Supporting Health and Social Care Staff to Embed Digital in the Workplace

June 2020
Contents

Overview........................................................................................................3

Chapter 1
Executive Summary..................................................................................4

Chapter 2
Wider policy and practice context.........................................................7

Chapter 3
About the pathfinders...........................................................................10

Chapter 4
Insights from the Redmoor Health Pathfinder......................................11

Chapter 5
Insights from the Community Integrated Care Pathfinder...............17

Chapter 6
Insights from Digital Health Champions training pilots....................22

Chapter 7
Sustaining positive change beyond the pilots....................................28

Conclusion....................................................................................................29
References....................................................................................................30
Acknowledgements....................................................................................31
Embedding digital into the health and social care workforce is a priority for the NHS, who identify benefits in terms of supporting staff in their role and enabling them to deliver more effective care. Health and care staff can also encourage patients and residents to use digital as a tool to improve their health and wellbeing. To achieve this ambition, some of the 2.5 million workers employed by the NHS and Social Care sector in England will need support to build their skills and confidence to adopt digital in the workplace.

Since 2013 Good Things Foundation has been working with the NHS and other partners to support people to use digital. More information can be found on the Digital Health Lab website.

This report shares learning from some of the projects funded through phase 2 of the NHS Widening Digital Participation programme, specifically:

**Two Workforce Pathfinders** delivered by Redmoor Health (Lancashire and Cumbria) and Community Integrated Care (Newcastle). These delivered skills-based training alongside ongoing individual and organisational level support. Good Things Foundation worked with both organisations respectively to carry out insight work with key stakeholders, facilitating workshops at the outset, designing a theory of change, and evaluation instruments to assess impacts and learn.

**The Digital Health Champions Training pathfinder** was delivered by three community based organisations in the Online Centres network which is supported by Good Things Foundation. These were Zest (Sheffield), DBC Training (Derby) and Starting Point (Stockport). Each centre ran a series of one-off sessions to support NHS and social care staff to become Digital Health Champions, whose role was then to assist their colleagues to use digital health resources, and then introduce digital to patients. All three centres had existing health and/or social care contacts, but the pilot also provided an opportunity to test how such relationships could be built around a training offer. Good Things provided training materials (for centres to tailor to their context) and evaluation tools.

This report describes the projects, provides an initial assessment of impact, and shares learning. It looks at how interventions were shaped to meet the needs of different staff - including consultants, doctors, nurses and strategic or support staff based in clinical, community and residential settings. We have identified recommendations for others to consider when adopting or adapting approaches.
Chapter 1

Executive Summary

Many health and social care staff are at the frontline of digitally-enabled services. This means they also have a role in supporting patients and service users to benefit from digitally-enabled support. This can improve quality of care, better inter-agency information sharing (Health Education England, 2018) and potentially enable a healthier work-life balance (Topol, 2019). Realising this requires active support of the workforce to embed digital into their day-to-day working lives and interactions.

There are system, organisational and individual barriers to health and care staff embracing digital. Research points to a lack of skills or confidence, lack of time to upskill, and lack of necessary tools (e.g. WiFi, tablets) (HEE and the Royal College of Nursing, 2017; The Kings Fund, 2018; Timmus, 2019). There is sometimes a lack of buy-in at senior levels, so staff lack the ‘permission’ to tackle these barriers, such as through accessing training, or additional digital resources (see Timmus 2019).

These projects show that timely interventions can provide a springboard to support health and social care staff to embed digital in their day to day work, providing them with the knowledge and confidence to support colleagues, and potentially creating a ripple effect, whereby patients and service users also benefit.
Pathfinder Impacts

Redmoor Health (Lancashire and Cumbria) Pathfinder

This pathfinder provided skills-based training to health and social care professionals, alongside ongoing individual and organisational level support.

- 140 staff across 8 care homes attended training sessions - including managers, matrons, activity coordinators, health workers, care assistants and cleaning staff.
- Around 300 residents were supported to use digital as a result.
- 12 staff members responded to a questionnaire completed both at the start and around one month later (response rate impacted by Covid-19). Of these:
  - 8 people felt more likely to use digital in the workplace
  - 5 people were more likely to say they have used a variety of different digital tools in the workplace
  - 6 people were more confident using digital in the workplace.

Community Integrated Care (Newcastle) Pathfinder

This pathfinder provided skills-based training to health and social care professionals, alongside ongoing individual and organisational level support.

- 44 staff members were supported, including care staff and line managers.
- Six residents were also supported to develop their digital skills and confidence.
- 16 staff members responded to a questionnaire completed near the end of the intervention. Of these:
  - 14 people felt more likely to use digital in the workplace
  - 14 people were more likely to say they have used a variety of different digital tools in the workplace
  - 13 people felt more confident using digital in the workplace.

Digital Health Champions Training Pathfinder

This pathfinder was delivered by three community organisations in the network supported by Good Things Foundation: Zest (Sheffield), DBC Training (Derby) and Starting Point (Stockport). Each centre ran a series of one-off sessions to support NHS and social care staff to become Digital Health Champions, whose role was then to assist their colleagues to use digital health resources, and then introduce digital to patients.

- 98 health and social care staff attended training held across three sessions between November 2019 and February 2020 - including nurses, health practitioners, health trainers, health and wellbeing coordinators, social prescribers, weight management practitioners, business support.
- 36 staff members responded to a questionnaire completed prior to the workshop and one month later. Of these:
  - 23 people felt more likely to use digital in the workplace
  - 26 people (over two thirds of respondents) were more likely to say they have used a variety of different digital tools in the workplace
  - 16 people felt more confident using digital in the workplace.
Recommendations

Drawing from the learning across these pathfinders, we have identified the following pointers for others interested in adopting or adapting similar approaches:

- **Ensure buy-in from employers:**
  Organisational level buy-in is necessary to ensure cultural change. Employers can give staff permission to develop their digital skills and confidence, and create the conditions to support them. For example: the community-based Digital Health Champion training sessions were promoted by local NHS organisations, which encouraged their staff to sign up. Participating care home providers supported ongoing engagement of their staff with digital training.

- **Ensure line managers are on board:**
  Promoting the benefits of digital to line managers and supervisors is key to creating a digitally-confident culture. Approaches include: exploring ways to link digital to development needs through supervision; incorporating learning of new digital apps which can support staff to more effectively deliver their role as part of staff meetings that already take place; and influencing the development of strategic level guidance to staff.

- **Initial exploration to understand specific needs:** There is no ‘one size fits all’; spend time with intended beneficiaries to understand specific needs and organisational cultures. Visiting staff where they work and talking with existing contacts can help. A model which supports professional development through formal training and certification may work well to meet specific goals.

- **Staff may themselves lack essential digital skills:** Where staff lack digital confidence themselves, then a one-off digital champion training session is less suited. Some staff will need tailored, ongoing support and access to learning around basic digital skills – so they can build their own confidence before they show colleagues and patients or service users how they can use and benefit from digital.

- **Tailored, convenient and flexible:** Designing interventions to fit around the work environment of staff is important for success. For example, Redmoor Health met senior staff in each care home; visited care homes to find out what staff were already using; and visited the care provider’s head office to understand strategic priorities. All training was provided ‘on site’ to make it easy for staff; and ongoing light-touch support was offered to staff at all levels, as needed.

- **Involving patients and service users as well as staff:** Even where the focus of an intervention is on the health or social care workforce, there is value in considering digital participation of patients and service users. This might be about supporting staff to support patients or service users to benefit from digitally-enabled support; or involving patients and service users to give peer support. For example, inviting them to attend digital champion training sessions, or providing access to digital devices. This will be more suited to interventions which include ongoing and ‘on site’ support.
Chapter 2

Wider policy and practice context

The NHS Long Term Plan (NHS 2019) sets out bold ambitions for mainstreaming digitally-enabled health services, extending social prescribing, and integrating health and care. Specific pledges include every patient having the right to an online digital GP consultation in the next five years, and widespread digital access across the NHS in the next 10 years. The Secretary of State for Health, Matt Hancock, has spoken of the need to digitally up-skill the NHS workforce, requiring buy-in at all levels as well as equipping staff with the tools and confidence to embrace a ‘digital-first’ future:

“If everyone owns it, if it’s clinically led, if the board and the CEO and the top team all have skin in the game, then, and only then, has it a chance of success” (Digital Health, 2020).

Health Education England (2018) believes that for quality of care to be maximised, it is essential that the workforce develop the skills, knowledge and capability to exploit the potential of digital and other technologies. The Digital Literacy project, part of the HEE supported Technology Enhanced Learning Programme (HEE and Royal College of Nursing, 2017) works to promote training and development strategies that will enable the adoption and spread of digital across their workforce. It supports awareness-building, motivation, and helping staff to access digital tools and resources. The Topol Review (2019) also identified the benefits that digital can bring to the workplace. However, there are challenges to achieving this in practice. An overview of the main challenges are summarised in the box below (based on work carried out by Timmus, 2019).

It is important to note that changes in many of these areas will have been accelerated during the current Covid-19 pandemic as a result of increased necessity to use digital technology. The pandemic has also exposed the scale and significance of digital inequalities and the implications for population health.

...widespread digital access across the NHS in the next 10 years
Barriers to digital inclusion of health and social care workforce

**Staff level barriers**
- Perceived lack of time (yet pen & paper often means duplication)
- Lack of confidence, knowledge and skills (‘not a digital expert’)
- Lack of permission or ‘situational support’ to use digital in a work setting (e.g. limited managerial support, lack of equipment/access such as limited Wi-Fi, unable to work remotely)

**Organisational level barriers**
- Concerns around regular need to upskill staff if high turnover (e.g. care homes)
- Concerns about risks associated with digital
- Limited access through lack of equipment, poor connectivity, coverage
- Culture in specific settings, where staff are not encouraged or ‘given permission’ to use digital (e.g. to support time management, or help service users or patients to get online)

**Wider level barriers**
- Lack of resources, partnerships, or assets to offer support

The King’s Fund (2018) report that the NHS has historically underplayed the importance of cultural change, focusing more on the implementation of technology - but what is needed is resource allocation, consistent engagement, and treating interventions as change rather than digital projects. It is about “mastering ideas - not keystrokes” (HEE and Royal College of Nursing, 2017:5).

Timmus (2019) points out that the opinions and actions of senior staff and colleagues will profoundly impact on the development of individual digital capabilities. Health Education England and the Royal College of Nursing (2017) point to the need for digital to be built into strategic vision. A lack of digital skills across the workforce will also need to be tackled (National Centre for Universities and Businesses, 2019), as the 2.5 million workers employed by the NHS and social care sector in England will vary in their digital knowledge, skills and experience, both in and outside of their job role. Timmus (2019) - in research of ward staff across two NHS hospitals - found that use of digital was influenced by seniority, job role identity, and cultural expectations; and that the work environment impacted on people’s reported confidence, motivation and skills.

Clearly, front facing staff play a key role, as they can promote digital uptake on the ground. An NHS scheme has already trained 645 frontline NHS staff (including nurses, doctors, occupational therapists, midwives, paramedics, physiotherapists) as Digital Ambassadors, and found that patient subscribers to the NHS App had doubled since launch (Digital Health, 2020a), and also identified an increase in NHS staff using the app for their own purposes (to order repeat prescriptions, view medical records or check symptoms). As Tara Donnelly, Chief Digital Officer at NHSX, states: “It’s important that, as more and more patients begin using digital routes to access the NHS, our NHS staff are well informed about them to be able to give their patients confidence, and what better way for staff to do that than be a user of digital tools themselves (Digital Health, 2020a)”.

Where staff already use digital in their personal lives, they may still need support to see how these skills can be transferred to their work and workplace (HEE and Royal College of Nursing, 2017).
Chapter 3

About the pathfinders

The overarching aim was that health and social care professionals and staff would be more likely to include digital in their normal working practices, and better able to support staff, residents and patients through increasing their skills, motivation, confidence and ability.

The intervention model started from the premise that the organisations leading each pilot capitalise on their existing relationships with the health and social care sector. Depending on context, it might be that interest in participation is led by individual staff who wish to explore how digital can support their role; or led at an organisation level, where there is a wish to explore how digital can improve their service offer; or at a systems level, in response to a local or national ‘push’. In reality, the interventions reflect a mix of these. For example, staff may be more empowered to attend training if there is buy-in from their organisation. Once the need has been identified, training and/or support is offered. The training may be based on developing learning on how to use digital tools, or developing skills and confidence to support others to use digital (through becoming a Digital Health Champion).

The pathfinders led by Redmoor Health and Community Integrated Care (which were focused on residential care settings) innovated through supporting staff at all levels ‘on site’ (i.e. in the care home setting), providing a mix of formal training and also ongoing, less formal support – ‘as and when’. They focused more on developing skills to incorporate digital in the workplace (some individual staff were also supported to be digital champions). The ongoing, on-site engagement of Redmoor Health and Community Integrated Care enabled assessment of a ‘ripple effect’ with care home residents.

The Digital Health Champion pilots led by Zest, DBC Training and Starting Point innovated through bringing together health and social care professionals at different levels, raising awareness of how they could use what they know already to support their peers and colleagues to use digital.

All projects collected case studies, carried out interviews and gathered ongoing feedback, as well as administering a short, close-ended questionnaire, designed by Good Things Foundation.
Redmoor Health is leading a partnership with Healthier Lancashire STP, Blackpool Teaching Hospital and Century Health Care (which provides residential care to older people across North West England) to run the NHS pathfinder in Lancashire and South Cumbria. Redmoor Health is an established training organisation, with experience of supporting health and social care professionals to embed digital. Previous evaluations have shown that the work of Redmoor has led to an increase in staff wellbeing, skills, confidence, and improved patient care (see website for more details).

Design and Activities

Two workshops were run at the outset, including a design session at a nursing home to gather user insight, and a second stakeholder workshop at a hospital. These workshops helped agree a clear plan, which informed the intervention model and Theory of Change. Through these sessions and previous insights Redmoor identified that:

- Staff who do not feel digitally confident felt they would benefit from support on how to use digital
- Work pressures and scheduling mean lack of time to learn skills
- Training needs to be planned a long time in advance
- Staff have different training needs (some may use digital outside of work, others may not)
- There are potentially cultural barriers to improving digital skills for those who do not use it in the workplace.

This pathfinder had three intended outcomes:

- Staff feel more supported to use digital in their work environment
- Staff feel more confident and motivated to use digital in their work environment
- Staff are better enabled to support the social and health needs of residents.

Evidence was collected to help us understand the impact of this pathfinder, including:

- A mixture of face to face and telephone interviews with key staff at the beginning and end of the intervention period (with light touch contact in between).
- A short questionnaire administered to a mixture of staff who worked across the 8 care homes at 2 timepoints. The first questionnaire was completed by 42 members of staff, and 12 completed a follow up around four weeks later. (Follow-up responses are low due to data collection being around the time of the COVID-19 outbreak. This meant that only a few members of staff across each care home completed the survey at the second time point.) The questionnaire included 6 closed ended questions, where people gave a score of 0-10 on the following themes: how digital is used to support their role, the extent to which staff felt supported to use digital at work, perceived importance of supporting residents to use digital, feeling more confident and more motivated to use digital and experience of using a variety of digital tools at work.

The intervention model was focused on empowering staff to feel more supported, knowledgeable and confident to use digital in the workplace, to improve their own work life balance, and the wellbeing of residents. It was overseen by the Director, and coordinated by two Primary Care Training Managers.
Redmoor Health’s existing reputation around supporting health and social care professionals to benefit from digital was useful in securing organisational level buy-in from a care provider (which had identified a need to support their staff with digital in the workplace).

As care home staff may struggle to make time to find ways to incorporate digital into their role, it was important to ensure the intervention fitted into their lives. This was achieved through ensuring the intervention was tailored, convenient and flexible:

- **Tailored:** the intervention was designed to fit around the work environment of staff. The Training Managers met with matrons in each care home. A visit was then carried out to each to find out what staff were already using and to observe the day to day challenges faced by residents. The team also visited head office to understand strategic priorities.

- **Convenient** all training and subsequent visits were carried out across the care home settings.

- **Flexible** staff offered ongoing, ‘light touch’ support when needed, to staff at all levels, at times that worked for the care home.

The intervention model aimed to ensure that over time, staff would be more likely to use digital in the workplace as their skills and confidence increased. Staff had a say in the kinds of digital introduced through the pilot. Staff were keen to improve the wellbeing and reduce the loneliness of residents through enabling them to enjoy hobbies, interests and connect to family. Particularly popular options identified at the introductory sessions included VR headsets, Alexa, Fitbit, condition focused and fall prevention apps, tablets and video conferencing and social media platforms.

A key enabler was that staff themselves reported that they were very keen to use digital to support their work environment, scoring their motivation to use new digital devices and software at 9.42 out of 10. This suggests the provider had accessed the support offer at an opportune time, and set the right conditions for change.

**Impact and insights**

A total of 140 staff members, including managers, matrons, activity coordinators, health workers, care assistants and cleaning staff across the 8 care homes attended the training sessions and around 300 residents benefited from the pathfinder through being supported to use digital. Through this pilot, improvements were seen in self-reported confidence among care home staff to use digital in their day to day work; and in staff perceptions of wellbeing benefits to care home residents.

**Increased support and confidence to use digital in the workplace**

Though confidence was reasonably high at the outset, staff were more likely to feel they needed support to use different digital devices. The table below provides average scores across each question for staff who completed the survey at both timepoints. The follow up surveys are based on responses from activity coordinators, managers and matrons across the 8 care homes which participated in this pathfinder.
Table 1, responses based on average score across two timepoints

<table>
<thead>
<tr>
<th>Questions</th>
<th>Average Score (scale of 0-10)</th>
<th>Timepoint one (sample 12)</th>
<th>Timepoint two (sample 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you use digital to support your role?</td>
<td>7</td>
<td>8.3</td>
<td></td>
</tr>
<tr>
<td>To what extent are you supported to use digital in your role?</td>
<td>5.33</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>How would you rate the importance of digital in supporting your patients/residents?</td>
<td>8.5</td>
<td>8.8</td>
<td></td>
</tr>
<tr>
<td>How confident are you at using digital devices and software at work?</td>
<td>7.5</td>
<td>8.9</td>
<td></td>
</tr>
<tr>
<td>How motivated are you to learn how to use new digital devices and software at work?</td>
<td>9.42</td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td>How much experience do you have at using a variety of digital devices and systems at work?</td>
<td>6.9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

When talking to staff, an initial blocker was identifying how the digital devices that they used in their personal lives could be employed differently to support their professional role. Following the support, staff said they felt more confident using digital (where the score increased from 7.5 to 8.9) and that they were more likely to use different types of technology (increasing from 6.9 to 8). Staff members who completed a follow up survey were also more likely to say they used digital to support their role (which rose from a baseline score of 7 to 8.3 four weeks later). Introducing digital through training and development sessions has proved particularly effective.

The pilot helped staff to view the digital devices they were familiar with using at home in a different way: “Some staff were initially confused about the idea of adopting digital in the workplace, but once staff were shown how the digital devices they were used to at home could be incorporated into the workplace, they became more confident.” (Staff Member)

Specific examples of re-purposing devices included using an Alexa that was already on site to play games and do quizzes with residents, and using Facebook to create a social media presence. All the care homes now operate a Facebook page, which is used to promote fundraisers and recruit staff, as well as to update families. Staff are receiving ongoing support to set up internal Facebook groups, where teams can learn from each other about particular health conditions. As well as ‘re-purposing’ the familiar, staff at a few of the participating care homes felt encouraged to try new digital devices to support their role, such as video conferencing.

As a result of the intervention, staff are increasingly adopting digital as a way to learn about health conditions, which they then use to better support the health of care home residents. For example, two care homes are now using ORCHA and Fitbit to support them to support health needs of residents:

- **ORCHA**: is a digital system which rates different health apps and makes it easier to find the right app for a specific condition. Staff in one care home were trained to use this. They downloaded a range of NHS approved apps on long-term conditions that the residents they support are living with, and are using these to offer more tailored support.

- **Fitbit**: Staff in one care home were supported to use a digital watch (Fitbit) as an indicator of blood pressure for those residents who become agitated when a more traditional measure is used. This made it easier for staff to read pulses, and it is also being used to measure movements during chair exercise sessions.
Residents are supported to use digital to improve their quality of life

The 42 staff members who completed the survey at the outset agreed that it was important to support care home residents to use digital (average score of 8.62 and half scoring this a maximum of 10). Yet – and significantly – staff were far less likely to actually use digital in the workplace (an average score of 5.79), or feel they were supported to do so (at an average of 5.52, with one third reporting very limited levels of support, at a score of 3 or less).

Staff were keen to explore how digital could contribute to resident wellbeing. Staff were shown how equipment such as Alexa, iPads and VR headsets can be part of everyday activities, where residents can be encouraged to find a new hobby, connect socially with family and friends, and use digital to support practical tasks.

Care staff talked about how introducing digital into everyday activities had improved the lives of residents. For example, staff are now supporting residents to use Alexa across all the care homes for different purposes, including to set reminders or to listen to music. Activity Coordinators have incorporated Alexa into some of their sessions: “[we are] using Alexa for memory games, it can also do a guess the music game, you can select the artist, genre, or time period, it works really well for people” (Staff Member).

Through these activities, staff and residents are becoming more accustomed to having a digital presence. One care home now runs ‘Techie Wednesdays’ for residents each week. Residents are also being supported by staff to use Skype to keep in touch with relatives who live far away, which staff felt was helping to reduce loneliness. A resident who was unable to get out of bed was able to use a tablet to enjoy “movie night”, which a staff member felt had improved their quality of life.
CASE STUDY: Staff support care home residents to benefit from digital

Staff across the 8 participating care homes talked about how the project encouraged them to support residents to benefit from a range of digital tools and platforms, including VR headsets, Fitbits, iPads, Amazon Alexa and Skype. An operations manager explained that Century Healthcare were keen to work with Redmoor Health to identify ways in which staff could effectively introduce digital to residents:

“Everything we do is about improving the wellbeing of our residents and enhancing their lives. We’ve got a very mixed range of residents, some with dementia, some with mobility issues and we also have some end-of-life patients.”

Some staff felt that residents had been given “a new lease of life”, another referred to an observed improvement in “overall quality of life”. One of the residents agreed:

“When it comes to technology I’m willing to give anything a go. Every experience is good. As you get older it’s important to try new things.”

Staff across two of the care homes talked about how VR was used effectively to support reminiscence:

“Residents can do a virtual space walk or swim under the sea. We have a number of end-of-life patients and if they want to go on a rollercoaster or walk on the beach one last time the VR headsets can recreate that.”

“It’s just been the 75th anniversary of the Holocaust and a 94-year-old resident mentioned it so we were able to download a virtual tour of Anne Frank’s house. It was really thought-provoking.”

All the care homes plan to keep the digital vibe going moving forward, with one explaining how digital had become part of a regular slot, called “Techie Wednesdays”. A matron based at one of the care homes talked about how Alexa had become part of the everyday life of her care home:

“The Alexa has made a big difference. Residents will ask for a ‘bit of Elvis’ when they’re having their dinner. We encourage them to interact with Alexa and ask questions. They’ll ask about the weather or what time it is. I asked one resident what she wanted for dinner and she replied ‘I’ll ask Alexa’.”

As well as residents, staff were learning more about technology too, and using this to offer further support to residents and their families:

“It’s a learning curve for staff...but after getting involved we started a Facebook page for all of the homes so we can update residents’ families.”

Though some residents had more enthusiasm or ability to use digital, most could be supported in some way to use digital to enhance their day to day lives.
Chapter 5

Insights from the Community Integrated Care Pathfinder

In Newcastle, Community Integrated Care is one of the UK’s largest health and social care charities. It has been working in residential settings for people with learning disabilities to test ways of increasing adoption of digital through formal work-based tasks, as well as to improve the wellbeing of patients. The pathfinder is running across five residential settings and is overseen by a Support Coordinator.

Design and Activities

An initial visit to some of the residential care home settings was carried out to explore the ways in which digital can work for staff and residents – informing the intervention model and Theory of Change. These identified that:

- Both training, as well as ‘light touch’ support, need to be offered on an ongoing basis.
- There is a need to work with service managers across residential homes to support them to mentor staff where there is an identified digital need (this may be identified through supervision), helping staff to increase confidence to use digital in the workplace.
- At times IT staff should provide targeted training to respond to specific needs identified by staff.

The pathfinder aimed to upskill staff, initially to support them to use digital to carry out basic work-based functions, before building the confidence to use it for wider work tasks, such as using social media platforms to share learning, and help residents improve their lives through using digital.

This pathfinder had three intended outcomes:

- Staff feel more supported to use digital in their working environment.
- Staff feel more confident using digital in their working environment.
- Staff are better enabled to support the social and health needs of residents.

Data collected to help us understand the impact of this pathfinder includes:

- A phone interview with key staff at the start and end of the period (with light touch contact in between).
- A short questionnaire, which was completed by 16 members of staff across 5 residential homes at the end of the period. The questionnaire included 6 closed ended questions, where people gave a score of 0-10 on the extent to which the pilot had led to: being more likely to use digital to support role, try new digital based applications, being more likely to support residents to use digital, feeling more confident using digital at work and feeling more motivated to learn how to use digital at work. There was an optional open question about how the pathfinder led to changes in staff use of digital.
- A measure of change in staff behaviours through recording staff logins.

A key difference between the Community Integrated Care model, when compared to Redmoor Health, was that the Support Coordinator supported other staff to help embed digital in the workplace, rather than providing training and support directly. Aside from this, the main design principles of ensuring the pilot was tailored, convenient and flexible were adhered to.
• **Tailored:** to ensure the offer was timely, the support offered was tailored to each care setting. Community Integrated Care provided initial training, and then ‘as and when’ training through IT staff. Initial exploratory visits revealed varying levels of digital skills and confidence of staff. The Coordinator’s role was to identify where staff required digital skills-based support, and then liaise with senior operational and IT staff across the homes to meet this need.

• **Convenient:** initial sessions took place in communal areas in each assisted living scheme. This made them very easy for staff to access.

• **Flexible:** more formal IT support was supplemented with ensuring staff had access to ongoing advice and help if needed, through their line manager and supervision sessions.

This pathfinder was driven at the organisational level, where Community Integrated Care identified a need to embed digital across their residential homes. The provider had moved toward digitalisation, introducing digital tools to book training, leave, report challenging behaviour and an online payroll systems. Staff were not all embracing this way of working. Some staff found ‘work arounds’ such as asking colleagues to print off information or carry out the task for them. Community Integrated Care therefore identified that staff needed not just training but ongoing support. Community Integrated Care also wanted to support staff to embrace online communication and social media to support organisational and peer to peer communication and learning. The project also coincided with implementation of a WiFi programme across the Community Integrated Care footprint.

### Impact and Insights

A total of 44 staff members were supported.

To help us understand how digital was being embedded across the care homes, staff were asked to complete five questions. Each question was close ended, and on a scale of 0-10 (where 0 means ‘strongly disagree’ and 10 means ‘strongly agree’). Sixteen staff members responded, and their responses indicate increased use of digital following support from the pilot, and feeling confident (see the table below).

#### Table 2

<table>
<thead>
<tr>
<th>Question</th>
<th>Average score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am more likely to use digital to support my role</td>
<td>8.5</td>
</tr>
<tr>
<td>I have tried new digital based applications</td>
<td>8.69</td>
</tr>
<tr>
<td>I am more likely to support residents to use digital</td>
<td>8.38</td>
</tr>
<tr>
<td>I feel more confident using digital devices and software at work</td>
<td>7.75</td>
</tr>
<tr>
<td>I feel more motivated to learn how to use digital devices and software at work</td>
<td>8.13</td>
</tr>
</tbody>
</table>

**Increased support and confidence to use digital in the workplace**

Among those responding to the questionnaire, staff were more likely to use digital to support their day to day work role, with an average score on the scale of 8.5, with all bar one agreeing that this was the case (with 14 care staff scoring 8 or higher). Care staff also agreed that the pathfinder had helped increase their confidence to use digital at work (with 11 scoring this a 9 or 10 on the scale). All bar one care worker said they had tried new digital based applications.
At the beginning of the pilot, a significant minority of staff did not feel able to use digital to carry out work-based tasks: “The payroll and rota systems are electronic and staff have to log on to get access to them, [staff] were previously getting around the system in some way, they were technophobes and managers were printing it off for them” (Staff Member)

As a result of running the project, Community Integrated Care have recorded an increase in use of the work-based electronic system (identified through monitoring individual log-ins across care homes). Of the five participating residential homes, all bar one (where log-ins were already 100%) had an increase in staff logging in to the electronic system, with all bar one showing that all staff were now doing so. It was reported that this is because line managers are now taking the time to ensure staff who are struggling have access to basic digital skills if needed, rather than tacitly allowing them to continue finding alternative, non-digital, solutions.

### Table 3, Record of Staff Online Digital Log-in

<table>
<thead>
<tr>
<th>Residential setting</th>
<th>Staff online log-in prior to intervention</th>
<th>Staff online log-in after period of 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential setting 1 (4 staff)</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Residential setting 2 (10 staff)</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Residential setting 3 (6 staff)</td>
<td>72%</td>
<td>82%</td>
</tr>
<tr>
<td>Residential setting 4 (10 staff)</td>
<td>85%</td>
<td>100%</td>
</tr>
<tr>
<td>Residential setting 5 (14 staff)*</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*This setting was more digitally connected at the beginning as piloted an electronic support plan system

Staff are also using digital to support ‘non-essential’ tasks, including using a discussion platform to share learning with colleagues: “We supported staff to use YAMMER, who are now starting to use this more. Some work with people who have a range of mental health issues, so they use it to get support from other staff.” (Staff Member)

Staff gave examples of where digital had improved their personal life too, such as one who now carries out her shopping online and a few others who have downloaded and started to use new apps.

Some staff with low digital skills were very positive about being supported to use the free online Learn my Way sessions on the Good Things Foundation website: “the website has links to help people budget, we shared that with staff... then some of the staff came back to say this was useful, and that they used it for residents, but also for themselves.” (Staff Member)
Residents are supported to use digital to improve their quality of life

Most of the 16 staff members who completed the follow up survey said that as a result of the intervention they were more likely to support residents to use digital, with an average score of 8.38 out of 10. Though motivation to support residents was high, staff recognised there would be challenges, especially supporting those who struggle to communicate. Staff were reassured that they did not need to be digital experts themselves and that digital should not be viewed as an ‘add on’ to the role, but rather, a tool that can offer additional ways to support residents.

Supporting residents to use digital was viewed as a long-term ambition, once care staff felt more comfortable and confident getting online: “A massive drive to running this pathfinder was to support staff to help residents...we are still scratching the surface, building confidence of staff and services.” (Staff Member)

One staff member felt there would be a shift from a few staff driving the ambition to ensure residents could benefit from digital - to more staff giving this a go, as their own familiarity with digital increased. Positive indicators of this included a care worker who is now supporting a resident to use a tablet to maintain skills and enjoy hobbies, through accessing a free piano app to help dexterity and Google street view to find wheelchair-friendly holiday destinations. Care workers in another home were supporting residents to use digital to watch YouTube videos, book concert tickets and read up on history.

Supporting residents also helped some staff develop their own digital confidence, as one put it: “I feel that I can use digital to find information for the service users, this has made me feel confident and knowledgeable to use digital in my role of work.” (Staff Member)

Provision of equipment can also be effective. For example, one care home installed WiFi and provided staff with iPads, alongside ongoing training on how to use them. Another care home purchased an advocacy app, and another is looking to purchase digital communication aids.

Providing staff with practical ways in which digital can benefit residents can increase the likelihood that they will continue to embed digital, both in terms of carrying out digital tasks in their own role, and to support improvements in the quality of life of residents.

CASE STUDY: Sandra is supported to use digital

Joyce, a care worker based at a participating residential home, has been helping one of the residents, to use a tablet to improve her health and enjoy hobbies. This includes a free piano app to help Sandra with her dexterity:

“Sandra has fun doing her exercises now. It doesn’t even feel like work for her”

Joyce has also been supporting Sandra to use Google Street View to look at holiday destinations to make sure that they are wheelchair friendly and that they have a good club for the evening, as well as supporting access to YouTube videos which can be watched through the TV:

“Sandra can’t stay in the chair for too long, so having something that she can use in bed has made a huge difference”

Being supported to use digital has made a real difference to Sandra’s life – as Joyce puts it:

 “[Her] world has opened up. We are going to different places and doing different things all the time”
Chapter 6  
Insights from Digital Health Champions training pilots

Three community-based organisations in the ‘online centres’ network supported by Good Things Foundation – Zest, Starting Point, and DBC Training – ran a series of one-off Digital Health Champion training sessions. These aimed to get NHS staff to consider how they can help colleagues and patients to use digital. Desired outcomes included benefits for health care staff and for the capacity of online centres to offer training.

Design and Activities

The training content and materials were developed by Good Things Foundation through a co-design session with NHS staff. Materials included a workshop template and facilitator specification; as well as supporting materials such as top tips; case studies and a digital health guide.

Each online centre aimed to deliver 2 or 3 sessions, and engage around 50 health and social care professionals (so a total of 150). Newly trained Digital Health Champions would support colleagues individually and at an organisational level, ultimately leading to a ripple effect, where staff would feel confident enough to support patients or service users to benefit from digital.

The project had 3 intended outcomes, co-developed with the community organisations:

- Staff feel more supported and confident to use digital in the workplace
- Staff are enabled to support colleagues, patients/residents and their organisation to embed digital
- Capacity to deliver training is increased for the local online centres.

Data collected to understand impacts includes:

- A short questionnaire administered to people who attended the training at 3 timepoints (prior to training, immediately after and one month later). This had 6 closed questions, where people gave a score of 0-10 on the following themes: how often they used digital to support their role, extent to which they felt supported to use digital at work, perceived importance of supporting residents to use digital, feeling more confident and motivated to use digital at work and experience of using a variety of digital tools. The survey was administered by two of the three online centres.

- Reflective evaluation workshops with project teams at two timepoints

- Information gathered through ‘pledges’ provided by staff and through feedback from attendees.

A first co-design workshop was held prior to training sessions to understand:

- How the work of each online centre fitted within their respective local health and social care ‘ecosystems’
- How existing links could potentially support promotion and recruitment
- Expectations around how sessions would be delivered
- How to capture evidence of impact (including co-producing a short questionnaire).

A second workshop took place near the end to share reflections on promoting, running and evaluating the sessions, with a focus on barriers, facilitators, and learning.
The intervention model was for community-based ‘online centres’ to run one-off training sessions to support health and social care staff to be Digital Health Champions, including certification. The expectation was for this to be a springboard for people to promote the benefits of digital, and take a more active role in supporting their colleagues and also patients and service users to use digital.

A key enabler was the strength of existing relationships with health and social care: “it is easy to set up if you know the right person”. This might be through existing provision (including training) with local health professionals, co-location with community nurses or with a GP surgery, referral processes through social prescribing link workers, sitting on strategic boards with the NHS. All referred to the importance of maintaining light touch, informal contact with key health stakeholders.

One used an existing link with a local GP to ask them to promote sessions through their networks. Another was able to recruit staff from the local NHS team, who were keen to embed digital in their services and where senior managers strongly encouraged staff to sign up to sessions. In one area, the Digital Health Champion training offer was well-timed, as a number of local health organisations were interested in exploring the role digital should play in their future delivery plans.

While delivered in different ways, all the workshops were geared toward helping staff examine their own attitudes to digital, identify the barriers faced (by staff and by patients or service users), take practical steps to overcome these, and support a more digitally ready workforce. These sessions did not provide training on essential digital skills (and this was a gap for some staff with low skills).

**Impact and insights**

The questionnaires administered prior to and immediately after the initial training were completed by 56 attendees; 36 attendees completed the survey at all three timepoints. The table below is focused on the 36 attendees and provides average scores across each question for the three timepoints.

As some attendees said they had fairly high-level digital skills, we expected some average scores to be high. Even so, the responses indicate improvements across all timepoints.

**Table 4. average scores across the three timepoints (sample 36)**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Timepoint one</th>
<th>Timepoint two</th>
<th>Timepoint three</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you use digital to support your role?</td>
<td>7.31</td>
<td>N/A</td>
<td>8.00</td>
</tr>
<tr>
<td>To what extent are you supported to use digital in your role?</td>
<td>7.31</td>
<td>N/A</td>
<td>8.00</td>
</tr>
<tr>
<td>How would you rate the importance of digital in supporting your patients/residents?</td>
<td>8.81</td>
<td>9.33</td>
<td>9.31</td>
</tr>
<tr>
<td>How confident are you at using digital devices and software at work?</td>
<td>8.03</td>
<td>9.08</td>
<td>9.19</td>
</tr>
<tr>
<td>How motivated are you to learn how to use new digital devices and software at work?</td>
<td>8.94</td>
<td>9.33</td>
<td>9.44</td>
</tr>
<tr>
<td>How much experience do you have at using a variety of digital devices and systems at work?</td>
<td>7.72</td>
<td>8.56</td>
<td>8.78</td>
</tr>
</tbody>
</table>
Staff feel more confident and supported to use digital in the workplace

Some attendees referred to barriers that prevented them from using digital themselves or conveying the value of digital to others. This included the need to build confidence and “dispel my own fears”, a lack of access to digital equipment (such as iPads), feeling unable to discuss digital needs with line managers, and struggling to dedicate time to patients or service users who lack basic digital skills.

The questionnaire responses showed an increase in confidence through attending sessions, which was maintained a month later (recorded confidence prior to the intervention was 8.03, increasing to 9.08 after the session and 9.19 a month later). When asked, some staff said they had not recognised how much they already used digital on a daily basis:

“Although I am not I.T. trained and only have self-taught basic skills in this area of my work I think the workshop made me aware that I underestimated how often I use digital resources to support clients.” (Health Trainer)

One of the trainers found it helpful to be open about the limitations on their own knowledge, putting others at ease too: “I was apprehensive as I am no expert, but I told the audience this, that the purpose of the session was not to train, but to explore.” (Staff Member)

There was a small positive increase in people feeling supported to use digital in their role (from 7.31 to 8). A high number of staff scored a maximum of 10 when asked about the level of support they received for this, likely due to the high proportion of attendees already using digital frequently. To assess change for those who felt less supported to use digital, we looked at the 12 attendees who scored their perceived level of support at 9 or less at the outset, with an average score of 5.25. This increased to 7.33 across the 4-week period. Though we cannot report on all possible reasons for this increase, it suggests that some attendees took action that helped them to use digital. For example, one described feeling more confident to ask their line manager for help:

“Since attending the day, it has made me more aware of online services to use. I have asked my Manager for a tablet to use to support clients in my role, I think it will be beneficial for myself in time management and for my clients for motivation.” (Senior Health Trainer)

Some were keen to receive recognition for the digital support they already provided in the workplace:

“Some had already supported patients with digital in the workplace, but receiving the badge and lanyard gave this legitimisation, it formalised what they were doing already” (Staff Member)

“Front facing staff are already promoting apps, but they wanted a certificate to show what they were doing” (Staff Member)

Ensuring health and social care professionals are enabled to use their increased knowledge or confidence to embed digital in the workplace requires offering something that can get organisational buy-in, and that also attracts staff. Badging the training as being part of professional development, where attendees are provided with lanyards, badges and certification, seems to have been helpful.
Staff are enabled to support colleagues, patients and residents to use digital

Supporting people to become a Digital Health Champion is about giving them confidence and motivation to enthuse colleagues and patients or service users to give digital a try. Attendees generated ideas and planned actions, such as:

- Introducing informal drop-ins to talk about digital concerns
- Introducing an ’app of the month’
- Getting digital on the agenda at regular staff meetings
- Setting up internal training days
- Surveying staff to find where digital upskilling is needed
- Working with IT teams and developers to respond to colleagues and patient need

These ideas reflect high motivation scores at the outset, at 8.94. Even more promising is that this high baseline score continued to increase immediately after the training, and when asked again a month later (up to 9.33 and 9.44 respectively).

Though we did not set out to collate information on assessed impact with patients/residents, this was certainly an area that health professionals were keen to develop, indicated through the ‘pledges’ they made after the champion training session. This included listening to what matters to patients to “offer what is needed, not what you think is needed”. While attendees recognised the importance of working with patients and residents at the outset, the training sessions helped to increase this commitment (from 8.81 to 9.33 one month later).

Attendees wanted to raise awareness of health-based apps (especially the NHS app, also others in the NHS app library or online platforms such as Recap Health) among patients and service users, but also their colleagues, friends and relatives. For health and care professionals who were already championing digital, the Digital Health Champion training sessions created a valuable space to swap information and ideas. There was less enthusiasm among those who had not used health apps before.

The centres identified at the outset the importance of engaging those who can help make change happen in their organisation, recognising the need to reach those in senior roles: “Who has more influence, who can help change happen, it is usually better to go higher up, as this enables quicker access. If you go to a practice nurse, they may be on board, but they will probably need to get their managers approval to get the go ahead” (Staff Member).

One attendee identified many barriers to embedding digital in his role, but chief amongst these was a lack of senior buy-in and no managerial support. By the end of the session he felt motivated to talk to his line manager to advocate for introducing digital into the workplace.

Mixing both strategic and frontline staff in sessions brought benefits. In one session, raising awareness of the challenges faced by those who work directly with patients then led to strategic staff agreeing to take action to illuminate this: “Though [strategic staff] felt the training wasn’t for them, it gave them insight into the barriers that frontline staff may face, which some were surprised about. This got them to reflect on what resources need to be available to support frontline staff.” (Staff Member)
Capacity to deliver training is increased for the local online centres

In the final workshop with Good Things Foundation, the three community organisations identified the following insights for others wanting to provide digital champion training to health professionals:

- **Give regard to the scale of the offer:** Linking in with key health and social care services worked well, but had challenges. For one centre, a high level of interest had unintended effects: “What snowballed into being a borough wide effort then ground to a halt because of the bureaucracy of working with such large organisations/departments. Trying to get the momentum going proved hard when we had to juggle multiple calendars and things that were out of our hands”. Running initial sessions with a smaller organisation can be helpful when trying something out. Positively, this centre is now likely to support Digital Health Champions on a longer-term basis.

- **Be clear about the offer:** To ensure attendees get the most out of the training, thought is needed around who it is suitable for, and where it will be most effective at leading to change. In one session, some attendees felt they had not learned anything new. One centre ensured expectations were clear through promoting the purpose as ‘exploring digital health’ rather than ‘training on digital skills’: “the idea was that [attendees] understood that they would not be learning how to become a digital expert, but rather, how to support others.” (Staff Member). So the role of the Digital Health Champion may be more about signposting to relevant digital health support. One centre encouraged attendees to think about different ways of supporting patients (e.g. encouraging those proficient in using smartphones to support people to use tablets or access apps). Tailoring to the organisation and the individual can be challenging, as needs and motivations can differ: “It’s important to have the right people there, that they are there because they want to impact on digital, not because they have been sent by their boss” (Staff Member).

- **Be clear about the level of digital skills:** Overall, the Digital Health Champions training sessions most benefited staff who wished to gain recognition of the digital support they already offered, and/or staff who already applied digital to some extent in the workplace. These sessions were less helpful for those with limited digital skills. It is important to support those staff with low or limited digital skills to attend training sessions around this.

- **Give regard to the method of delivery:** One online centre was keen to work with staff based in residential settings, but identified that a longer-term approach would be needed: “It is more challenging with care homes, staff can be transient and it is difficult to pin them down for training” (Staff Member). As staff generally needed to travel to attend one of these Digital Health Champion training sessions, it was less suited to those who may struggle to leave their workplace. The provision of on-site, ongoing support was felt more likely to support residential care staff to become Digital Health Champions (as identified in the Redmoor Health and Community Integrated Care pathfinders).
Chapter 7

Sustaining positive change beyond the pilots

The one-off Digital Health Champion training sessions were intended as a springboard to encourage attendees to support their colleagues and patients. Systematic follow-up of individuals was beyond scope, but promising feedback was received. Senior buy-in on the part of health and social care organisations will, however, be needed to prevent initial and individual enthusiasm from fizzling out.

The most promising sign of sustainability for the Digital Health Champions pilots lies in the new relationships (and strengthened existing relationships) with CCGs, GP practices, public health and care homes. All three community centres plan to use the Digital Health Champion training materials in future and have routes to do this (including being commissioned to run extra sessions, and taking the learning forward through a relationship with the local CCG).

For the pathfinder projects run by Redmoor Health and CIC, success was felt to be achieved if staff increased their own use of digital, and felt more confident to share their knowledge to support peers and care home residents to use digital. Based on evidence collected, the main intended outcomes were met, with the number of staff and types of digital use expanding across the care homes. Even staff who had not been involved in the initial training sessions were being encouraged by colleagues who had been involved - evidence of a ripple effect, and essential for creating a digital-ready culture.

The residential care homes supported by Community Integrated Care had already developed digital systems, yet the confidence and skills of some staff had lagged behind. What this pathfinder achieved was ensuring these staff were given the time and permission, with support through supervision and IT help, to take advantage of the benefits that digital can bring. As nearly all staff are now recorded as using online systems, this indicates a good chance of being sustained. It will be important to build this into induction sessions of new staff.

Organisational level buy-in was a catalyst and enabler; but ensuring that staff at all levels see the value in using digital themselves is key to sustainability. Asking staff for their views on the technology they wanted to use was important, as well as tailoring support to individual care homes. Staff appeared motivated to use digital, and motivation levels increased. The mix of formal training and ongoing light-touch support was valued: “Staff can just get in touch with us, we can pop around if they need us, this keeps up momentum, helps them to build skills over time” (Training Manager, Redmoor Health), alongside incorporating digital skills into staff training and supervisions with line managers.

A ‘whole care home’ approach means supporting residents as well as staff to use digital. The use of digital by residents was identified as an outcome to be achieved through supporting staff to become more confident. More could be done to explore direct support for residents to use digital – such as ‘Techie Wednesdays’ run in one care home, and providing equipment and connectivity. While WiFi access was generally considered good, connectivity was nevertheless an issue in some settings.

Both the ‘care home’ pathfinders were run by organisations with an established infrastructure. Redmoor Health is experienced at offering training and trusted in the area. Community Integrated Care already supports the participating care homes. Both plan to continue support and are looking to scale.
Conclusion

These pathfinders shared a belief that supporting health and social care professionals and staff to use digital will benefit their work and the health and wellbeing of patients and service users. Each demonstrated ways in which staff at different job and digital skill levels can apply digital in some way, and that the right support, at the right time, can increase staff motivation. There were examples of introducing staff to devices and tools to save them time, support them to learn, and to improve quality of care and life. Raising awareness of different NHS approved health apps was often valued by staff.

It is important to give regard to what can realistically be achieved. Feedback from the Digital Health Champion projects suggested that Digital Health Champions would be best viewed as a signposting role, especially for those who may only have a few minutes to spare. This may be through promoting an NHS approved app to those with digital know-how, and signposting those with low or limited digital skills to local digital inclusion support or free online resources (such as Learn my Way), perhaps via social prescribing link workers. These are as relevant to staff as to patients and service users.

An enabling factor was that participating providers were committed to supporting staff to feel motivated to use digital, through recognising the value of digital to their time and to the wellbeing of patients or service users - rather than for its own sake. This is reminiscent of the point made by The Kings Fund (2018) that to embed digital in the workplace, it is crucial to support management of culture change alongside introducing technological advances. All enjoyed some senior buy-in, critical to ensuring staff are supported to receive required training and access necessary equipment, including addressing practical barriers about connectivity and coverage.

There is a need to ensure that frontline staff are sufficiently supported to become part of a strategic vision. Staff participating in the Digital Health Champion project were keen to link training to professional achievement, such as receiving certification, or as a way of having something to show for the digital support they already embedded into their role. Those who benefited most already used digital in their workplace. Conversely, some staff required support with their own basic digital skills, before they could appreciate its value to their role. A mix of formal training plus informal, light-touch and ongoing support is likely to be more effective in helping less confident staff to give digital a try.

Finally, and importantly, because the evaluation of the Redmoor Health and Community Integrated Care pathfinders continued over a longer time period, it was possible to identify not only benefits to care home staff but also to care home residents. While the use of digital by residents was identified as an outcome to be achieved through supporting staff first, there is an important question about how and whether more can be done to provide direct digital inclusion support for care home residents - including those with learning difficulties, living with dementia or other long-term conditions - as part of a holistic approach to providing digitally-enabled health and care support.
References


Topol Review (2019), ‘Preparing the healthcare workforce to deliver the digital future: An independent report on behalf of the Secretary of State for Health and Social Care, NHS’.
Acknowledgements

Special thanks to:

Community Integrated Care (CIC)
DBC Training, Derby
Redmoor Health
Starting Point, Stockport
Zest, Sheffield

Dr. Sarah Alden who supported the evaluation research and report writing
For more information about the project, contact Good Things Foundation on:

e: research@goodthingsfoundation.org
t: 0114 3491619