



Who's Missing Out?

Connecting People in Residential Care

REVEALING REALITY

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Executive summary

Understanding the lives of people living in care

This report presents findings from a study that aimed to better understand the needs and experiences of people living in residential care in relation to communication services and technology. The full method for the work is in section 1 of this report.

The project was commissioned by Ofcom's CCP (Communications Consumer Panel) to understand the lives of people like Fiona and Jimmy. Fiona – a woman with a large family and a range of interests – went into care hoping to stay connected to the outside world. However, because of issues with her home's Wi-Fi, which were entirely out of her control, this didn't happen. As a result, she has been left more isolated and digitally excluded than she and her family had planned.

This is an entirely different experience from someone like Jimmy – who after a tragic accident was left paralysed from the neck down. Luckily, Jimmy's friends and family have been able to make sure he has the necessary measures in place to maintain connection with the world outside his care home. An Amazon Echo has enabled him to maintain some "independence", manage his mood and maintain a link to the things he is interested in.

This research aimed to learn from experiences like Fiona's, where a range of barriers meant her connection needs were not being met, and to identify how relevant parties – residents, friends and family, care home operators and staff, communications providers, and regulatory bodies – can work to address these barriers to make experiences of living in care closer to Jimmy's.

Specifically, the research focused on adults living in care, including those with additional needs in relation to physical and sensory impairment, learning disabilities, poor mental health, dementia, old age, or nursing care.

The research took place in spring 2021, and was conducted remotely due to the COVID-19 pandemic. It involved telephone and video interviews with experts in the field, care home managers, and residents themselves. Alongside this, we also conducted remote focus groups with residents' friends and family, and staff working in care.

A qualitative approach was chosen in order to enable researchers to obtain a detailed understanding of the complexity of each respondent's situation. Though this means the project had a smaller sample of around 60 people and was not representative, researchers were able to explore the context to each respondent's situation, go into detail about their behaviours and attitudes, and understand more about their decisions and why they made them.

The current care landscape has a lot of unmet need around connection

This research found significant variation in the degree to which residents living in care homes were able to connect – to their loved ones, to their hobbies, to entertainment, to the outside world.

Across all four nations this was demonstrated by a huge amount of unmet need. Due to poor connectivity in their home, many residents were digitally excluded and ended up in a state where they weren't connected to and couldn't participate in the outside world. This had significant implications for their quality of life.

Throughout this report, we will make regular reference to **connection** and **connectivity**. It is important to make a distinction between the two terms:

Connection is the outcome. It is what a resident has when they are connected to their friends, family, passions, interests and to the world more broadly.

Connectivity is all the different elements that are needed to ensure that someone ends up connected. This could include:

- The availability, affordability, security, flexibility and reliability of communications services and technology/devices
- Skills, confidence and time to make the most of these services and technology

Many homes were offering a basic package for connectivity, allowing residents to access communal landline phones and often unreliable Wi-Fi. Some residents also had family members who had taken the time to help them establish their own connectivity services, going as far as putting new Wi-Fi networks into their rooms, buying them mobile phones, and providing voice technology.

However, true connectivity was only accessible to some, most often those who still had strong links with friends or family who were able to identify their need and who had the imagination to find something that worked for them. Most people we spoke to did not have these kinds of imaginative and need-focused people close to them.

What's more, residents themselves were often expected to be the drivers of improvements around connectivity, sometimes supported by family. Care home staff often reported that changes were only made when a resident themselves requested something new or different.

Conceptual, structural, and practical barriers all inhibit the prioritisation of connectivity within residential care

Residents' unmet needs around connection stems largely from a lack of prioritisation around connectivity by both the residential care sector and also external parties – such as regulators and the communications and technology market – who could be playing a key role in driving change.

The research identified a range of conceptual, structural, and practical barriers which were all inhibiting the prioritisation of connectivity in residential care.

Conceptual barriers

Perhaps the most significant barrier to prioritisation was a lack of **imagination** about what *could* be done to meet people's needs through better connectivity.

Without an understanding of what residents' unmet needs are, why connectivity matters (e.g. how residents' lives could be transformed through improved connection), and what the potential solutions to meet those needs might be, it is very hard for care homes to prioritise connectivity.

Imagination is required to identify current problems in provision, conceive of what improved connectivity could look like for residents, and identify the services and technology required to get there.

For example, having access to certain kinds of communications services and technology/devices is one thing, but without the imagination to know how these can be best utilised, residents' needs will remain unmet.

Structural barriers

No single party in the care system, be it communications and technology providers, residents, family and friends, frontline staff or management, seemed to be fully aware of the benefits of connectivity, to have responsibility - or to be willing to take responsibility - for pushing for all the elements of connectivity that could help residents become more independent and have a greater quality of life.

This reluctance to take responsibility was compounded by a lack of **measurement** when it came to connectivity in residential care. While some changes are happening in terms of wider benchmarks around connectivity in care – in Scotland, for instance^{1 2} – most care home management teams and care home staff had a limited picture of what good connectivity looked like. In fact, many homes were happy with their current connectivity offer, despite there being clear opportunities for improvement.

This meant that, in many cases, connectivity was far more limited than it could be. For example, management teams who were unable to imagine why improved connectivity was important, or what this would look like in practice, had often chosen inappropriate contracts and services, such as domestic Wi-Fi because “*no one uses it*”

¹ Care Inspectorate, 2020, *A quality framework for care homes for adults*
<https://www.careinspectorate.com/images/documents/5856/Quality%20framework%20for%20care%20homes%20for%20adults%202020.pdf>

² Care Inspectorate, 2020. *A quality framework for care homes for adults*
<https://www.careinspectorate.com/images/documents/5855/Quality%20framework%20for%20care%20homes%20for%20older%20people%202020.pdf>

much". This wasn't helped by a **lack of engagement with communications and technology providers**. Many homes struggled to identify the 'right package' for their residents' needs and did not know where to start when it came to upgrading their services.

Practical barriers

There were also a range of practical barriers within care homes which hindered putting connectivity at the heart of care.

Staff knowledge, attitudes, and skills often presented problems in providing adequate support to residents. Staff are best placed to understand resident need. However, they often don't see addressing connectivity needs as central to their role as they have not been given the relevant training and skills, or are not motivated to do so. Despite being closest to the residents, they are also often limited by an unwieldy decision-making structure that doesn't empower them to make decisions around residents' connectivity needs.

There are also limitations when it comes to **space and place**. Buildings, geography and topography can all present real challenges to connectivity, however there is often a lack of understanding or attention paid to how inhibiting these barriers are, or how they might be overcome.

Opportunities to improve connectivity and aim for connection

Physical health is understandably a priority for care homes, meaning physical needs are often focused on above all else. The same attention isn't paid to residents' needs around connection despite how important this is in maintaining wellbeing. For Jimmy, his Amazon Echo is not a luxury. It is as key to his quality of life as any other aid or adaptation – be that a handrail or a wheelchair accessible ramp.

So how do we overcome these barriers to improving connectivity and make sure connection is a priority for care homes?

There are some key things that can be done. Though all parties should be involved, there are particularly strong opportunities for communications and technology providers, regulators and governments, and care homes themselves:

- **Expecting connection** – raising expectations held by residents, family and care home staff by setting clearer expectations on what 'high quality' connectivity looks like in adult residential care.
- **Sparkling imagination** – encouraging innovation and demonstrating what is possible in terms of delivering connectivity in care.
- **Filling the responsibility gap** – ensuring there is clarity about which parties (residents, friends and family, care staff and management, regulators, communications and technology providers) are responsible for driving improvement.
- **Redefining connectivity** – clarifying that high quality connectivity is more than simply providing a Wi-Fi connection, but includes all the necessary components to enable residents to have a connected life.
- **Improving skills** – supporting frontline and management teams in care to better understand the role of connectivity services, to engage with communications and technology providers around these products and services and support residents to meet their connection needs.

I: Connectivity and connection: making or breaking quality of life

Context, objectives and scope

There are currently over 400,000 people living in care in the UK³. These people are inherently more isolated than the rest of society – from their friends, family, and the life they knew previously.

“Nobody’s been in really, we can’t invite outsiders in. I have got some friends dotted around but they can’t come in anymore” – **Hayley, Resident, chain-managed care home in England**

“This year has ruined so much for so many people, especially the elderly. But it was a big issue before COVID... COVID has just shone a light on it” – **Care home manager, small care home managed by a small care group in North West England**

As a result, their need for connection is potentially more significant than many in the general populace, as they have more to gain from being connected to the outside world.

“The most important thing we do for residents’ [wellbeing] is helping them overcome their loneliness. You suddenly become someone’s family” – **Care home manager, medium-sized independent care home in Wales**

Communications services and technology can be crucial in helping to meet this need. This means that communications service providers and technology providers, alongside regulators, have a key role to play in keeping these people both connected with and contributing to life outside the care home.

This idea was the basis of this work, the overarching objective of which was to better understand the needs and experiences of users of communications services who live in residential care. More specifically, we worked to:

- Explore the degree to which residents’ needs are being met
- Understand what more could be done to ensure digital inclusion for these people in our society
- Understand the barriers faced by people living in residential care around accessing a choice of accessible, affordable, reliable communications services – and what more can be done to address these barriers

The research considered a broad range of communication services, including radio, landline phones, mobile phones, TV and internet connections. These services were explored with several key audiences: adults living in residential care⁴, their friends and family members, frontline staff, and care home management. In terms of the types of care home, this work included homes supporting: dementia care, elderly residential care, nursing care, adults with learning disabilities and autism, adults with physical disabilities and sensory impairments, and adults with poor mental health.

Method

This research was conducted in early 2021, when the UK was still under a COVID-19 lockdown and care home residents were unable to see friends and family living outside the home in person. Care home residents were among the most vulnerable people during the pandemic, and while the general population moved in and out of lockdown, many residents were unable to leave their home for extended periods or see anyone outside the home. The only exception were care homes in Northern Ireland, where residents were able to have one designated family member visit them from July 2020 up to the period when research was conducted.

³ Competitions and Market Authority, 2017. *Care home market study*
<https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf>

⁴ Note: this work did not include children who live in residential care.

Using a qualitative approach, the research was designed to **gather insight** on the different factors that affect connectivity and connection for people in residential care. Though the qualitative method meant there was a smaller sample and the research was not nationally representative, it did allow us to **explore peoples' experiences in depth**, and gather a more comprehensive understanding of their behaviours and attitudes.

The fieldwork was conducted via remote video interviews and focus groups, and included over 50 people from all four nations of the UK.

In order to get an overview of the current state of connectivity in care, we first spoke to **experts** in the field. This included project leads on initiatives working to improve connection in care homes with the use of tech and devices, and other innovative programmes for digital care.

Following this, we spoke to **staff** (both managers and other roles) and **residents** living in residential care in England, Scotland, Wales, and Northern Ireland. These people lived or worked at care homes with a range of specialisations, including elderly care for those aged 60 and over, dementia care, sensory impairments, physical disabilities, learning disabilities and autism, and care for those with poor mental health.

To gain a more holistic understanding of residents' needs, **focus groups with friends and families** of those in care were conducted to explore how they engage with their respective person in care, and the role they play in ensuring connectivity.

In total, we conducted:

- **Expert interviews:** x9 professionals working in the field of connectivity and care
- **Resident depth interviews:** x12 residents from their 20s to their 80s in full time care
- **Manager interviews:** x12 managers that oversee a range of care homes
- **Friends and family focus groups:** x15 people that have a friend or family member in care
- **Care staff focus groups:** x12 staff working in a variety of roles in care homes

In these conversations, researchers explored residents' needs, whether or not these were being met, and whether communication services were available, reliable, affordable, flexible, and secure within residential care settings.

Conversations were held over various video conferencing platforms. In some cases, the interviews were residents' first experiences with a video call, and staff were on hand to help them participate.

The interview questions were designed to be flexible to the individual needs of each resident. By identifying a few key questions as well as having a more comprehensive guide, we were able to allow for residents who would need shorter interviews, who became restless easily, and who needed more time to answer to be able to engage with the research in the way most comfortable for them. Additionally, some resident interviews were done in pairs to help residents feel more comfortable and at ease.

Understanding connectivity in residential care

We saw a huge disparity between those who did have access to connectivity, and those who didn't. This was brought to life by many of the residents we spoke to, in particular Jimmy and Fiona.

Case study: Fiona – losing connection

This project is about people like Fiona.

We were told about Fiona's experience by the manager of her care home, Julia. Fiona is in her late 80's and has recently moved into a residential care home in England. The home is small, with only 16 beds, and sits in the middle of a relatively affluent town with lots of cafés and shops.

"A lot of residents come here because there's a lot of local amenities" – **Julia, care home manager, small care home managed by a care group in North West England**

While Fiona's home is an elderly residential home not a nursing home, most residents do eventually receive nursing care as their needs change.

Sadly, due to the pandemic, the residents of Fiona's have not been able to leave the home and enjoy the local community, meaning they've become a lot more isolated.

This meant it was a daunting and challenging time for Fiona to be moving into the home, and the family had therefore put a lot of thought into how to ensure she remained connected to them and to the outside world.

In Fiona's care plan, her family made sure to include a smart speaker. For them, this was going to be an essential part of her life in the home – something they hoped would keep her connected.

However, the Wi-Fi in her home was poor, and didn't reach certain rooms and areas of the building. Fiona's room was one of those. Ultimately, this meant the home could not accommodate her smart speaker: "We just could not get it to work". The manager of the home, Julia, recognised that this was a problem for many residents, and she actively encouraged her residents to find alternatives to using the Wi-Fi.

"Because the connectivity in the home isn't great, if someone moves in here, I would encourage them to get their own line" - **Julia, care home manager, small care home managed by a small care group in North West England**

Despite Fiona's family's imagination and wherewithal to ensure she had the right kind of communications technology to keep her connected, other issues meant she ended up far less connected than she and her family had originally planned.

Case study: Jimmy – re-gaining independence and dignity

In contrast to Fiona, we also met people like Jimmy.

Jimmy is 46 and moved into a large care home in England at the age of 40 after suffering a severe stroke which left him paralysed from the neck down.

"He couldn't do anything for himself. [He] was fully dependent" - **Ernie, care home manager, large chain-managed care home in London**

The care home Jimmy moved into has over 80 beds and caters specifically for people with physical needs. Whilst the majority of the residents are elderly, the home does also cater for younger people.

When he first moved into the home, Jimmy was struggling. His stroke had left him somewhere he never expected to be at such a young age - in the blink of an eye he had become incredibly isolated and without any independence.

As a result, Jimmy became angry and aggressive towards the staff in the home.

"He was very hostile...and abusive, especially to female staff. They'd often come out of his room in tears. They started to find it difficult to care for him" – **Ernie, care home manager, large chain-managed care home in London**

Luckily, Jimmy's family was able to imagine what could help his situation and allow him to regain some of the independence he had lost. They bought a simple piece of consumer technology – available and affordable to most – and the home was able to accommodate it. With an Amazon Echo, Jimmy's life was "transformed". He was using it for "everything", from controlling his TV, to talking to friends and family outside the home, to listening to music and asking it questions about topics he is interested in.

"He's married to his Alexa. It somewhat empowers him...and keeps him company" – **Ernie, care home manager, large chain-managed care home in London**

With this simple device, Jimmy regained dignity and independence. This not only transformed his quality of life and made but also made him a more manageable care patient at the same time.

2: The need to be connected in residential care

Like Jimmy and Fiona, all the residents included in this work had a need to be connected – whether this was contacting family or friends outside the home, taking part in hobbies, pursuing interests, or generally wanting to keep up with the world at large.

One example was Roy, an elderly resident in a medium sized care home in Wales for whom good connectivity is vital. Roy lives with schizophrenia and has attempted suicide earlier in life. Roy sees keeping his “*mind occupied*” as crucial to his wellbeing and likes to keep up with his hobbies (particularly wrestling and watching John Wayne and Arnold Schwarzenegger movies) as much as he can.

He is also keen to keep in touch with his one remaining family member as much as possible. Reliable internet and access to media devices are essential for him to be able to fulfil these needs. He has access to one of his home’s shared iPads for 2 hours each day, and also has a Freeview TV in his room.

We met many people like Roy. People who wanted to – at the very least – easily contact family and friends and maintain interests from their lives prior to being in residential care.

Of course, it must be noted that some residents did have different needs to others. For example, some did not have the ability or desire to connect in the same ways as other people due to their mental capacity. However, even these individuals had some need to be connected.

One such resident was Sam, who lives in an independent care home for adults with learning disabilities in England. His limited literacy means that he struggles to independently engage with his favourite hobby – music – and search for songs he likes online. However, with staff help, he is able to.

“I like listening to Disney songs and carols on YouTube...I have a book that the staff write song names in to help me with the spelling so I can find them on YouTube later” – Sam, Resident, small independent care home in North East England

Connection needs often go unmet

The changes caused by the pandemic have shone a new light on the need for better connectivity to enable connection in care. However, this need for connection has *always* been present, and will remain so.

As Jimmy’s story demonstrates, we did find some bright spots when it came to connection, but this is not the general rule. Despite the widespread need for connection, there was huge variation in what homes offered in terms of connectivity, and in most cases there is still a lot that needs to be done to ensure that all the crucial elements of connectivity are in place. Many homes were, without family intervention, lacking the basic infrastructure needed to allow a good standard of connectivity – from good Wi-Fi or phone signal throughout the home, to the right devices.

Many of the elements required to allow for connectivity – availability, reliability, security, flexibility, and affordability of the right sort of services and devices/technology, as well as staff support – were often missing, meaning that basic needs were going unmet for residents.

Fiona exemplifies this. Those around her had the imagination to know what would work for her, but a basic element of connectivity being missing meant that she was left digitally excluded and disconnected.

Availability of services

Many of the homes that took part had a ‘basic’ package, such as home-wide Wi-Fi, TVs in rooms with Freeview and a communal landline phone. However, it was clear that for some residents, this was insufficient.

Communal devices in particular were often hard to access and deprived residents of privacy when making personal or sensitive calls. Some residents reported that they had grown increasingly reliant on their mobile phones in order to remedy this, often receiving help from their family members to upgrade their phones from pay-as-you go to a phone contract to meet the growing demands of their mobile phone use.

“It was pay as you go but I got the sim card changed and now I pay a monthly amount for unlimited calls... I find this better because I don't have to wait to get calls in... it's just good to know that it's there if I need to use it” - Jess, Resident, 20 bed independent care home in Scotland

One family member of a care home resident had not been able to contact his grandmother at her home in Northern Ireland for multiple days as she only had access to a communal payphone which was often busy. This had caused a lot of anxiety and frustration.

“They've got a payphone. We have to phone through to the reception first, and then they go and get her. Sometimes the phone doesn't get answered because they're really short-staffed” – Family member, grandparent in medium-sized trust-funded care home in Northern Ireland

In some places there weren't even 'basic services' available for residents. For example, one care home for people with hearing impairments still relied on dial-up internet – which was only available in the manager's office. Considering the visual communication needs of those with hearing impairments, there may have been huge benefits from access to devices and services that would accommodate things like video calls. But this option was not available.

Some residents were able to rely on family and friends to provide them with communications services. We heard many cases where friends and family had supplied residents with a mobile phone and contract, in order to get around the lack of communal devices or poor Wi-Fi signal.

However, not everyone had this support from family and friends. One manager told us that around half of the residents in her home had external support to provide them with personal devices like this, while half were left without.

Reliability of services

Many homes struggled with the reliability of their communications services, making meeting residents' needs even harder.

Unreliable broadband connection was a particularly frequent issue, though homes also reported issues with phone and TV signal. Many homes were on domestic broadband packages – in some cases ones that had been bought many years previously – that were no longer appropriate to resident or staff needs.

At one home in Wales supporting elderly residents and residents with dementia, residents became upset when poor broadband caused their video to buffer as they didn't understand why this was happening.

“Sometimes for a few hours there's no internet... If my resident is in the middle of watching rugby [when the internet cuts out], you need to use your personal hotspot because they don't understand that there's no internet...”

“It's buffering and they say, ‘Can you remove that circle I want the play button back!’” – Care home manager, medium-sized independent care home in Wales

Similarly, a care home manager in North East England explained that it was difficult to move residents into rooms with better connectivity due to the layout of the home. Their Wi-Fi only reached the first few bedrooms on the first floor, which were prioritised for residents with accessibility issues. This resulted in the residents in the other rooms having either no network connection in their rooms or having to purchase Wi-Fi boosters to access the internet.

“If we were full, and we had all 16 residents here, then we'd struggle” - Care home manager, small independent care home in North East England

There were also inconsistencies in perceptions of what 'good' connectivity looked like, which meant care homes reacted to connectivity issues with different degrees of urgency, particularly with regard to the reliability of devices and services.

The manager of a 20 bed independent care home in Scotland downplayed the inconsistency of the mobile phone network throughout the home because *“the landline works”*. However, the landline was communal and residents were not guaranteed access in their rooms. Across several of the homes we spoke to, something working *at all* was perceived as something working well.

Security of services

The homes we spoke to had generally given little thought to the security of their networks, and very few staff had received training about detecting or preventing unauthorised access and use of their networks.

Many staff defaulted to thinking about residents' safety or access to 'inappropriate' content online when asked about security, rather than the integrity of the network itself.

"The big providers are much more aware [of security] because they've had to be... The smaller homes just think 'It's not going to happen to us'" – **Care home manager, large independent care home in West England**

For some homes, the extent of their focus on security was to have separate networks for staff and residents, though even this was not always in place. Some homes also used measures like logging communal devices out of the network at the end of the day.

There were a few instances where security issues had led to upsetting situations for residents. At one medium-sized independent home in Wales, a resident had clicked on a website pop-up and received messages from a stranger claiming to know his location. The resident found this very distressing and confusing, and the home has subsequently installed protective software to prevent similar issues in the future.

A care home in England for adults with learning disabilities struggled to keep residents protected online, as it was impossible to oversee them every minute they went online.

"We're worried about when they use sites like Facebook... we can't oversee residents every minute. One of the residents was consistently posting his bank details on his Facebook page" – **Care home manager, small, chain-managed care home in South England**

In several cases, the onus to ensure security of services fell on family and friends, or even on residents themselves. One family member said that ensuring parental controls were on the phone and iPad that their aunt in care uses was *"the only way I can rest my mind"*.

Family members also tended to see security as something that was a *"one-off"* – e.g. installing the security provisions when initially setting up a device – rather than as something ongoing.

Affordability of services

Many of the staff we spoke to had not given much thought to the affordability of the communications and technology services and devices on offer for residents. This was often because they had little say in the package they used, as decisions were made independently by head office.

"Head office make those decisions. It's very much dealt with at that level. I couldn't even tell you how much we pay" – **Care home manager, small care home managed by a small care group in North West England**

Those who had thought about the cost of their services tended to think the price was reasonable. However, they were often reflecting on the price of their current, often inadequate, services, and hadn't identified that better services might cost more.

As a result, much of the cost around improving connectivity in fact fell on residents or their friends and family.

For example, in several homes we spoke to, limited network reach in the building resulted in residents paying more in order to have good connectivity in their rooms.

Liam, a resident in a care home for adults with learning difficulties, struggled to engage with his hobbies – many of which were online – as the Wi-Fi in the care home did not reach his bedroom. As a result, he had to buy his own internet at a cost of £37 a month. This unexpected additional cost meant he has had to budget his money more carefully, and save up to be able to afford other devices or services he would benefit from, such as a smartphone that he wanted in order to WhatsApp his family.

However, not all residents had the financial means to support their needs. Many of the residents we spoke to were unlikely to opt for an independent landline in their room if it came at an additional cost – which it almost always did – and as a result continued to use the communal phones to stay in touch with family and friends (which often didn't give them the privacy they wanted).

Residents who could afford personal devices often had to pay additional charges to use them, such as phone contracts. This could end up being over and above what they would have paid outside the care home, due to a lack of existing infrastructure or increased use.

For example, a resident in an independent care home in Scotland explained how she rarely used her mobile phone when living alone before moving into care, but not having a landline in her room in the care home meant she was now using her mobile more and more frequently. The amount she was using her phone meant it was becoming costly to remain on a pay-as-you-go setup, and so her daughter had to get her a new phone contract in order to reduce the cost.

Staff support for the use of connectivity services

There was also huge variation in the extent to which staff enabled residents to get the most out of connectivity services. This included variation in imagination, skills, confidence, and willingness to devote time to improve connectivity. These factors will be explored more fully in the following section.

COVID-19's impact on connectivity

It is important to note that the pandemic has encouraged some improvement in the connectivity that is offered to people in residential care. Some experts we spoke to said that the pandemic had “*fast-forwarded*” connectivity in care by 10 years.

For example, there is now an expectation that residents will be able to call their family when they want to, and homes have also been offered additional devices or time-limited broadband and phone packages at discounted rates.

However, as the above shows, this ‘fast-forwarding’ still left many of the key elements of connectivity needing improvement. It’s also the case that whilst some homes are now much more advanced in provision of the different components of connectivity, some still have a long way to go to ensuring all the components of connectivity marry up and enable residents to become connected.

3: What barriers need to be overcome to prioritise connectivity?

It is clear that poor connectivity is not driven by a lack of resident need. As seen in previous sections, many residents had unmet need around connection, and would have benefited from improved connectivity.

However, connectivity is not currently being prioritised in residential care. This research identified a range of barriers to prioritisation, encompassing:

- Conceptual barriers:
 - There is a lack of **imagination** – about what could be, why connection matters and the benefits it brings for residents and staff, and how to get there.
- Structural barriers:
 - There are no clear **lines of responsibility** around how to make improvements across the residential care sector.
 - This is compounded by a lack of **measurement** - there are currently no minimum criteria for connectivity, meaning care homes have nothing to aim for or be judged against.⁵
 - **Communications and technology providers** don't make the prioritisation of connectivity easy – many care homes struggled to engage with the market and weren't sure where to start if they chose to upgrade their services.
- Practical barriers:
 - Staff haven't been encouraged or given the necessary training to engage with connectivity, and as a result lack the **confidence, skills and knowledge** to put connection at the heart of their offer.
 - Staff often have **little control** over connectivity decisions within the care home.
 - Issues around **space and place** can make achieving adequate levels of connectivity even harder.

We explore these barriers in more detail in this section.

⁵ One exception to this is the Care Inspectorate in Scotland, who as of their latest report have included some components of connectivity in their criteria for excellent care. Formally cited on pages 4, 17 and 25.

Conceptual barriers

There is a lack of *imagination* around how connectivity can improve quality of life

In most cases, lack of imagination was one of the key barriers that inhibited prioritising connectivity in care.

Without an understanding of what residents' unmet needs are and what the potential solutions to meet those needs might be, it is very hard for care homes to prioritise connectivity.

Imagination is required to identify current problems in provision, conceive of what improved connectivity could look like for residents, and identify the services and technology required to get there.

There is currently a lack of imagination about what could be possible for residents, in particular around uses of communications services that go beyond simple functions such as the ability to contact family or attend a virtual doctor's appointment. In some cases, care homes did have access to connectivity services and technology, but weren't currently imagining how those could be used to enable the best possible level of connection.

All parties within the care environment struggled to imagine all the different connection needs residents might have

The residents we spoke to had a wide variety of connection needs, from the expected – like speaking to family and friends – to the more idiosyncratic – like learning new dances online, using meditation apps, or online dating. However, these wide-ranging needs weren't always recognised, and the connectivity required to enable them could be lacking as a result.

Many homes focused on using services and devices for communication with friends and family or facilitating healthcare appointments, rather than exploring other opportunities for connection and entertainment, such as carrying out hobbies or meeting new people.

For example, the manager of an independent care home for elderly residents in Scotland explained that the iPad they had recently acquired "*through the council*" had only been used for healthcare management. The iPad was only used when they needed to send the GP a photo and for remote appointments. Staff and managers told researchers they did not plan to use them for anything else.

During fieldwork, we prompted staff and residents with ideas of what they could use technology for (on top of what they were already doing), and many were excited about things they had not even considered. For example, Roy, 73, was excited about the idea of using the internet to make new friends, as most of the people in his home were over 80 or lacked the capacity to interact with him.

Similarly, Jack, a resident at a chain-managed elderly care home in Wales, said that he would like to learn how to online date and use Facebook to meet new people. Knowing he would need support from staff to do this, he refrained from asking them for help as they were "*busy as it is and already do so much*" for him. Although Jack expressed a clear desire to be more connected, the staff at the care home had no idea.

Though not all uses of technology are appropriate for all care home residents, we did see some bright spots of homes exploring wider ways to utilise what was available, such as staff helping residents to shop online, or watch YouTube clips of favourite films.

Case Study: Roy's unmet need for friends his own age

Roy, mentioned earlier, has connection needs which were better met than some we spoke to in residential care.

Roy is very interested in film, following sport, and keeping up with the news. Staff at his care home helped him to use one of the communal iPads to watch clips from old movies for around 2 hours a day. He also has a Freeview TV in his room that he watches every evening before sleeping. His favourite shows are Coronation Street and detective shows.

"I watch the iPad for 2 hours every afternoon – it occupies my mind" – **Roy, 73, resident at a medium-sized independent care home in Wales**

Roy also had access to a communal phone that he could call his cousin on. Though he would like a personal phone in his room, staff had decided that he might call his cousin too frequently due to his health condition.

However, as a very sociable person, Roy had significant unmet need around connecting to others. Despite having some friends in his home and enjoying the 'parties' that staff put on for residents, Roy was keen to make new connections. This need was particularly pressing as many of his home's residents were older, lacked the capacity to interact with him, or didn't share his interests.

When prompted, he was excited at the prospect of using the internet to meet new people, and hadn't realised that this could be possible:

"I'm often on my own, I would like to talk to someone on the internet... It would be nice to speak to someone my own age" – **Roy, 73, resident at a medium-sized independent care home in Wales**

People often relied on residents to imagine what was possible to improve connectivity

Staff, and some friends and family, frequently expressed that the drive to improve connectivity should come from residents themselves, and if this wasn't happening, then change wasn't necessary. When staff were asked if they felt residents would like or would benefit from increased connectivity the response was often that "they haven't asked for it", so opportunities to improve connectivity were not explored.

This reliance on residents to express their own needs meant that lack of requests or complaints led staff to assume connectivity was not an issue. However, residents often weren't the best people to articulate the solutions that might meet their needs. Many struggled to imagine what was possible, or even to identify that they had unmet needs at all.

"I don't feel that connected but I don't know if I should really... I just don't expect it I suppose" - **Hayley, Resident, chain-managed care home in England**

Residents, particularly older people, often had limited knowledge about the technology and opportunities for connectivity available to them, so would struggle to identify changes which could make improvements to their lives.

"The thing about them not complaining about anything does not mean that they're not missing something. It is just that they are not even aware that those things exist" – **Family Member whose grandparents are in a medium-sized chain-managed care home in South England**

Furthermore, residents often felt that if they asked for changes, they would be "complaining" – something they were reluctant to do as they were so reliant on care staff for their physical health needs.

There was also a reliance on family and friends to imagine what might be possible, and to request or make changes themselves. Many of the connectivity 'bright spots' we encountered often stemmed from the input of families and friends, rather than staff.

For example, one family member described the process of quickly moving his brother-in-law, Sanjay, into a large chain-managed care home in London after he suffered a brain injury and became paralysed. When they moved him in, they discovered the home had almost no communications services as standard. Even Wi-Fi wasn't included in his room. Sanjay's brother-in-law had to quickly decide what he was going to need to keep him connected and was solely responsible for implementing it.

However, family and friends also faced many of the same challenges as residents, sometimes struggling to identify what was needed and a reluctance to complain or make requests to staff about connectivity.

In the friends and family groups, many that had frustrations with the availability of comms services in the care homes admitted that they had not raised these frustrations to the care homes and care staff as they are "too busy as it is". This leads to care homes not being able to support connectivity efficiently, as they may not be aware that the problems even exist.

Some people were unable to imagine why improved connectivity mattered

Many people – and particularly the staff that we spoke to – felt that residents wouldn't necessarily benefit from improved connectivity. There were very few examples for people to draw on that demonstrated the quality of life improvements that improved connectivity could enable, whether that be from people in their organisations, communications providers or external regulators.

Many homes thought what they were currently offering was already good enough, despite significant evidence of unmet need. Care home staff often ranked the connectivity in their home as 'above average' despite reporting issues such as inconsistent internet connection, or staff not knowing how to enable residents to join social groups on Zoom.

"I've been receiving the Zoom invitations from Robert's 'Men's Den' group for him to join them on a group call, but I don't know how to use Zoom in that way, so he hasn't joined. I guess this call now is a test run for me" – **Care support worker, medium sized chain-managed care home in Wales**

Some staff also spoke about being put off by a lack of immediate appetite from residents for improved connectivity. One care support worker suggested that if the elderly residents in the home could access better communications services and technology, they wouldn't take it up or see the benefit.

"Even if you try to help them with tech, residents don't realise enough how important it is" – **Care support worker, large chain-managed care home in London**

However, others recognised that it was often necessary to persevere through a 'transition period' to help residents benefit from comms services and devices, and a lack of initial interest was not a valid reason not to work on connectivity.

There was also little understanding that connectivity could act as a point of difference to other homes. An exception to this was a medium sized independent care home in Wales which had recognised that connectivity could offer a competitive edge against other nearby homes and had negotiated an increased budget for their broadband package with the home's owner.

Some care home staff and managers were worried about residents being *too* digitally connected. This included concerns that residents, particularly younger individuals in homes for adults with learning disabilities, would withdraw from communal activities, instead spending all their time in their rooms on devices.

People struggled to imagine all the necessary components of connectivity needed to enable connection

On top of failing to imagine why connection mattered, people also struggled to imagine the necessary components that would be required to better meet residents' connection needs.

As this report outlines, this included: identifying that they would need a different deal from a communications provider; having the time, attitude, and confidence to make the best use of technology; and recognising that there were ways to overcome barriers deriving from space and place, or attitude. Many staff also failed to see the utility of the technology they had.

The sharing of best practice between care homes with regards to communications services was not widely promoted, which meant care home staff often struggled to know what was possible or build on the learning and ideas from elsewhere. This became clear in the care staff focus groups when staff from different homes would often react positively to what others were saying and suggesting – having never discussed these things before.

Many staff we spoke to simply didn't know where to begin when thinking about what communication technologies and devices could be used for in their home. This was exemplified by care staff and managers struggling to see the use of their iPads beyond video calling residents' families.

Structural barriers

It wasn't clear who should be taking responsibility for improvements

From the conversations we had with staff, friends, family and residents it was clear that no one party was consistently taking responsibility for improving connectivity, both in terms of imagining what was possible, and for pushing for the changes needed to get there.

As the previous evidence shows, there were a range of reasons why each group struggled to assume responsibility:

- **Residents** were often relied on to provide the inspiration for making changes, but they were often not aware of what was possible, or even of their own unmet need.
- **Care staff** are closest to the residents, and therefore best placed to understand their needs. However, they often relied on residents, friends and family to drive improvement around connectivity, or felt that this was not part of their role.
- **Care home managers** and those who work in head office for the care companies often have oversight of the decisions made around communications packages and services, but they could be slow to make changes to connectivity, or to spot where changes were needed.
- **Communications service and technology providers** offer the kinds of services and products that can transform the level of connectivity in care homes. However, there was little mention from anyone we spoke to of these companies playing a role in driving best practice, or proactively trying to work out what homes might need or benefit from.
- **Regulators** are able to hold companies accountable to certain standards when it comes to connectivity in care homes. However, there is currently a lack of criteria concerning connectivity in care, and thus a lack of measurement as a result. This means there's a lack of innovation and drive to meet certain standards.
- **Friends and family** of those in care are often the ones looking after the residents' finances and making other key decisions about their lives. However, they too may not be the best party to supply imagination.

As a result of this lack of clarity, the responsibility taken for imagining how best to keep residents connected varied arbitrarily from home to home, or there was reliance on a few 'bright spots' – individual people who were willing to take on responsibility.

Lack of measurement means there's nothing for homes to aim for

There is currently no minimum requirement for connectivity in care homes, meaning there is nothing for care homes to aim for, or be formally assessed against. There are exceptions to this, for example, the Care Inspectorate in Scotland's recent report details connectivity as one of the main provisions to excellent care.^{6 7}

However, for the most part, a lack of formal guidance for connectivity makes it even harder for people to imagine what is possible or be able to identify that something is missing in current provision.

This lack of measurement means connectivity comes far down the list of priorities for many homes.

⁶ Care Inspectorate, 2020, *A quality framework for care homes for adults*

<https://www.careinspectorate.com/images/documents/5856/Quality%20framework%20for%20care%20homes%20for%20adults%202020.pdf>

⁷ Care Inspectorate, 2020, *A quality framework for care homes for older people*

<https://www.careinspectorate.com/images/documents/5856/Quality%20framework%20for%20care%20homes%20for%20adults%202020.pdf>

When we asked managers about their care homes' priorities people's physical care needs were understandably placed at the top: *"Our [priority] is to provide the best clinical outcome"*.

People's connection needs were usually an afterthought, if they factored in at all. This will be explored further in the next section.

Staff are often unaware of what 'good' looks like

Care home staff we spoke to often had no standard to compare their home to, so there was a tendency to overestimate the current state of connectivity in their homes. Many saw their homes as more developed than most and were therefore less likely to be the ones driving for improvement.

Many care home staff described the degree of connectivity in their care home as close to 'cutting edge', in some cases despite a lack of basic provision such as internet connection available throughout the whole home. Some saw having members of the team who were able to support residents on Zoom calls as evidence of the home's sufficient state of connectivity.

When pressed on the issue of connection, care home staff were quick to emphasise the importance of keeping residents connected and contributing to the outside world: *"We try to encourage interaction with the outside world"*.

But for the most part, care home staff weren't helped to imagine what could be possible and weren't empowered to be able to prioritise connectivity in their day-to-day caring role.

Communications and technology providers

As evidenced above, most care homes we spoke to were struggling to make connectivity a priority due to a lack of imagination about why this was important or what was needed to make changes.

This manifested clearly in homes' engagement with the communications and technology market. Though almost all the homes we spoke to had access to basic communications services, they did not regularly engage with the market to investigate whether they were getting a good deal, or to discover if services that would better meet residents' needs were available.

When they did investigate the market, staff also struggled to know where to look for the best deals or what the 'right' deal was. According to those we spoke to, proactive guidance from providers on what kinds of deals would work in which contexts, and why the right deal mattered, was also absent.

Care homes rarely assessed their connectivity needs and engaged with the market

Many care staff and managers that we spoke to only engaged with the market on rare occasions and didn't regularly assess whether residents' need for connectivity was changing.

Lots of the homes we spoke to were on a domestic rather than business network – meant for single family use rather than an entire care home. These networks often no longer met staff or residents' needs, but they had no idea that there were better options out there.

"I don't know what's out there...I'm a nurse not an IT expert" – **Care home manager, 20 bed independent care home in Scotland**

The home quoted above does not have consistent phone and internet connection, and the manager regularly gets offers from service providers but does not have the time or technical know-how to engage with them.

"There are too many things to do...it's just not a priority to switch providers" – **Care home manager, 20 bed independent care home in Scotland**

As mentioned, it's important to note that many of the managers and frontline staff weren't involved in making these decisions and the idea of assessing need and getting a new deal felt entirely out of their hands.

For example, one care home was still using dial up internet as the company owning the home chose not to upgrade to regular broadband and Wi-Fi. The manager of this home felt the only way to make changes and engage with the market more was to change owners.

“We can’t make any changes to that. It [dial-up internet] is locked down and we cannot add Wi-Fi to the place” – **Care home manager, small trust-funded care home in Northern Ireland**

Providers weren’t always doing enough to support care homes

When we spoke to staff who were responsible for arranging their care home’s connectivity, many were unsure which of the options available to them were most suitable.

For example, staff were often unsure which broadband speed was most appropriate for their residents’ needs. One care home owner who had worked in care for many years and whose home was on a ‘leased line’ felt that the majority of staff in the care sector would struggle to identify the correct deal, or to ask the right questions of a provider when shopping for a new deal.

“Because I’ve got connections and I’ve learned an awful lot, I’m able to leverage that – but the majority of [care homes] are left floundering in a marketplace for comms which is a mess” – **Care home owner, large independent home in West England**

Frontline staff similarly struggled to identify the right price for communications services. One raised concerns over not knowing *“how much is too much”*, and some experts pointed out that *“good deals”* were time limited and difficult for busy care home staff to take advantage of.

It is worth noting that some of the homes we spoke to were able to see where, for example, they were eligible for discounts by dint of being a care home. One care home spoke about getting a better deal on their TV licence payments so that they didn’t have to pay a fee for each room.

However, when changes to communication services were made, the choice of these deals often seemed arbitrary rather than as a response to a comprehensive understanding of current (and future) resident need. At one home, they had increased their broadband budget, but staff were unsure as to how and why this decision was made.

The difficulties care homes faced in selecting the right provision suggests providers of connectivity services could be doing more. Care home providers and staff struggle to know what good looks like in terms of connectivity, and often have little time to shop around and explore what is out there. Providers of communication technologies and connectivity services have the opportunity to model best practice for care homes, provide support to on the ground staff, and more proactively reach out and offer suitable services.

Practical barriers

Staff knowledge, attitudes, and confidence

Frontline staff are closest to residents. They are around them day in, day out, constantly working to support and care for them. They have a huge amount of insight into residents' lives, something demonstrated by the numerous personal stories and anecdotes we heard throughout this research.

As a result, frontline staff are uniquely placed to be able to understand residents' needs – including their connectivity needs. Staff's proximity to residents means they are the people who are often compelled to support them by doing tasks like arranging or receiving calls, and who can identify when there are opportunities for residents to get more from connectivity.

Despite this, staff in general did not see connectivity as a core part of their role. They often lacked the knowledge, attitude, or confidence to prioritise connectivity, and the majority we spoke to were not taking an active role in supporting residents with their connectivity needs.

This was not because they were not committed or effective caregivers. It was because they were not encouraged or empowered to do so, they had not had training around it, or felt that other duties were more pressing.

Frontline staff aren't empowered to make decisions about connectivity

In most of the care homes we spoke to there existed a restrictive decision-making structure which didn't empower frontline staff to feed back to managers and head office about what would be best for residents.

In fact, it was rare that frontline staff would have any role at all in decision-making, despite, as mentioned earlier, their unique position in understanding residents' needs.

When asked, many staff were unsure what network they were on, or what sort of deal their home had. Decisions on this had been made by 'head office' or the home's owner, often without consultation with frontline staff.

"Head office deals with that [...] I don't actually know how much our deal costs" – **Care home manager, small independent care home in West England**

Therefore, even when staff did recognise that changes were required to improve connectivity, they were often powerless to make changes. This went beyond making decisions around connectivity to include allocating more resource for training or getting new devices for residents to use.

"Head office makes those decisions. It's very much dealt with at that level" – **Care home manager, small chain-managed care home in South England**

While staff within the care home might be able to identify a need for an improved network package, many were constrained by decisions made by head office, and wouldn't be able to directly influence the connectivity within the home.

Staff found it difficult to dedicate time to connectivity over their other duties

Most of the staff we spoke to were, understandably, primarily concerned with residents' physical care needs. They needed to know when to administer medicine and how much to give, and to support residents with their mobility.

For most homes, however, supporting residents to make the most of connectivity – turning on devices, searching for videos or troubleshooting issues – was not seen in the same way.

In general, this was not because they didn't want to. Indeed, some staff did put connectivity at the heart of their role. One staff member from an independent home for working age adults with Learning Disabilities and Autism in England told us that she and the other care staff were constantly using their own mobile phones to connect residents to their loved ones during the pandemic – using their own money to pay for mobile data. However, this was not a common finding.

Generally, staff found it difficult to focus on connectivity for a range of reasons – not least because many couldn't imagine why it should be a core part of their role. Management or external organisations like communications service providers and regulators also seldom centred care staff as key people in the implementation of connectivity services and support of the residents to use them.

For example, we heard about an elderly woman whose SIM card kept getting dislodged from her iPad. She couldn't put it back herself and had to rely on staff to enable her – staff who were already busy and by their own admission had more pressing priorities – so she regularly went without the use of her tablet.

“We've got mum a tablet with a SIM card in so she can do FaceTime calls... If she puts the tablet down the wrong way and the SIM dislodges, I haven't got the guarantee that someone knows how to work it, and it's also dependent on staff availability as well” – **Family member whose mother is in a medium-sized independent care home in the Midlands**

It often took some quite extreme shortcomings or issues to arise when it came to connectivity before it was addressed by staff.

“If the internet is down for the whole day, that's when it's an issue” – **Care support worker, large chain-managed care home in the Midlands**

However, as mentioned above, there were some instances where staff *did* see connectivity as a core part of their role. This was often the case when a particularly passionate staff member, who could imagine the benefits of improved connectivity, acted as a 'champion' to improve their service their home provided.

“We find that there is variation in terms of digital maturity – some homes won't have a lot of tech in use and that is what people are used to.”

“Some are quite innovative and often we find it's because people have worked somewhere else where they were using technology. If they move and they find that's not the same, then they will become a [digital] champion” – **Chief Information Officer, Care-focused technology company**

One small elderly residential home in Scotland also placed connectivity at the heart of their offer and their ethos. They saw the combination of “community and digital connection” as inextricably linked and a key part of the residents' quality of life.

“The digital part and the community part are important. And we're very tech orientated” – **Care home manager, 30 bed independent care home in Scotland**

Case Study: Dana's emphasis on connectivity

Dana, the newly-appointed manager of a 20 bed independent care home, saw connectivity as a key part of her role. She felt that providing high quality communications services and technology, and helping staff to support residents, could make her home stand out from others in the region. She was also aware that the necessary skills to support residents might not come naturally to all of her team, some of whom were significantly older than her and had a different professional history.

To try and put connection at the heart of her home's offer, Dana had spoken to the home's owner and agreed to double their budget for broadband. She was also keen to innovate on what staff could help residents to achieve using communications services. The home had recently purchased virtual reality headsets, an Amazon Echo, and attended live streams with local schools.

“If we want to continue our business going forward, we need to compete on [the connectivity] other people are offering... I think moving forwards that's what residents will look for. It's very important to invest now”
Dana, Manager in Wales

Though there were still barriers to helping residents get the most out of communications services – notably the poor reliability of their current package and encouraging staff to persevere when residents didn't immediately take to new devices – Dana was committed to continuing to improve into the future.

“[Connectivity] is the most important after our priority bills – it's something we really need to consider” –
Dana, Manager in Wales

Connectivity is not part of day-to-day conversations

Due to the lack of prioritisation, staff rarely mentioned connectivity as part of their everyday conversation with residents and had sometimes never spoken to them about their connectivity needs at all. Instead, they often made assumptions about residents' attitudes based on things like age, or even their body language.

"[The residents] don't need anything else to be honest, you can tell by their demeanour and body language"
– **Care support worker, medium-sized private care home in Northern Ireland**

Another home we spoke to still uses dial-up internet, and residents don't have access to the internet themselves. The manager insisted that none of her residents would be interested in using the internet for entertainment, hobbies, making friends, or connecting beyond the care home.

However, despite these assumptions, in many cases care home staff had not actually discussed need or opportunities for connectivity with residents. This was demonstrated by a conversation with a resident and a care home staff member.

Jack, who is 63, told us that he would like to try online dating after his recent girlfriend passed away, but that he struggles with the devices in the care home, such as the iPad, that would allow him to do this. When the care worker heard him express this need during the interview, she was surprised and said, "You've never told me that before!"

In homes where residents' connectivity needs *are* prioritised, this kind of issue did not arise, because these conversations were a regular part of the care workers' routine.

"Just because they're in a nursing home, doesn't mean they're closed off from the rest of the world" – **Care home manager, medium-sized independent care home in Wales**

The care home quoted above had regular 'needs assessments' in which care staff and loved ones would input, based on interactions with the residents, on what their connectivity needs might be. Staff were instructed to look out for these needs in their daily interactions with residents. Some of them may have done this anyway, but the fact it was mandated made sure it was always happening.

Staff lack the confidence and skills needed to help connect residents

Even if staff did see connectivity as central to their role, and could better imagine about what it could deliver, many of those we spoke to clearly lacked the confidence and skills to enable it.

The lack of prioritisation mentioned above meant that, in most of the homes we spoke to, there was very little training available. Managers and experts we spoke to also reported that a significant proportion of the workforce was older, and many staff "*just don't want to know*" about anything to do with technology or communications – anything they saw as secondary to their role.

One manager at a care home in England felt that, as many homes were small businesses and had an "*aging workforce*", they lacked the skills to get the most from communications services.

"They're small businesses in every sense of the word... there's a lack of expertise and understanding of the importance" – **Care home manager, large independent care home in West England**

One family member was frustrated with the staff at her mother's care home as she thought they lacked the requisite skills to keep her connected.

"It's down to us [family] to organise anything tech related, there isn't a skillset for it within the team" – **Family member whose mother is in a medium-sized independent care home in the Midlands**

Another family member reflected on his experience trying to have a video call with his brother, who is in residential care due to his MS. He highlighted that staff were not able to resolve connectivity issues within the home and had to resort to alternative methods to keep connectivity going.

"When it works, it works like a dream, but then it cuts off... we have to get in touch with staff on their mobile phones to check in on the call" – **Family member whose brother is in a large chain-managed care home in London**

Often, whether the care homes were offering good connectivity was dependent on whether there was one or two younger staff around. Several care home managers spoke about the homes' reliance on the few "younger" and "tech savvy" staff in their home for support and assistance with comms.

Several care staff also reported that they had to learn how to adapt quickly when the pandemic started in order to support residents' connectivity. However, some had found it tricky to balance this with the health and safety priorities of the pandemic.

Overall, most care staff did not have the necessary skills, confidence, or motivation to put connection at the heart of their offer. They struggled get the most out of devices, push for better deals, or even recognise when problems arose.

This was compounded by the fact they didn't think they actually had the power to make a difference.

Space and place

There are also real limitations when it comes to buildings, geography, and topographical challenges. Bad or patchy Wi-Fi was often attributed to the home's proximity to things like forests or hills. For instance, one care home manager we spoke to in a small chain-managed care home in South England spoke about the trees in a nearby forest causing significant disturbances to their broadband signal.

However, whilst this was a real issue for some, for many, these things can often be alleviated with the right knowledge and know-how. For example, the manager of a care home for adults with autism in a rural part of England explained that although the geography of the area makes it harder to have consistent internet and landline connection in the home, they have found a few ways to reduce the impact of this. They found that having a separate Wi-Fi for staff and residents helpful, as well as "cables somewhere in the system for anyone that needs a direct line in their room". Although the care home is small, with only 6 residents, finding a route to reliable connection for the residents to have in their rooms was important as they often spend a lot of time in their rooms.

"Most of our residents don't want to interact with each other, they're quite solitary... but that's why communications services are key for autism and the residents here" – **Care home manager, small chain-managed care home in South England**

There was a lack of effort to determine the impact of structural challenges to good connectivity or find ways to overcome them

Myths and misunderstandings from staff as to what the root causes of connectivity problems were and what could be done to fix them proved to be a clear barrier, as did the perception that any changes would be costly and unrealistic. For example, one manager of a medium-sized independent care home in Wales told us that she'd found a better broadband package to overcome structural challenges, but that she was worried about the price: "you've got to think about costings".

It came to light in many of our interviews that phone networks in the care homes only worked well in the communal spaces in the home, such as lounges and dining rooms, as the homes are old buildings. As a result, residents who were reliant on the communal landline could only take calls from their family and friends in spaces that were often noisy and public, and not in the comfort of their own rooms.

A resident in an elderly care home in a rural area explained that she could not get mobile network to call her children in her room, and in some instances would have to go outside to speak to them.

"The phone will work if I go right up to the window [in her room], or onto the decking outside my room" – **Jess, Resident, 20 bed independent care home in Scotland**

These barriers, whilst sometimes genuinely difficult to overcome, proved to be a hugely limiting factor in what the staff were able to imagine they could provide to residents. If the degree to which they could be connected felt pre-determined, why would they drive for change?

4: How we can create greater connection: recommendations for action

We wouldn't have a home without handrails – should we accept one without connectivity?

All the care homes we spoke to were fully equipped with adaptations to cater for the physical needs of their residents. They all had handrails, disability ramps, round the clock nursing care, and often sophisticated digital systems to support residents' nursing needs. These facilities were viewed as essential and expected. However, meeting resident's connection needs was not seen in the same way.

As we've evidenced throughout this report, connectivity does, and has the potential to, play a huge role in the lives of residents. The ability to stay connected can provide residents with entertainment, a social life and in some cases, much valued independence – exemplified by Jimmy, whose life has been transformed by the purchase of an Amazon Echo.

Despite the simplicity of Jimmy's example, most of those we spoke to weren't enabled to become connected in the way he was. There is still a significant gap in support around adults living in residential care when it comes to connectivity. Currently, no party seems to demonstrate system-wide commitment to ensuring connectivity needs are being met, and many residents are digitally excluded to some degree as a result.

To bridge this gap, a wide range of changes are needed in terms of attitudes, behaviours and expectations across actors within the residential care and connectivity space. This includes regulators, the communications market and care homes themselves.

So what changes could be made to improve the standard of connectivity for care home residents across the UK?

Overview of the key opportunities

There are a number of opportunities to make connectivity a priority for care homes. While care homes themselves have an important role to play, regulators and communications and technology providers could also be doing much more to drive connectivity in residential care.

Expecting connection

Better connectivity – and the resulting improvement in connection – needs to be seen as a core component of high-quality care.

From our discussions with care home staff, residents and family members - it was clear that there is no single, agreed understanding of what 'good enough' connectivity could or should look like. We should aim to get to a point where connectivity is a given - a hygiene factor. This should be understood and taken up by care home staff and management, friends and family, service providers and regulators.

There are a wide range of challenges around making this happen - principally in terms of a lack of clarity around who is responsible to make connectivity and connection possible for residents. From what we've seen, we cannot rely solely on the care home staff themselves to make this happen.

Regulation of the care home industry seems to have a role in setting a standard for connectivity, which is already starting to happen in Scotland.^{8 9} However, it is expected that this will need to be supported by other players to help shape attitudes and behaviours within the system. These players could include other regulators,

⁸ Care Inspectorate, 2020, *A quality framework for care homes for older people*

<https://www.careinspectorate.com/images/documents/5856/Quality%20framework%20for%20care%20homes%20for%20adults%202020.pdf>

⁹ Care Inspectorate, 2020, *A quality framework for care homes for adults*

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technology providers, communications providers, health and social care policy teams and care home networks themselves.

There are several opportunities that underlie this:

- Filling the responsibility gap within the care system
- Sparking imagination to create a clearer image of what *could* be
- Redefining connectivity to encompass all the necessary elements
- Improving skills so that care home teams feel able to help keep residents connected

Filling the responsibility gap

This report has highlighted that residents, along with their friends and family, are often asked to be the driving force behind improvements and changes in the connectivity delivered in residential care. But residents are incredibly limited in the level of change they can drive. They are limited by what they know and experience in life outside of the home, they don't understand the range of needs everyone in care can face and they don't know what types of technologies are being developed that could help facilitate independence.

Care home staff are often in the position of knowing far more about the needs of residents and current gaps in provision. However, there are a range of challenges for staff around implementing good connectivity. Physical health and wellbeing will always be a key priority and is what their past training has focused on. There is also regularly a discrepancy between the frontline staff who have a clear understanding of need, and the decisions about what contracts and services to purchase made by management teams, owners or head office staff. And, like residents' family and friends, staff don't always know what options are available to better support residents' connectivity needs.

The responsibility for improvement and evolution therefore needs to come from outside of individual care homes. A party or parties working across the sector needs to drive forward change *across* the sector and ensure ideas are generated, opportunities are developed and the standard of connectivity as a whole is raised.

Sparkling imagination

There is considerable need for inspiration and imagination within the care setting – to show all parties involved what *could* be achieved to improve residents' quality of life.

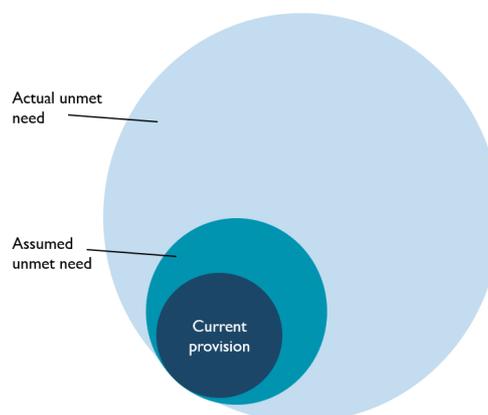
To an extent, The COVID-19 pandemic has started to shift attitudes to connectivity, showing care home management teams and frontline staff what can be done to better connect people to the outside world. However, there is still a huge disparity between what the care home teams themselves can imagine in terms of what is possible, and what could be done by tech innovators with a focus on improving life, independence, and health in residential care.

This impacts on the types of contract and products that homes purchase from communications providers. As this diagram illustrates, even if homes are attempting to improve connectivity, if they can't imagine the actual extent of unmet connection need they remain likely to purchase inappropriate contracts – e.g. with bandwidth that can only support a narrow range of activities.

So there is a great opportunity to start to show what is possible, to challenge current ideas of what can be done, and to demonstrate and shape innovation in care delivery.

Redefining connectivity

One significant barrier to progress is that the current notion of 'connectivity' has quite a narrow scope. It is typically understood as referencing only the devices and contracts that care homes have in place. Is it possible to make a phone call? Can you connect to the Internet?



But this is too limited a definition for what residents need. It is perfectly possible, as was seen throughout this research, for a care home to provide a basic connection, but for the people to be no more connected to the world around them.

It's not enough to have the right contracts in place - there are other things that are necessary to a care home delivering connection.

In particular, a new definition of connectivity should include:

- Ability to navigate the comms market – for the people working in care to be able to effectively choose the most appropriate products for the home.
- Staff capability – for staff working throughout care to feel confident supporting residents to engage with technology and communications services.

Improving skills

Throughout this work it has been clear that there is a significant skills gap within the care workforce when it comes to communications, technology and connectivity.

Complications and challenges within this opportunity stem from an ageing workforce and a minimal amount of training. During the COVID pandemic, a range of interventions have been put in place that have demonstrated the degree to which care home staff need support. The roll out of iPads across the different nations to support with health appointments have reportedly required significant additional 'tech support' by the organisations managing the roll out.

Staff could be empowered to both recognise the connectivity needs of residents and provide ongoing support, but at the moment their ability to help meet their changing connection needs is limited.

While there are several complications in overcoming this, enhancing the skillset within these teams could have monumental impacts for residents.

Recommendations

To address the above opportunities there are some specific recommendations that communications and technology providers, regulators, and care home decision makers could act upon to improve the standard of connectivity in residential care.

These recommendations go beyond ensuring basic provision, such as access to Wi-Fi or phone lines, to suggesting how these stakeholders could **spark imagination** and support care homes to best utilise communications services and technologies to meet the varied connection needs of residents throughout the UK.

For communications and technology providers

It is communications and technology providers that have the biggest opportunity to spark imagination around connectivity within the residential care sector.

Regulators and care homes will likely struggle to identify what is possible to best meet the varied and often complex connection needs of residents. Communications and technology providers hold the knowledge of what is currently available and have the skills and potential to innovate around connectivity solutions for residents.

There are two key recommendations for communications and technology providers around connectivity for care home residents:

I. Providers should be modelling best practice and what is possible for connectivity in care. A simple way to do this could be to generate several typologies or use cases that span different types of residents and their varied needs, taking inspiration from people like Jimmy where connectivity has been utilised to increase wellbeing, independence, and connection. These use cases could be shared with care homes to help them understand how the needs of their residents can be met, and the possible services and solutions available to them.

2. Providers should also be investing in finding connectivity solutions for residents. Individuals in care represent a large proportion of society whose connectivity needs currently aren't being adequately met. There is an opportunity for communications and technology providers to innovate around possible solutions, technologies, and care home packages to meet those needs.

For regulators and governments

People in care are amongst the most vulnerable in our society. As already happens with people's physical health needs, regulators and governments could make it the duty of providers to prioritise meeting their connectivity needs.

Access to good communications services and technology is something that is starting to be thought about as important criteria for good care – for example in the Scottish Care Inspectorate's 2020 quality frameworks¹⁰¹¹ - but this is only one part of the problem.

As outlined in the above section, it is crucial that relevant parties first spark some imagination around the importance of connectivity in care, then regulators can play a crucial role in ensuring these new standards are adhered to.

Minimum standards for connectivity should be the responsibility of both care and communications regulators.

For **communications** regulators, this should include:

- Setting standards around the provision of adequate and affordable connectivity services.
- Encouraging providers to help homes assess their connectivity needs and select suitable packages.

For **care** regulators, this should include:

- Attributing responsibility to care homes to meet the connectivity needs of their residents.
 - Homes must focus on what the resident needs in order to feel connected with family, friends, society and interests; and must make sure that they get it when they need it and are happy with it.
 - Homes must find the best use of technology for their residents to maximise connection for each resident. This must go beyond assuming that residents will express an explicit need and recognise that residents may not know what technology will help them to stay connected, or may not feel entitled to ask.
- Minimum skill levels within homes around technology use and support.

For care home decision makers

Care home providers themselves will need to implement changes to ensure providing good connectivity for residents and fulfilling their needs for connection is a priority.

Staff could be supported to have much more involvement in fulfilling requirements for connectivity within homes and identifying where there is unmet need for residents. To make this a reality, care home providers should:

- Increase emphasis on the importance of connectivity and work with staff to ensure necessary provisions are in place.
- Carry out regular connectivity needs assessments to understand whether adequate provisions are in place and what new or additional needs residents might have that could be better met.
- Carry out training with staff to support them to increase their confidence around identifying opportunities for connectivity and be able to support residents with their technology and devices.

¹⁰ Care Inspectorate, 2020, *A quality framework for care homes for older people*
<https://www.careinspectorate.com/images/documents/5856/Quality%20framework%20for%20care%20homes%20for%20adults%202020.pdf>

¹¹ Care Inspectorate, 2020, *A quality framework for care homes for adults*
<https://www.careinspectorate.com/images/documents/5856/Quality%20framework%20for%20care%20homes%20for%20adults%202020.pdf>

