this evaluation and to accommodate any sustained impact which COVID-19 has upon programme delivery
- **Recommendation 5:** to review funded KPIs with a view to setting more realistic, achievable outputs and to adopt a small number of qualitative outcome KPIs, which adequately reflects the programme's additional asset management work and strategic work with health organisations
- **Recommendation 6:** to accelerate the implementation of the Digital Inclusion Alliance, and to secure greater clarity about its purpose and remit
- **Recommendation 7:** to consider what evidence DCW can gather to demonstrate that its asset management scheme for loaning devices, is leading to improved digital connectivity at care home provider settings.

## **Annex A: Discussion Guides**

### **Topic guide 1: Wales Co-operative Centre and Delivery Partners**

#### **A: Background and introduction**

1. Tell me about
  - Your role within DCW

#### **B: Aims and Objectives of DCW**

2. What do you understand to be the original aims and objectives of DCW?
3. What were the key policy drivers for DCW?
4. What key issues did DCW set out to tackle?
5. What difference do you expect DCW to make in tackling these (original and new) key issues?
6. What type of outcomes were expected of the DCW programme at the outset?
7. In what way have the findings and recommendations of the previous DCW programme been taken on board in designing the current programme?

#### **C: Design and implementation**

8. How appropriate was the specification issued by the Welsh Government for the delivery of DCW? Why do you say this?
9. What are your views on the delivery model put in place by Wales Co-operative Centre and its two delivery partners to deliver DCW?
10. What are your views on the appropriateness of staff resources and expertise put in place by WCC and its delivery partners?

#### **D. Collaboration with target organisations**

11. What are your views on the approach adopted by WCC to work with target organisations?
12. To what extent have strong partnerships been established with organisations?
13. To what extent does the partnership model help or hinder the engagement of particular geographical areas or target groups?

14. What are your views on the training provided to organisations via the DCW programme?
15. What evidence do you have that DCW is making a difference to embedding digital inclusion within the planning and delivery of services of partner organisations?
16. In what way has DCW responded to the COVID-19 pandemic?

#### **E. DCW workstreams**

17. What are your views on the appropriateness, quality and effectiveness of the workstreams / initiatives delivered by WCC and its delivery partners to date as part of DCW?

Ask about:

- The Digital Heroes volunteer programme
- The Digital Companions volunteer programme
- The Digital Champions volunteer programme
- Loaning kit/equipment to organisations
- Learn My way courses provided through Online Centres
- The Digital Inclusion Pathfinder Projects
- Digital Consultation Plans (developed for organisations)

18. How well received are these various initiatives by target organisations?
19. What are your views about the effectiveness of the new Digital Inclusion Alliance?

#### **F. Promotion and marketing**

20. How are potential recipients made aware of the programme?
21. How well, or otherwise, does the programme engage with the four target groups of beneficiaries?
22. How effective is the DCW communications plan in terms of:
  - Creating brand awareness
  - Stimulating enquiries from organisations and participants
  - Communicating programme impact?
23. How, if at all, could DCW communications plan be improved or changed?

Ask about the programme's branding, the website, social media, direct marketing, press releases, campaigns and publications.

### **G. Monitoring and management**

24. What are your views on the nature and quality of data being captured and reported by WCC as evidence of whether the programme is achieving its aims and objectives?
25. What are your views on how the DCW programme is being managed?

### **H. Performance to date**

26. How well has DCW performed to date in relation to its funded KPIs?
27. How appropriate are these KPIs in light of the changes adopted to respond to the COVID-19 pandemic?
28. Is DCW on track in terms of expenditure? What accounts for any under or overspends?

### **I. The future**

29. What are the main learning points to emerge from DCW to date that need to be taken on board by the programme?
30. What further changes, if any, should be made to DCW particularly in light of the impact of the COVID-19 outbreak?

## Topic guide 2: Welsh Government officials

### A: Background and introduction

1. Tell me about
  - Your role [and where appropriate, policy areas]
  - Your involvement with DCW

### B: Aims and Objectives of DCW

2. What do you understand to be the original aims and objectives of DCW?
3. What were the key policy drivers for DCW?
4. What key issues did DCW set out to tackle?
5. What difference do you expect DCW to make in tackling these (original and new) key issues?
6. What type of outcomes were expected of the DCW programme at the outset?
7. In what way have the findings and recommendations of the previous DCW programme been taken board in designing the current programme?

### C: Design and implementation

8. How appropriate was the specification issued by the Welsh Government for the delivery of DCW? Why do you say this?
9. What are your views on the delivery model put in place by Wales Co-operative Centre and its two delivery partners<sup>68</sup> to deliver DCW?
10. What are your views on the appropriateness of staff resources and expertise put in place by WCC and its delivery partners?

### D. Collaboration with target organisations

11. What are your views on the approach adopted by WCC to work with target organisations?
12. To what extent have strong partnerships been established with organisations?

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<sup>68</sup> Good Things Foundation and Swansea University

13. To what extent does the partnership model help or hinder the engagement of particular geographical areas or target groups?
14. What are your views on the training provided to organisations via the DCW programme?
15. What evidence do you have that DCW is making a difference to embedding digital inclusion within the planning and delivery of services of partner organisations?
16. In what way has DCW responded to the COVID-19 pandemic?

## **E. DCW workstreams**

17. What are your views on the appropriateness, quality and effectiveness of the workstreams / initiatives delivered by WCC and its delivery partners to date as part of DCW?

Ask about:

- The Digital Heroes volunteer programme
- The Digital Companions volunteer programme
- The Digital Champions volunteer programme
- Loaning kit/equipment to organisations
- Learn My way courses provided through Online Centres
- The Digital Inclusion Pathfinder Projects
- Digital Consultation Plans (developed for organisations)

18. Are you aware of the new Digital Inclusion Alliance?
  - If so, how effective is this?

## **F. Promotion and marketing**

19. How effective is the DCW programme in engaging and recruiting potential recipients?
20. How well, or otherwise, does the programme engage with the four target groups of beneficiaries?
21. How effective is the DCW communications plan in terms of:
  - Creating brand awareness
  - Stimulating enquiries from organisations and participants
  - Communicating programme impact?

22. How, if at all, could DCW communications plan be improved or changed?

Ask about the programme's branding, the website, social media, direct marketing, press releases, campaigns and publications.

### **G. Monitoring and management**

23. What are your views on how the DCW programme is being managed?

24. What are your views on the nature and quality of data being captured and reported by WCC as evidence of whether the programme is achieving its aims and objectives?

### **H. Performance to date**

25. How appropriate are the programme's KPIs in light of the changes adopted to respond to the COVID-19 pandemic?

26. How well has DCW performed to date in relation to its funded KPIs?

27. Is DCW on track in terms of expenditure? What accounts for any under or overspend?

### **I. The future**

28. What are the main learning points to emerge from DCW to date that need to be taken on board by the programme?

29. What further changes, if any, should be made to DCW particularly in light of the impact of the COVID-19 outbreak?

## Topic guide 3: Partner/Lead organisations

### A: Background and introduction

1. Tell me about
  - Your role
  - Your organisation
  - Your involvement with DCW

### B: Getting involved with DCW

2. Why did your organisation get involved with DCW?
3. How are potential recipients (such as end-users, volunteers and staff from your organisation) made aware of the programme?
4. Which, if any, of the four target groups of beneficiaries stand to benefit from your organisations' involvement with DCW?
5. What are your views on DCW's communication and promotional activities to target organisations and end users?
6. What are your views on the model put in place by Wales Co-operative Centre and its two delivery partners to deliver DCW?

### C: Services accessed

7. In what way has your organisation been involved with DCW?
8. How strong, or otherwise, is the collaboration and partnership between your organisation and DCW?
9. Has your organisation (be that for staff or users/participants) accessed any training) via DCW?
  - What has been the nature of any training accessed?
  - How many and who have participated in this training?
10. Have you accessed any train the trainer sessions delivered by DCW?
  - What has been the nature of this training?
  - In what way has it been rolled out across the organisation?
11. [Where relevant] What are your views on the quality and relevance of the training accessed via the DCW programme?

12. What involvement, if any, have you had with the following workstreams / initiatives delivered by WCC and its delivery partners to date as part of DCW?

Ask about the following initiatives and in each case, ask about the nature of their involvement as well as the strengths/weaknesses of each:

- The Digital Heroes volunteer programme
- The Digital Companions volunteer programme
- The Digital Champions volunteer programme
- Loaning kit/equipment to organisations
- Learn My way courses provided through Online Centres
- The Digital Inclusion Pathfinder Projects
- Digital Consultation Plans (developed for organisations)

13. In what way has your involvement with DCW changed in response to the COVID-19 pandemic?

14. Are you aware of the Digital Inclusion Alliance?

- If so, what has been your involvement with this?

#### **D. Difference made**

15. What difference, if any, has your involvement with DCW had to date upon your organisation?

16. What difference, if any, has your involvement with DCW training had upon staff, volunteers and end-users?

#### **E. Monitoring and management**

17. What are your views about the data your organisation is required to capture and report to WCC as part of the DCW programme?

#### **F. The future**

18. What are the main learning points to emerge from DCW to date that need to be taken on board by the programme?

19. In what way do you anticipate being engaged with DCW over the remaining programme period?

20. What further changes, if any, should be made to DCW particularly in light of the impact of the COVID-19 outbreak?