

Insert Partnership Logo



CW+ / NHS Charities Together Digital Inclusion Pilots Evaluation

Pilot 1: DigitALL



SEPT 2023

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1. Overview of the DigitAll pilot

1.1. DigitAll pilot activities and aims

DigitALL is a partnership programme led by Open Age in the Tri-borough area (Royal Borough of Kensington and Chelsea, Hammersmith and Fulham, Westminster). DigitALL's coalition of third sector organisations provide 6 months of device and data access alongside personal skill assessment and support for older adults and adults with learning disabilities (ALDs). The aim of the pilot is to support digitally excluded populations to achieve their goals, and increase wellbeing and connection.

The delivery organisations for DigitALL were:

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

Each delivery organisation provided support in formats tailored to their organisational set-up and cohort needs (see Appendix B for intervention details). The DigitALL programme essentially provided delivery organisations with an overarching structure of shared aims, personal learning targets, and consistent measurement and evaluation of programme targets and outcomes. The key elements of DigitALL programmes were:

1. Referral to DigitALL coordinator for eligibility check and assignment of a participant identification code.
2. Meeting with tutor from the delivery organisation and completion of the DART (Digital Assessment Readiness Tool). As part of the DART, the participant sets personal learning targets to complete while on the programme.
3. Provision of device and/or data plan where needed (about 50% of cases).
4. Provision of support:
 - What: Drop-in sessions, small group classes, and/or 1:1s, depending on the organisation and the client's needs.
 - Who: Paid tutors, staff (e.g. support workers), and/or volunteers
 - Where: Premises including organisations' own facilities, local community centres, sheltered housing, participants' homes
 - How long: Delivery partners provided between 7-14 support sessions, with sessions lasting approximately an hour
5. Exit DART, measuring growth in participants' digital skills and confidence
6. Recall survey, carried out 3-6 months after programme end, to assess participant skill retention.



1.2. DigitALL logic model

A logic model was co-developed with the initial DigitALL team (see below) and agreed in early 2022 leading to the development of an outcomes framework. Since the initial logic model was developed, the project partnership recognised that outcome measurement differ slightly for the two main cohorts (Older Adults and ALDs). For example, end DARTS for ALDs measure excitement in using a device or the internet more rather than specific skill acquisition (Figure C 14).

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

Figure 1 – DigitALL logic model

2. Activity and reach to date

By the end of June 2023, DigitALL had received 665 referrals and 549 people had started support, with 528 participants “graduating” (i.e. completing follow-up survey) (Figure 2). Older adults made up the majority (76%) of those supported. From the April 2022-July 2023 period there were more than 40 referral sources for the DigitALL project. The majority of these were from third sector or community support organisations (79%), with Age UK being the top referrer. The next largest proportion of referrals was self-referral (15.9%) (See Figure C 2 and Figure C 3 in Appendix C).

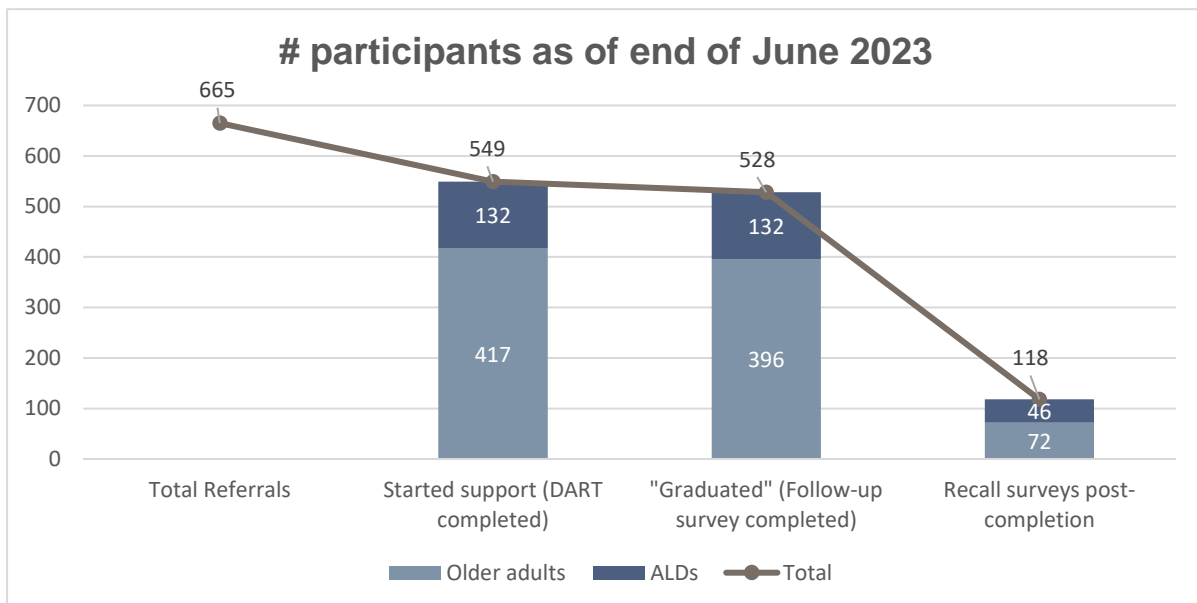


Figure 2 - Number of participants supported to June 2023, by status

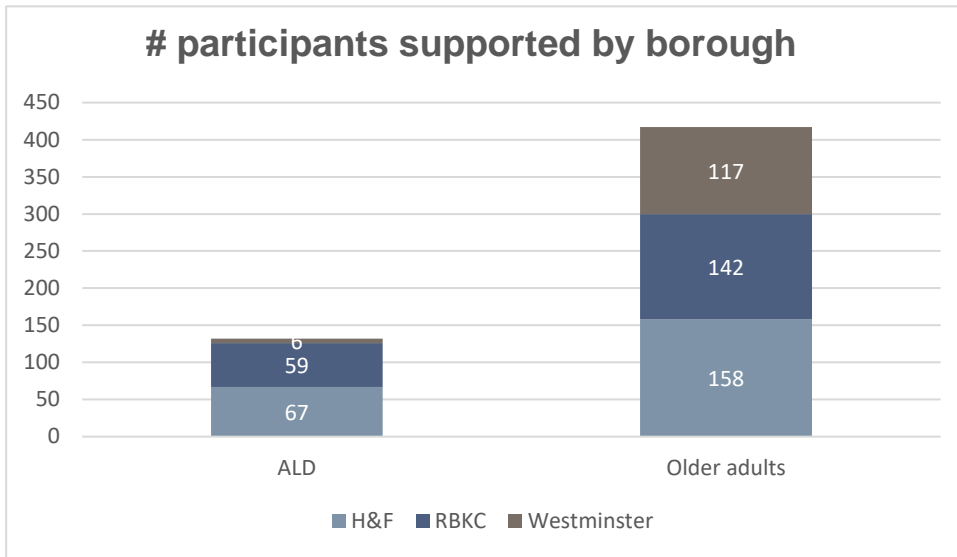


Figure 3 - Number of participants supported by cohort and borough

In terms of participant demographics, most participants female older adults (see Figure C 6 in Appendix C), evenly distributed across the triborough area (Figure 3). Those of Asian, Black, and Mixed ethnicities made up 57% of DigitALL participants compared to 29% of the triborough population (Figure 4). 46% of participants overall reported a learning difficulty (See Figure C 9 in the Appendix C) and 65% of the older adults cohort did not have English as a first language (See Figure C 8 in the Appendix C). About half of the participants either had a device or Wifi access when they started DigitALL (See Figure C 7 and Figure C 10 in the Appendix C). Even for participants who already had a device, the project found that they often did not know how to use it and required skills support.

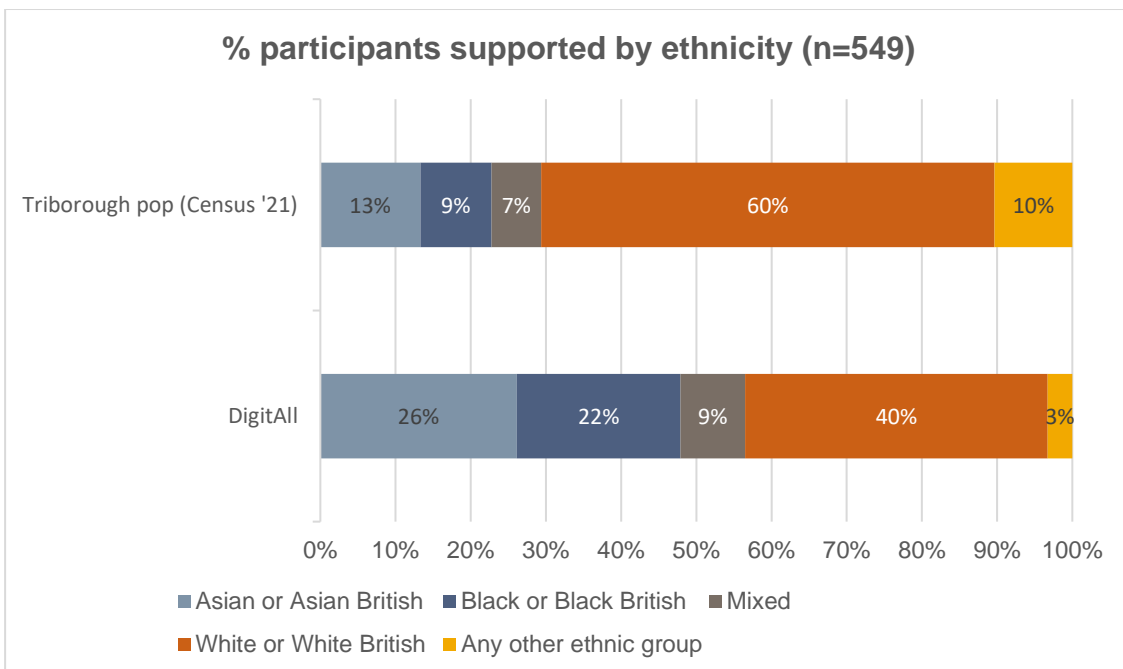


Figure 5 – Percentage of DigitALL participants supported by ethnicity, compared to triborough population



2.1. Personal Learning Targets

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



Types of personal targets set by DigitALL participants

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

Top 5 most popular targets

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

Over 80% of participants surveyed (older adults only) reported that they had met their targets by the end of their support through DigitALL.

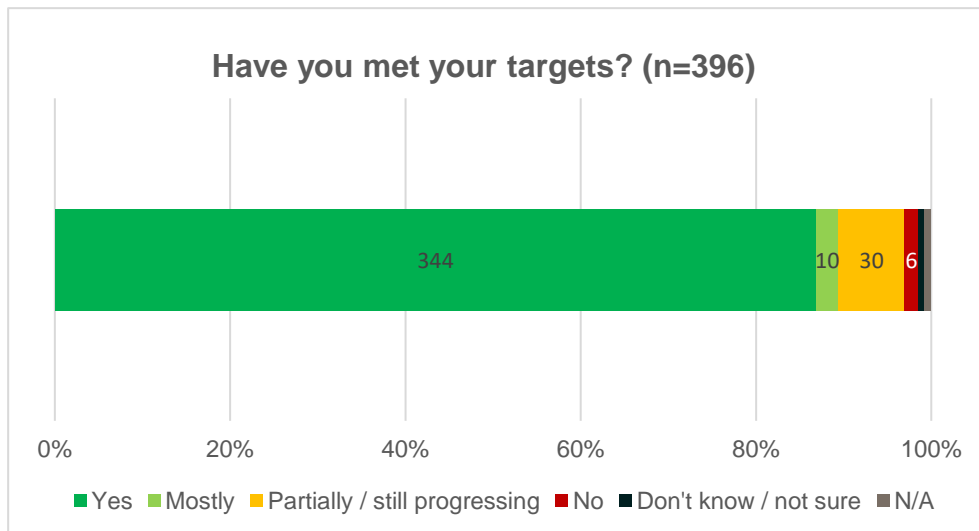


Figure 6 – Self-reported achievement of targets at the end of DigitALL



3. Participant experience of DigitALL

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

Over 90% of participants reported that:

- the support they received was 'Very good' (Figure 7)
- they learned useful skills (Figure C 11 in Appendix C)

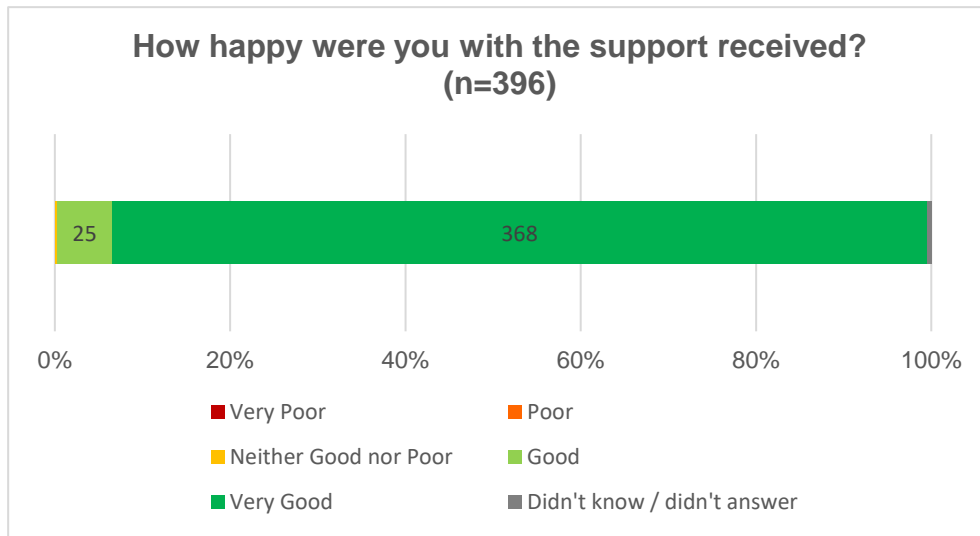


Figure 7 - Participant rating of support received through DigitALL

3.1. Feedback from participants

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

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

Three key positive elements of the DigitALL programme were identified:

Confidence building

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

Personalised learning and effective tutoring

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

Practical skills acquisition



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

Suggestions for improvement were primarily around desiring additional support:

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

4. Improvement in digital inclusion skills and confidence

Participants reported that their confidence across digital skills increased by the end of the DigitALL programme. The percentage of DigitALL participants who used the internet daily grew by over 70% by the end of the programme, with all respondents saying they used the internet at least weekly at the end of the programme (Figure 8). Figure 5 – Percentage of DigitALL participants supported by ethnicity, compared to triborough population. Self-reported growth in confidence was stronger for skills where participants had set targets most frequently (in participants’ ability to look up information on the internet and communicate with friends and family) (Error! Reference source not found. and Figure 9). Participants not only reported growth in confidence in their skills between the start and end of the programme, but also reported additional growth in confidence in recall surveys conducted 3-6 months after the programme. Feedback from the recall surveys shows that some participants are still using skills from DigitALL because they have continued to attend group courses or drop-in session with delivery partners.

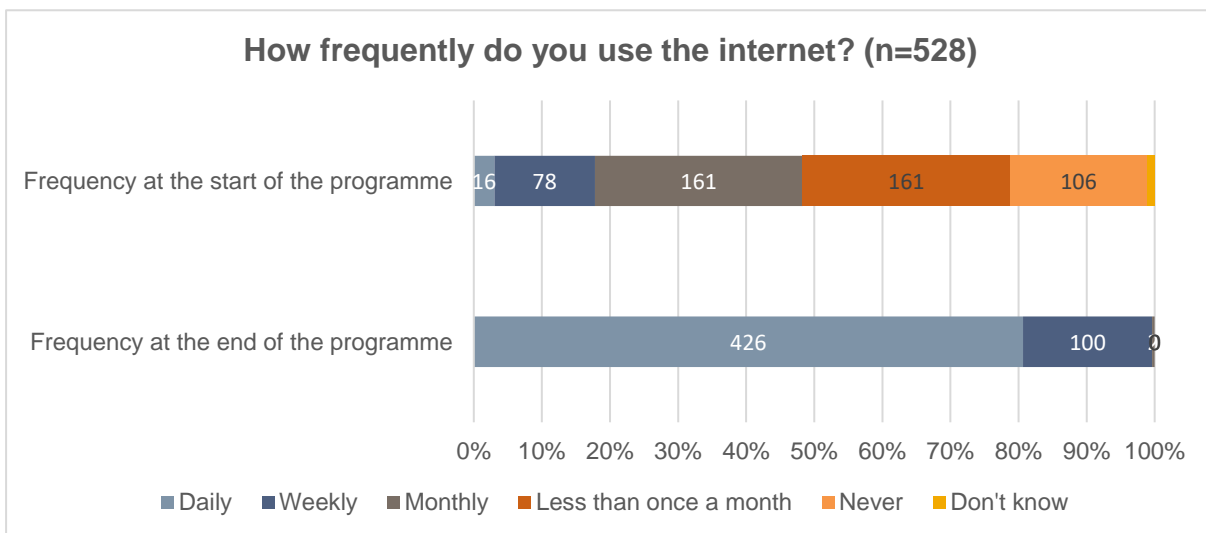


Figure 8 – Participant frequency of internet use at start and end of DigitALL



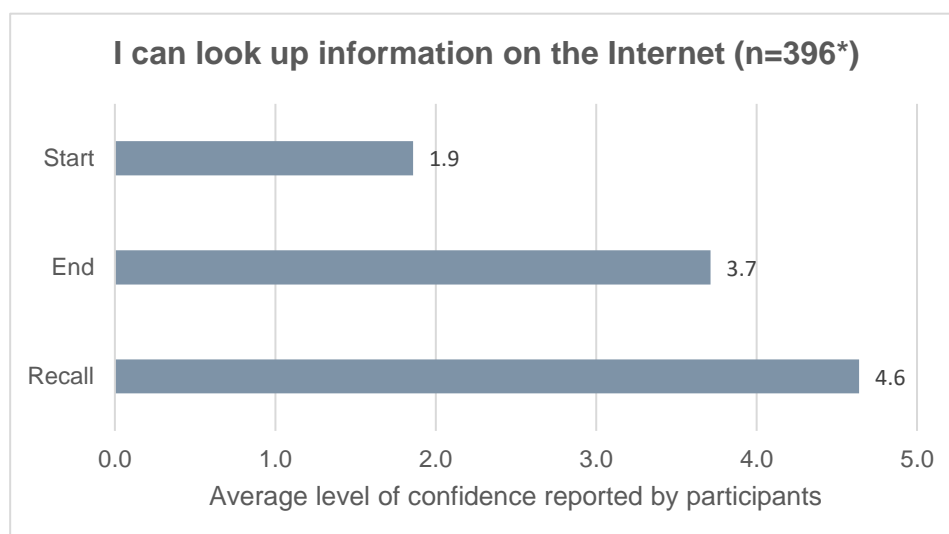


Figure 9 – Participant confidence in looking up information on the internet at start, end, and post-DigitALL Older Adults only.

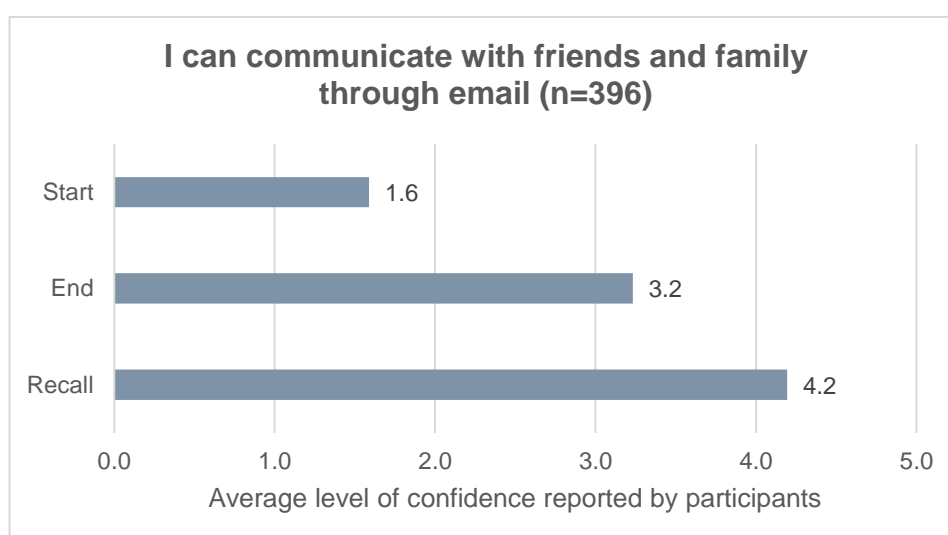


Figure 10 – Participant confidence communicating with friends and family through email at start, end, and post-DigitALL. Older Adults only.

5. Improvements in health and wellbeing

Improved ability to engage with online healthcare services was a core DigitALL project aim identified in the logic model. As one of their support session topics, participants chose to either learn how to access their GP website or order a prescription online. Before DigitALL, only 8% of participants had accessed their GP website without help, 4.6% had ordered a prescription online, and 3% had had an online consultation (See Figure C 15, Figure C 16 – Figure C 17 in the Appendix).

Confidence levels in accessing health services online grew substantially by the time they completed the programme, with participants continuing to report their confidence growing in recall surveys. Confidence levels grew most around accessing their GP website: at the end of the programme 81% of survey participants felt confident in accessing their GP online (Figure C 18 in Appendix C). 50% felt

confident in ordering a prescription online, and 30% of post-programme survey respondents felt confident in having an online consultation (Figure C 18 in Appendix C).

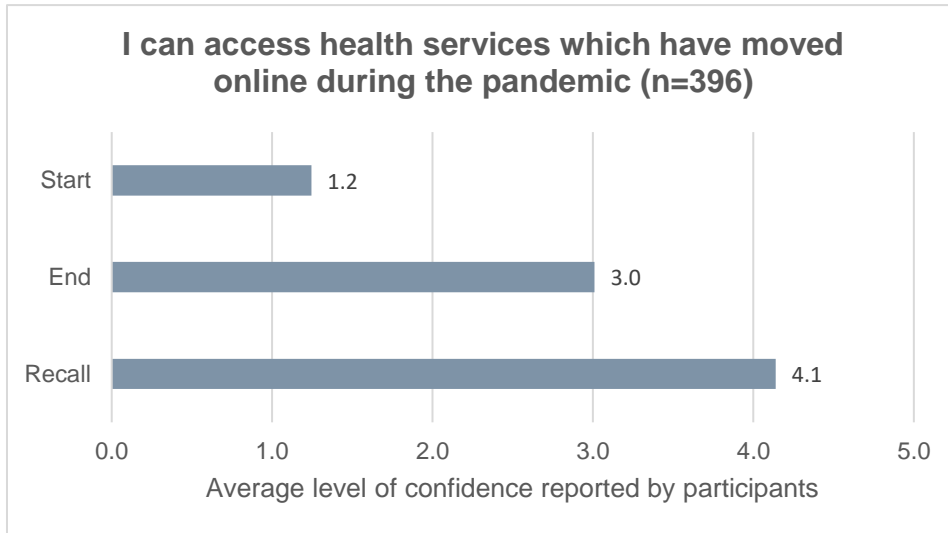


Figure 11 – Participant confidence in accessing health services online at start, end, and post-DigitALL. Older Adults only.

A key outcome area for DigitALL was to understand whether using technology to achieve personalised targets in participants' lives (e.g. contacting family and friends) could lead to improved wellbeing. We used the ONS4 survey to measure personal wellbeing in participants across 4 dimensions: life satisfaction, worthwhile, happiness and anxiety. Across all 4 dimensions of personal wellbeing, participants in the DigitALL programme had very poor wellbeing compared to the general population of the triborough at the start of the programme. Figure 12 shows that levels of self-reported life satisfaction increased from a low baseline to levels closer to the triborough area average by the end of DigitALL support. Figure 13 shows anxiety levels decreasing from the start to the end of the programme to also more closely match the triborough average. Similar trends can be seen in the other two wellbeing dimensions (life worthwhile and happiness in Figure C 19 and Figure C 20 respectively in Appendix C).

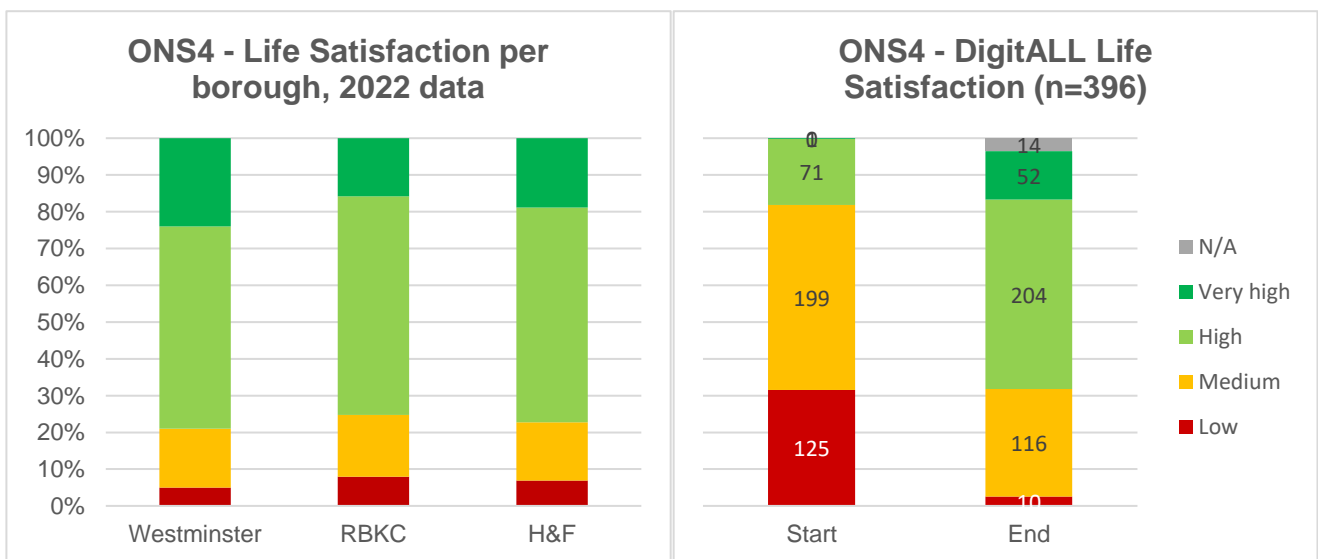


Figure 12 – Comparison of life satisfaction for triborough population (left) and for DigitALL participants (right) at start and end of programme.



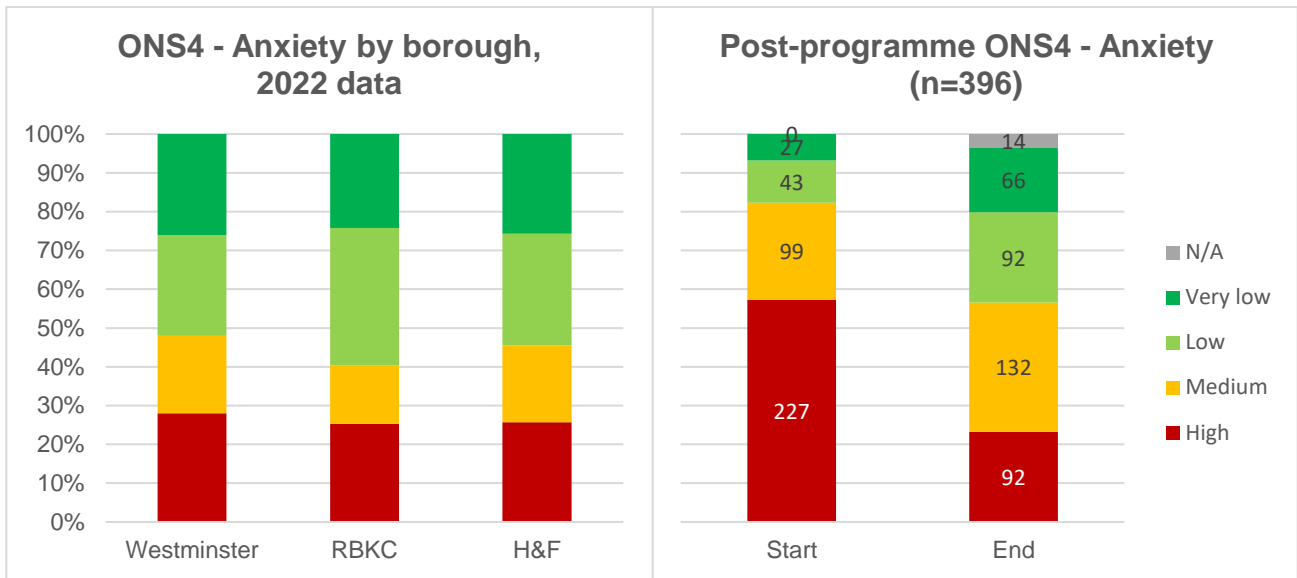


Figure 13 – Comparison of anxiety for triborough population (left) and for DigitALL participants (right) at start and end of programme.



6. Pilot delivery and sustainability

6.1. Costs and resources needed to deliver DigitALL

Each of the pilots supported received approximately £300,000 – in the case of DigitALL, the total budgeted to support this project was £369,465. Given absence of updated actual costs we used budgeted amounts to estimate the costs and resources used by the programme.

The total number of people fully supported by end of June 2023 was 528. This gives an approximate cost per user of ~£700 per participant, including both central programme management and variable costs. Given that the programme is continuing to receive participants, this costs is likely lower for the whole lifetime of the grant.

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

Table 1 - Costs of DigitALL pilot (budgeted)

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

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

6.2. Enablers and barriers to delivery and sustainability

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

What went well

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

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

Challenges

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

Enablers for sustainability

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

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

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



Appendices

A. Methodology

This evaluation was conducted in 3 main stages:

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

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

1. Survey data

Data for each programme was collected via several surveys, and the appropriate data sharing agreements were put in place so that anonymised or pseudonymised data could be shared with ICHP. The number of responses / participants at the end of June 2023 are shown below.

For DigitAll, data from eight forms or surveys was received:

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

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

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

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

2. Semi-structured interviews

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

- Project delivery teams
- Delivery partners (voluntary organisations)

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



B. Details of intervention

DigitAll – Summary of Intervention



Aim of programme (from proposal)	To support digitally excluded populations to achieve their goals, increasing wellbeing and connection
Organisations	Delivery organisations: OpenAge (lead); Age UK Westminster; Age UK K+C; Age UK H&F; Iranian Association; Equal People MenCap; MenCap H&F; Learning Disability Network London Referral organisations: There are more than 40 referral sources for the DigitALL Project. Top referrers include: One Westminster, Carers Network, Tell it Parents Network, Community Shield Hub
Participants	<ul style="list-style-type: none"> • Older adults over 50 y.o. (OA) • Older adults with English as a Second Language (OA-ESL) • Adults with learning disabilities (ALD)
Intervention	<ul style="list-style-type: none"> • Device and data provision (if required) • Personalised goal setting • Skills training (1:1 or group) • Suggested follow-up support
Intended outcomes	<ul style="list-style-type: none"> • Improved wellbeing • Improved ability to access services virtually • Improved motivation and ability to engage online (e.g. socialise)

Intervention – Open Age (target population: older adults)



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



Intervention – Age UK (target population: older adults)

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



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

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



Category	Description
What - Materials- any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers	Devices + sim cards / data Handouts for participants where necessary (e.g. document on online health services) Signposting resources postintervention PC's/Laptops in centre Documents explaining the project (in Farsi)
What - Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities	Referral to DigitALL Coordinator using referral form > eligibility checked and participant code assigned > delivery org uses code for assessments Meeting with tutor; delivery ranges from mix between small group classes and one to ones. First and last sessions are assessments; the first to complete DART and set goals; the last to assess how it went
Who - For each category of intervention provider (such as psychologist, nursing assistant), describe their expertise, background, and any specific training given	Part-time project officer supported by 2 volunteers
How - Describe the modes of delivery (such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group	Group sessions, 1:1, both in person (home visits) and online
Where - type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features	In centre, online or in participant's homes
When and How Much- number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity, or dose	Range between 8-14 1hr sessions
Tailoring / personalisation- If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how	Initial assessment means that all the goals and sessions are personalised to each participants' needs, or at least needs of the whole group in a group session Translated forms to Farsi



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

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



C. Additional data charts

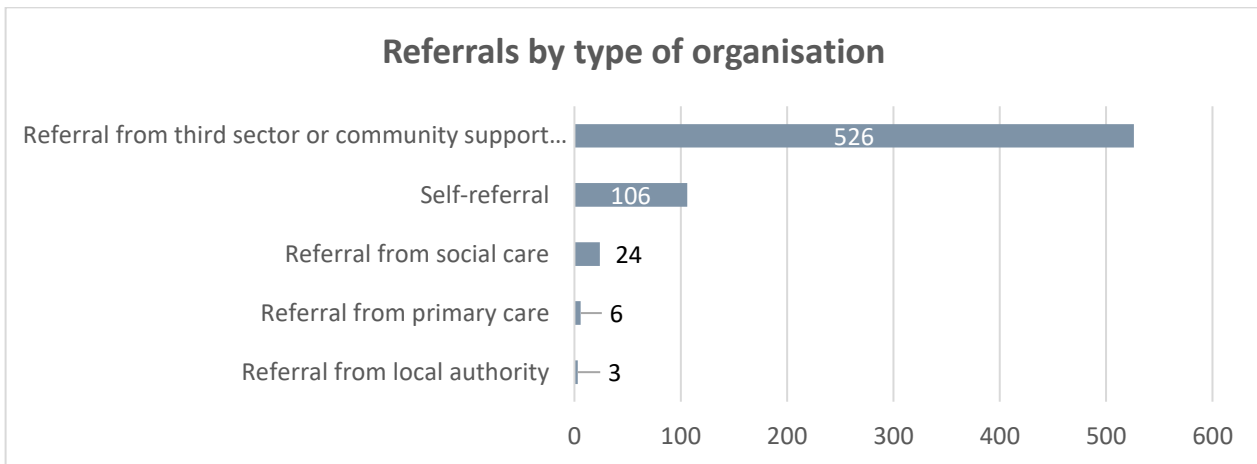


Figure C 1 – Number of DigitALL referrals by type of organisation

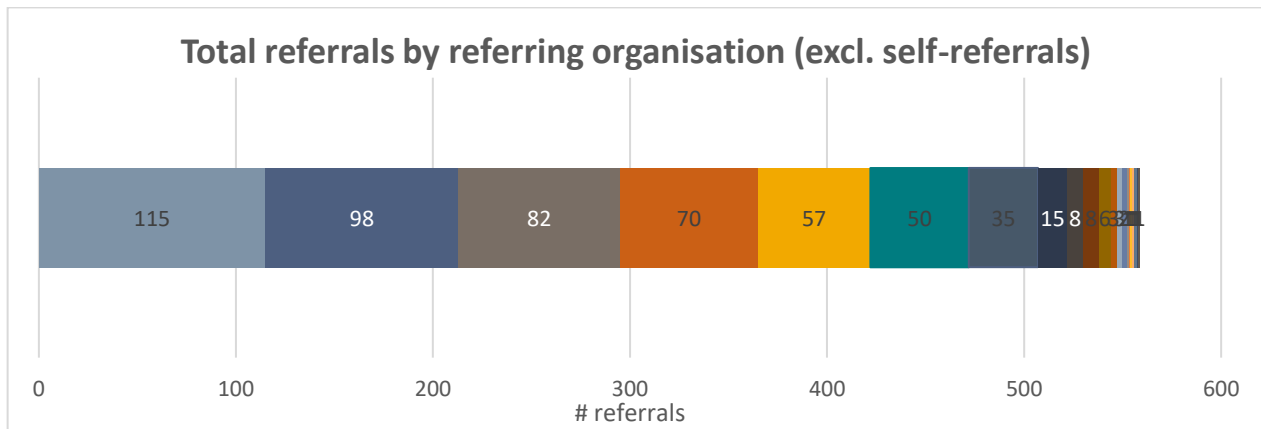


Figure C 2 – Number of referrals by referring organisation (top 10 listed in key on left)

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



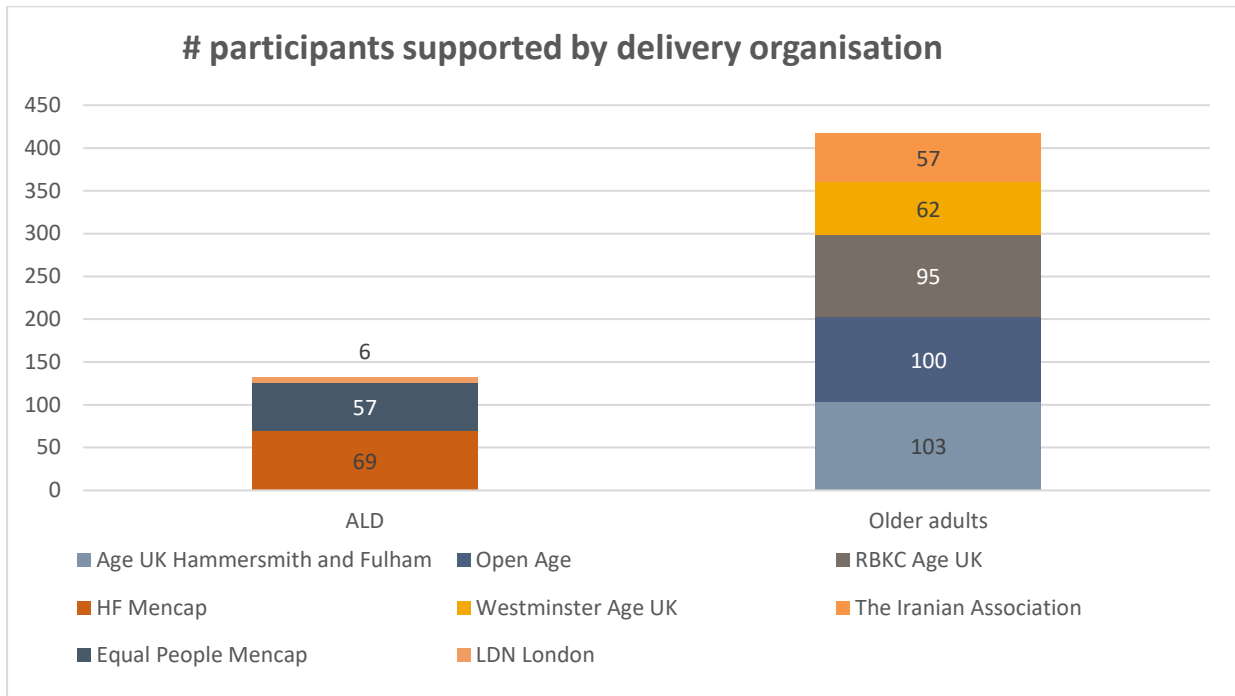


Figure C 3 – Number of DigitALL participants supported by delivery organisation and cohort

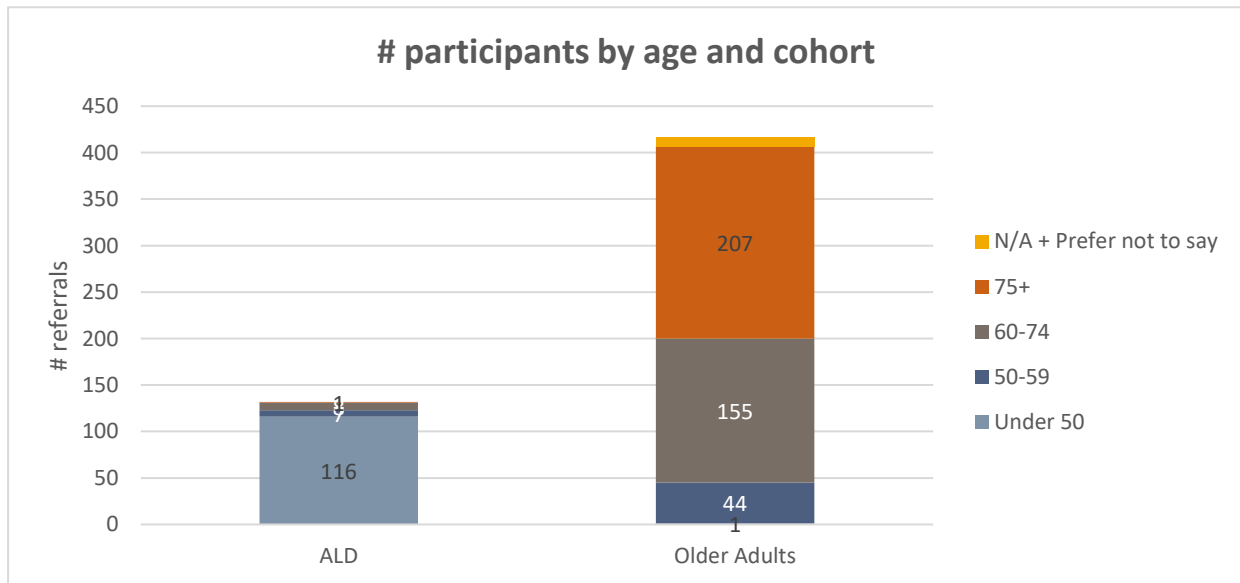


Figure C 4 – Number of DigitALL participants by age and cohort



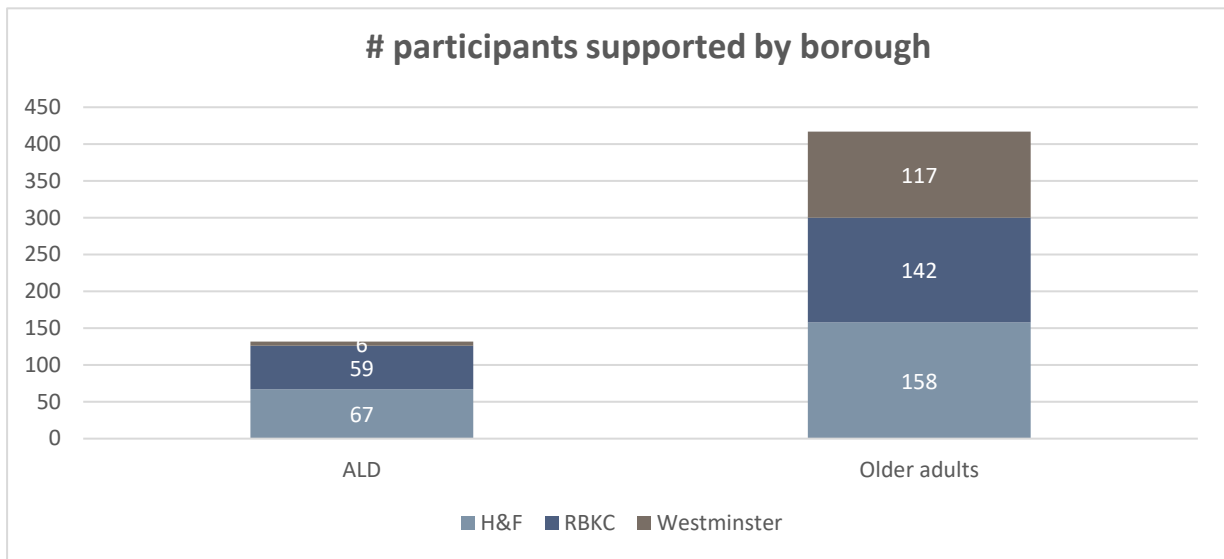


Figure C 5 – Number of DigitALL participants supported by borough

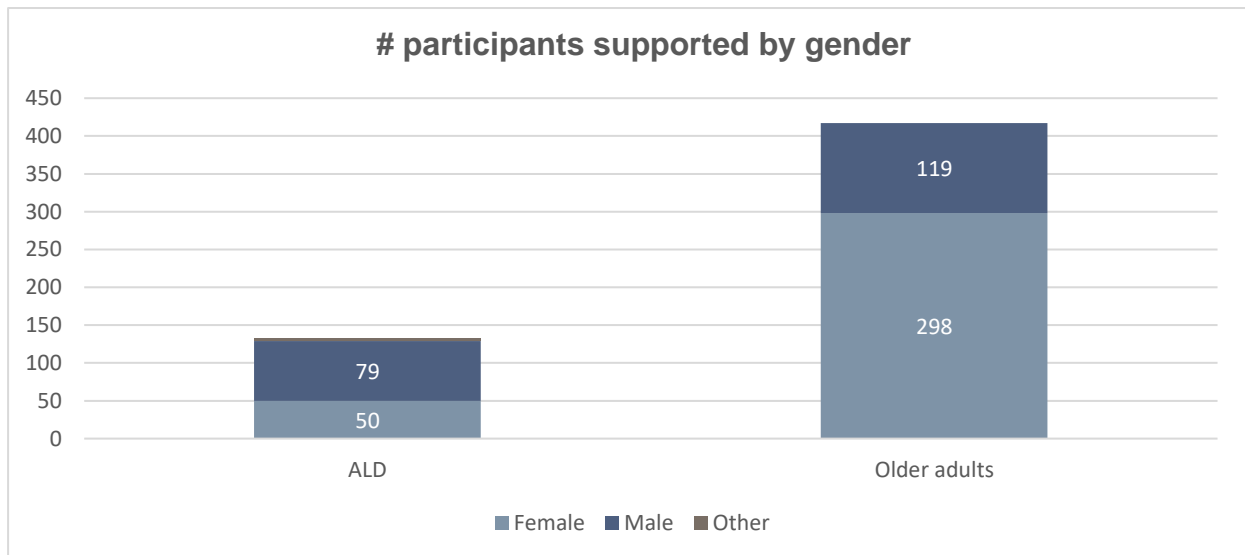


Figure C 6 – Number of DigitAll participants supported by gender

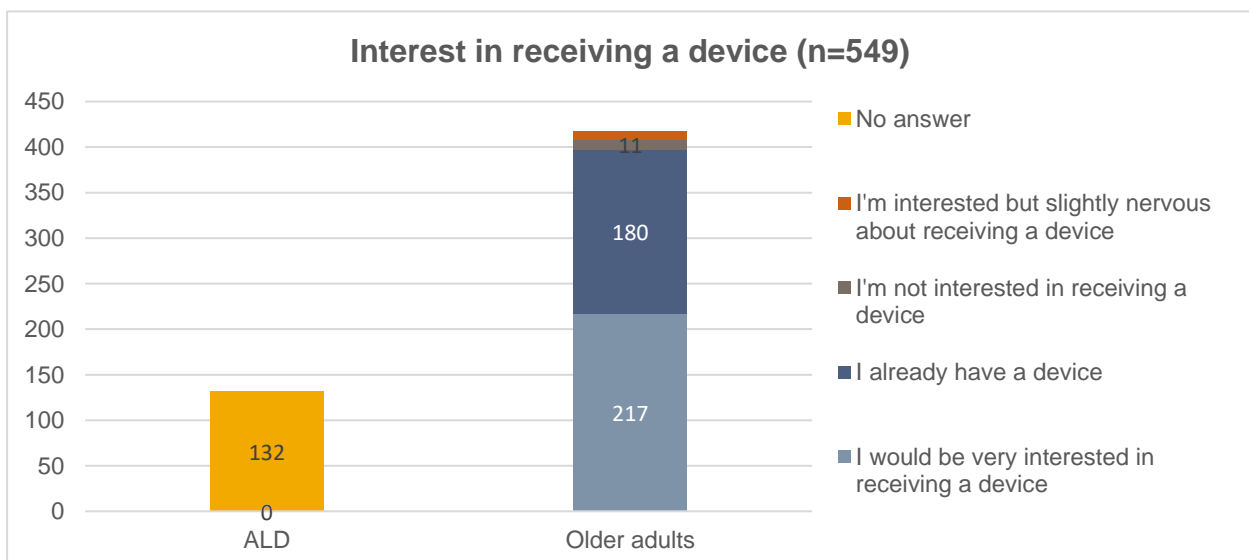


Figure C 7 – Number of DigitALL participants interest in receiving a device at the start of the programme

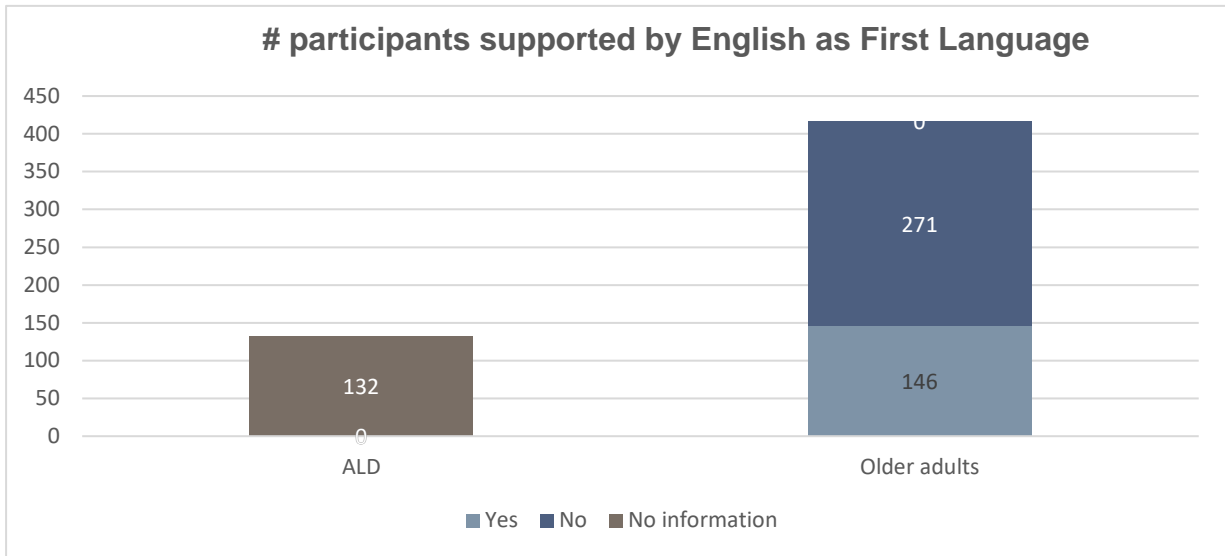


Figure C 8 – Number of DigitALL participants by whether or not English is a First Language

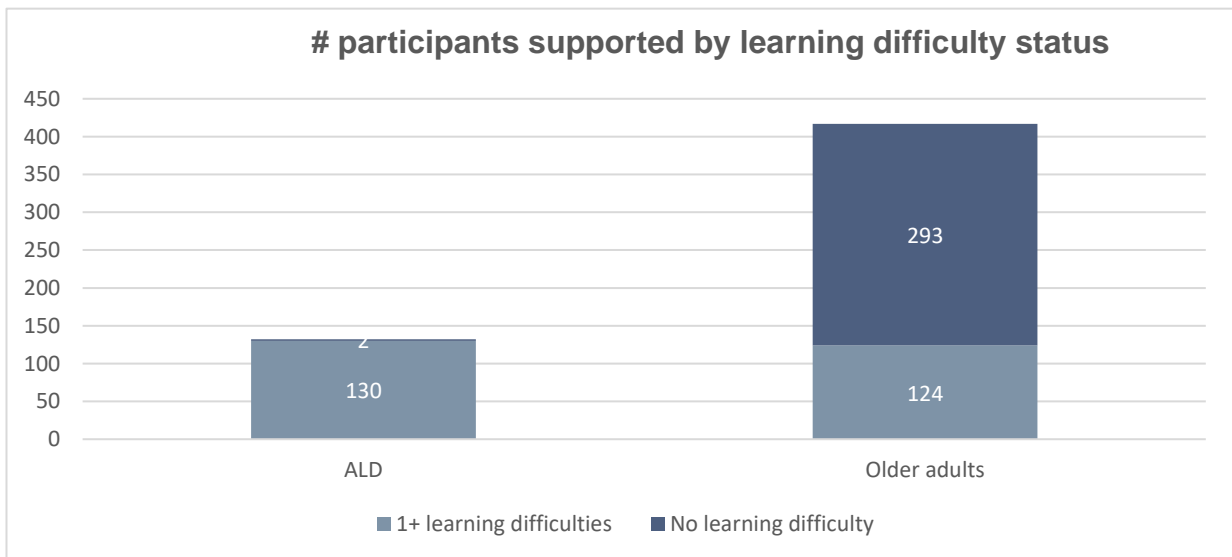


Figure C 9 – Number of DigitALL participants by learning difficulty status



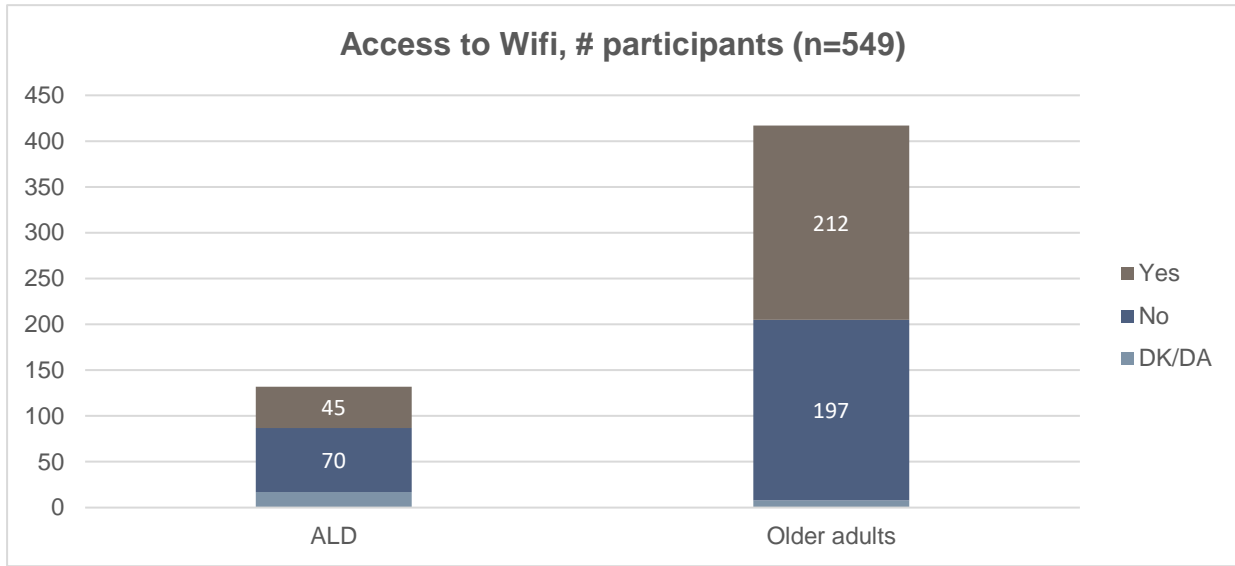


Figure C 10 – Number of DigitALL participants with access to Wi-Fi at start of programme

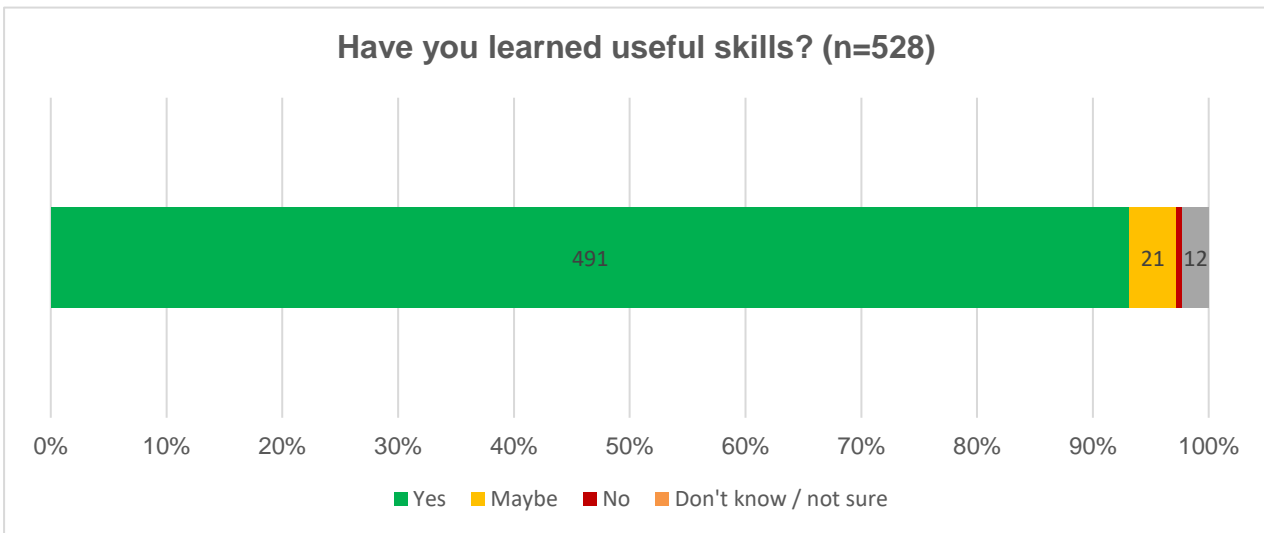


Figure C 11 – End DART participant reflection on whether or not useful skills were learned on the DigitALL programme

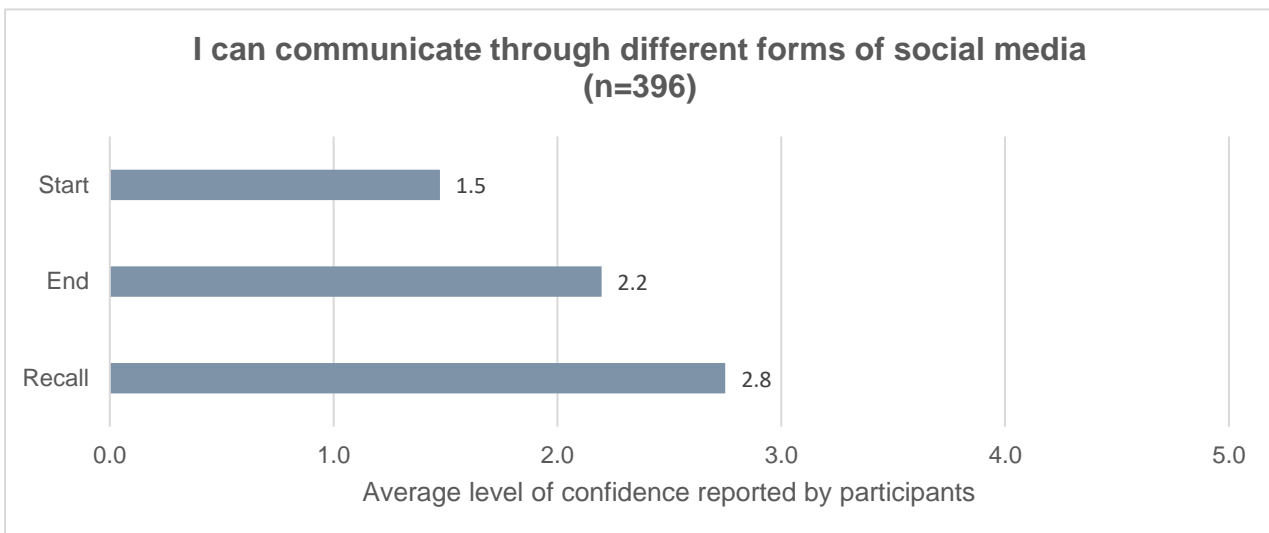


Figure C 12 – End DART participant confidence in communicating through different forms of social media. Older Adults only.

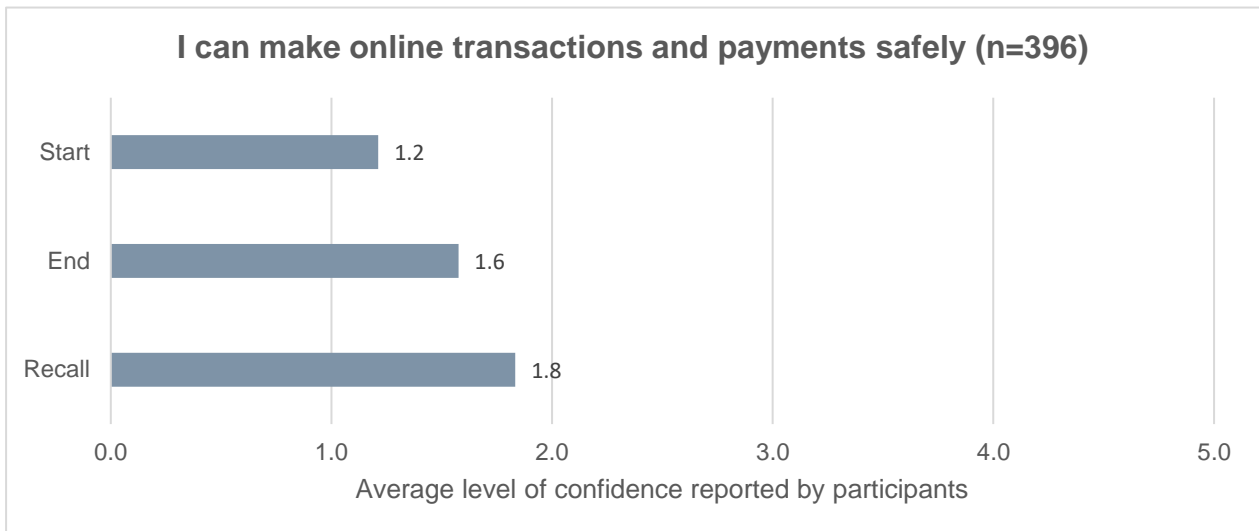


Figure C 13 – End DART participant confidence in making online transactions and payments safely. Older Adults only.

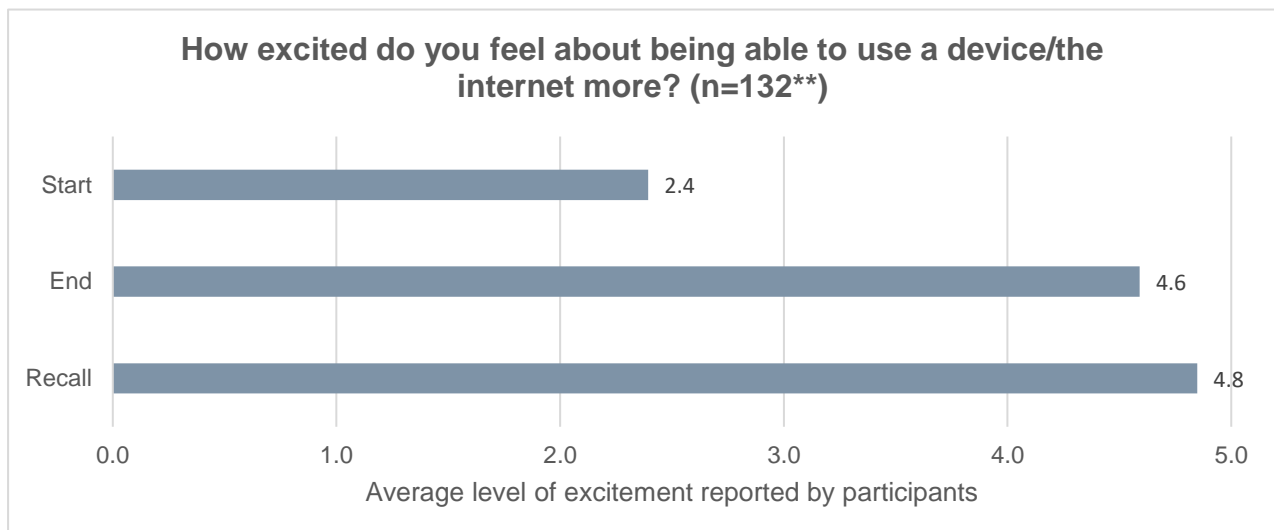


Figure C 14 – End DART participants’ excitement about being able to use a device/the internet more. ALDs only.

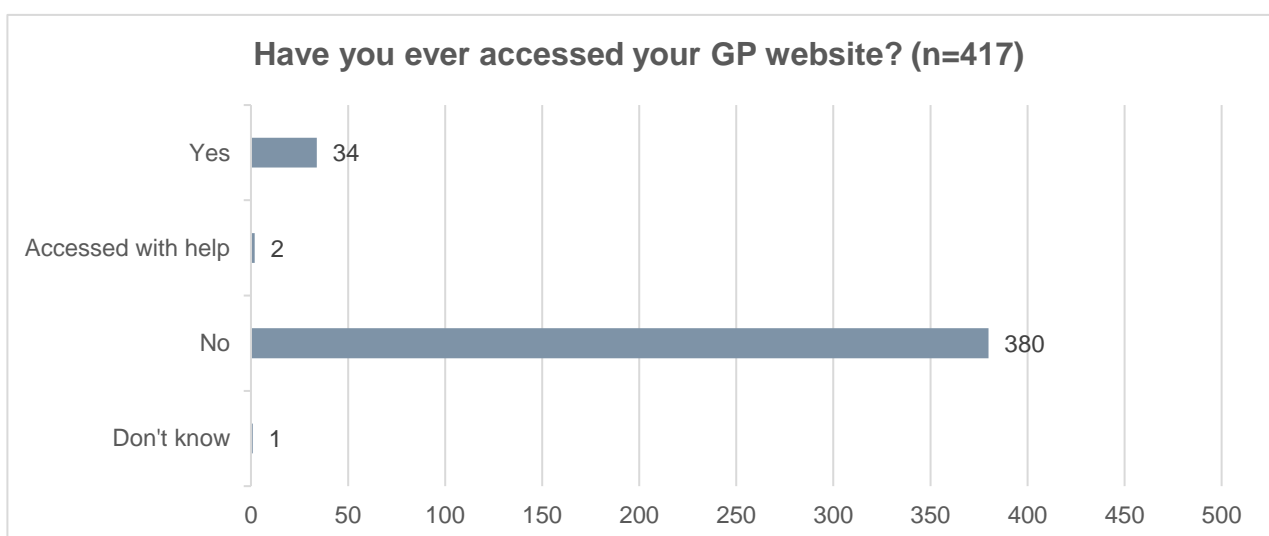
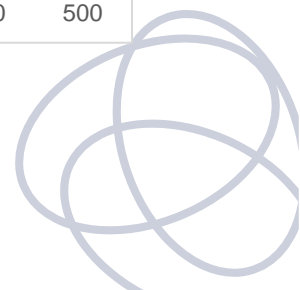


Figure C 15– DigitALL participants’ starting experience of accessing their GP website.



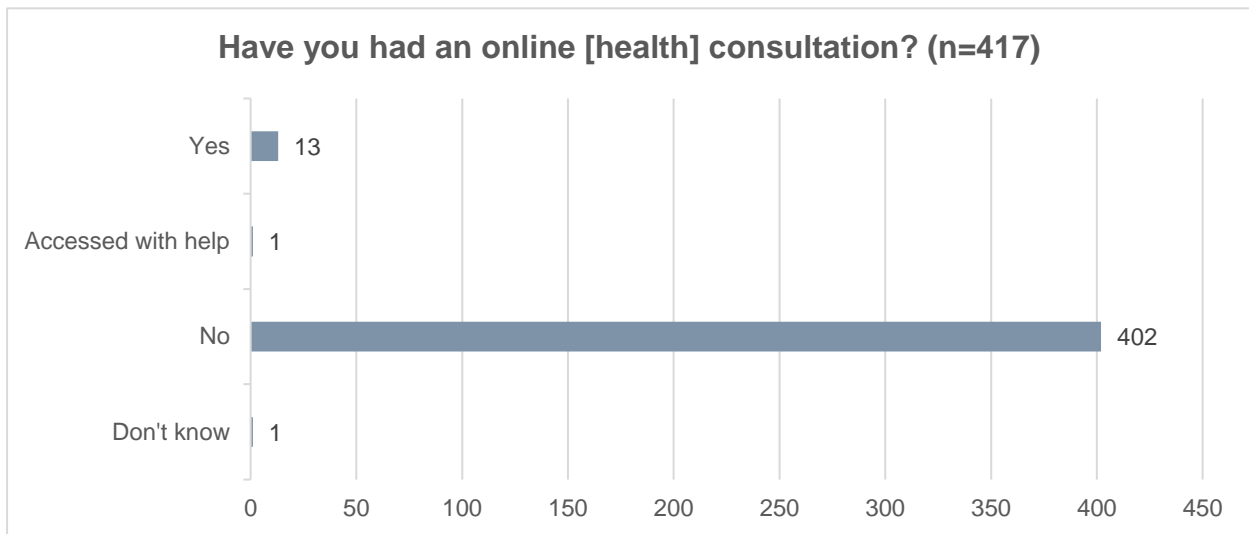


Figure C 16– DigitALL participants’ starting experience of online consultation. Older Adults only.

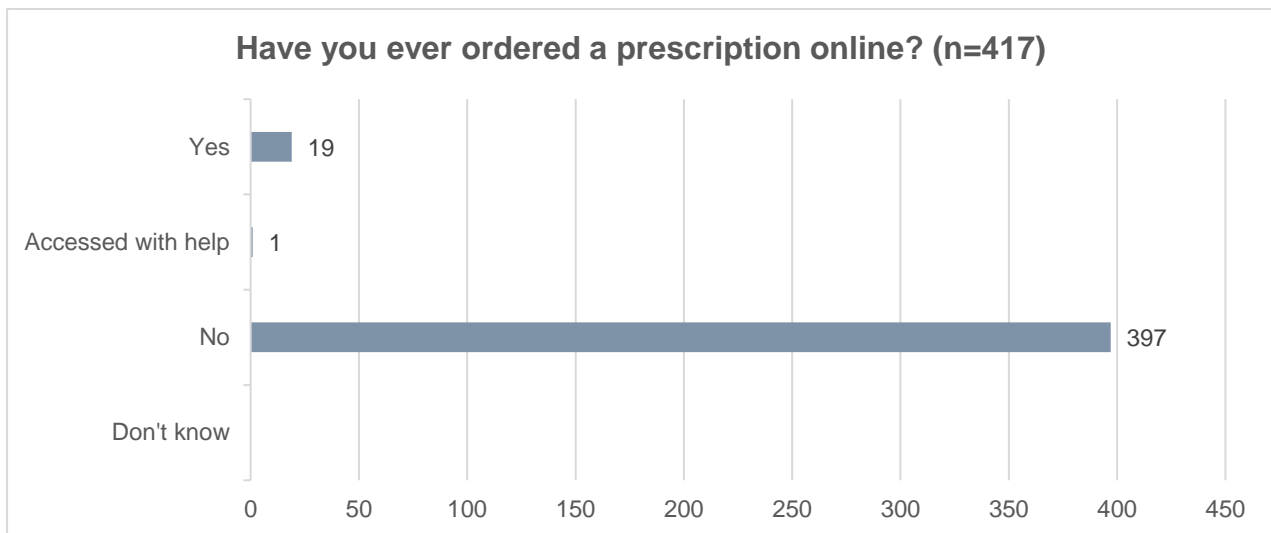


Figure C 17– DigitALL participants’ starting experience of ordering a prescription online. Older Adults only.

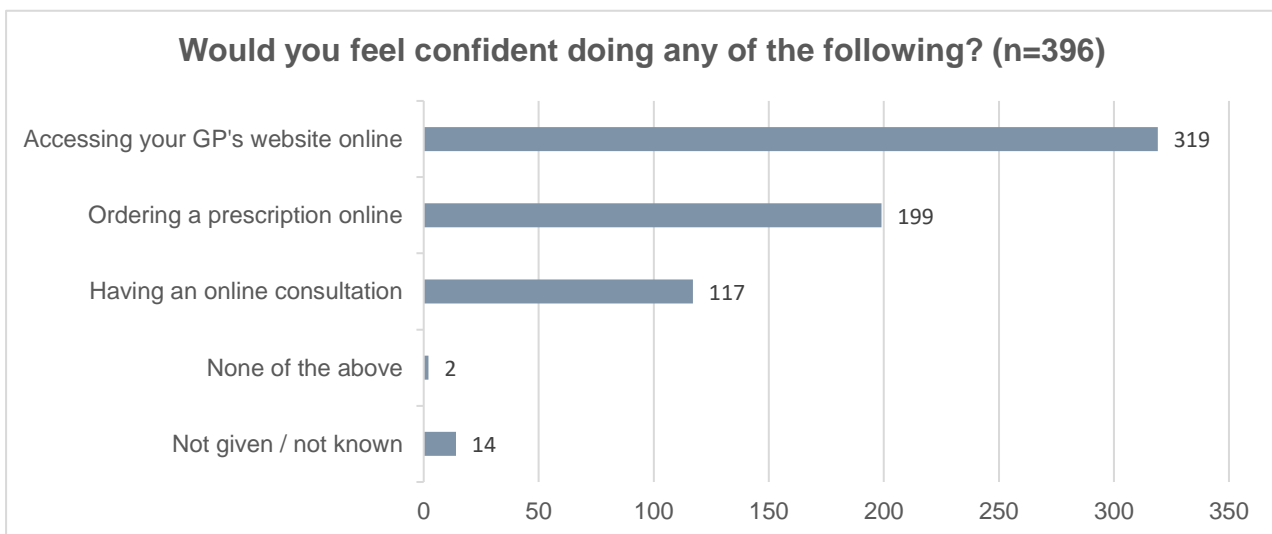
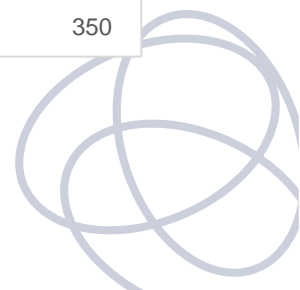


Figure C 18– End DART participant confidence in accessing health services online. Older Adults only.



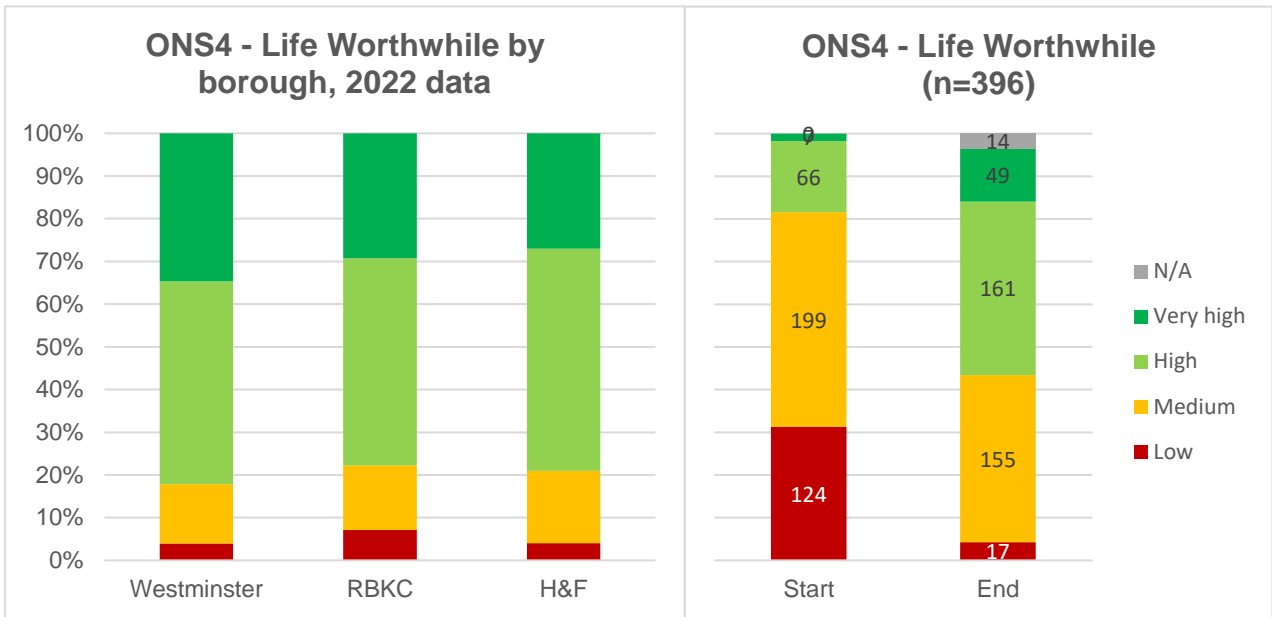


Figure C 19 – Comparison of life worthwhile measures for triborough population (left) and for DigitALL participants (right) at start and end of programme.

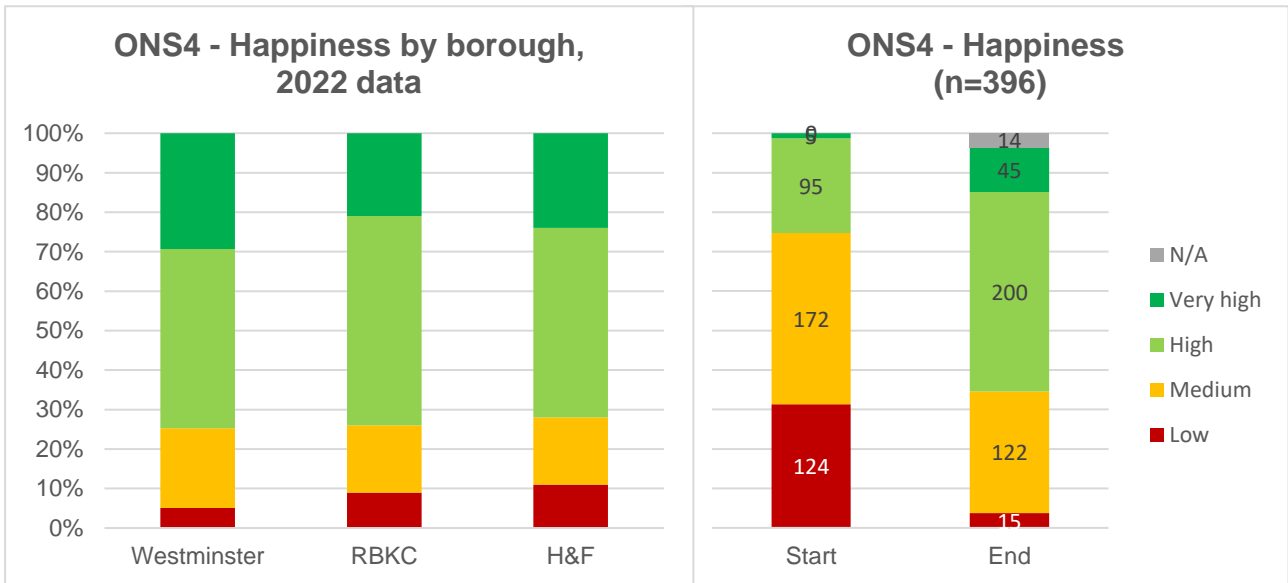


Figure C 20– Comparison of life worthwhile measures for triborough population (left) and for DigitALL participants (right) at start and end of programme.

