Connecting with Care

Building connection through connectivity
for people living in care homes

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Executive Summary

Background

The Communications Consumer Panel listens to the voices of consumers, citizens and micro businesses, and ensures that they are heard by industry, Ofcom, government and others. As well as engaging with stakeholders who work with consumers on a daily basis, we commission independent research on topics where there is a risk of harm to consumers – and particularly to groups who may have vulnerabilities or additional requirements.

The issue

The pandemic has shone a spotlight as never before on the lives of people living in residential care and supported accommodation. Although their needs and interests in relation to communication services have been less discussed, they are increasingly important, particularly in current circumstances.

Being able to use communications services can help people living in residential care to stay connected socially, be informed and entertained (though radio, broadcast TV, Pay-TV and subscription services) and where relevant live more independently, learn online and access public services.

However, the communications experience of people living in residential care can vary widely: some people in residential care have limited digital skills, may not have a choice of provider (if they have access at all), and may be living on a low or unreliable income. Equally, they may be living in a well-resourced home with communal Wi-Fi provision, staff to support the use of those services and may have a significant pension to support any additional needs they might have.

There are initiatives currently underway in all four nations of the UK to improve connectivity in care, but the degree to which these are successfully addressing the issues people face is yet to be established.

The Panel commissioned research to understand the degree to which residents' communications needs are being met and whether communication services are available, reliable, affordable, flexible and secure within residential care settings.

The research took a qualitative approach designed to gather insight on the different factors that affect connectivity and connection for people in residential care. Given the wider context of the pandemic, the research was conducted via remote video interviews and focus groups and included over 50 people across all four nations of the UK. Depth interviews were used with some audiences (9 **expert** interviews with professionals working in the field of connectivity and care, 12 depth interviews with **residents** from their 20s to their 80s in full-time care and 12 interviews with care home **managers**) and focus groups with others (a total 15 **friends and family** of care home residents and 12 **care home staff** working in a variety of roles).

Objectives

Our primary objectives were to understand:

- The needs and experiences of users of communications services who live in residential care and nursing homes, and whether they are being met, including by the products and services on offer in today's communication market
- The degree to which communications services (including landline, mobile, broadband and TV) are available, affordable and flexible for people living in care homes and nursing homes
- The barriers that people in this accommodation experience in accessing communications services
- What more can be done to ensure that governments, regulators and industry provide an inclusive communications market, with support for people in vulnerable circumstances and alternative accommodation
- The extent to which existing initiatives to improve connectivity in care are addressing the issues people face

Key insights

1. The current care landscape does not meet many people's needs around connection. Many residents are digitally excluded and unable to connect to or digitally participate in the outside world.

2. Many care homes offer only a basic connectivity package involving communal landline phones and unreliable Wi-Fi.

3. There is a very large disparity between the experiences of residents who do have connectivity, and those who do not. Where residents have been able to benefit from good connectivity, this is often because family members have helped them to establish their own connectivity services - to put in Wi-Fi networks, buy them mobile phones or provide voice technology. Access to this type of connectivity can have major impacts on residents' quality of life, dignity and independence.

4. Residents' unmet needs around connection stem mostly from the fact that connectivity is not prioritised within the residential care sector or by external actors in a position to drive change.

5. Residents themselves are often expected to be the drivers of improvements around connectivity, with changes only made when a resident or their family requests something new or different.

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

   - The main **conceptual** barrier is a lack of imagination among care home providers about what could be done to meet their residents' needs through better connectivity.

   - **Structural** barriers include the following:
     - no single party in the care system has (or is taking) responsibility for pushing for all the elements of connectivity;

- there is a lack of measurement or benchmarks for good connectivity; and
- there is little dialogue between care homes and communications/ technology providers.

- The most important **practical** barriers are:
  - staff knowledge, attitudes and skills in providing adequate support to residents;
  - an unwieldy decision-making structure that does not empower staff to make decisions; and
  - limitations to connectivity caused by buildings, geography or topography - and a lack of understanding of how these might be overcome.

Recommendations

There are five key areas in which strong opportunities exist for communications and technology providers, regulators and governments and care homes themselves to work together to deliver improved connectivity and connection to care home residents.

- **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 – and improving reporting to ensure that people know if this common standard of provision is being met.
- **Sparking 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.

Background

The Communications Consumer Panel listens to the voices of consumers, citizens and micro businesses, and ensures that they are heard by industry, Ofcom, government and others. As well as engaging with stakeholders who work with consumers on a daily basis, we commission independent research on topics where there is risk of harm to consumers – and particularly to groups who may have vulnerabilities or additional requirements.

The pandemic has shone a spotlight as never before on the lives of people living in residential care and supported accommodation. Although their needs and interests in relation to communication services have been less discussed, they are increasingly important, particularly in current circumstances.

The use of communications services can help people living in residential care to stay connected socially, be entertained (though radio, broadcast TV, Pay-TV and subscription services) and where relevant live more independently, learn online and access public services.

However, the communications experience of people living in residential care can vary widely: some people in residential care have limited digital skills, may not have a choice of provider if they have access at all, and may be living on a low or unreliable income. Equally, they may be living in a well-resourced home with communal Wi-Fi provision, staff to support the use of those services and may have a significant pension to support any additional needs they might have.

There are initiatives currently underway in all four nations of the UK to improve connectivity in care, but the degree to which these are successfully addressing the issues people face is still unclear.

The Panel commissioned research to understand the degree to which residents' communications needs are being met and whether communication services are available, reliable, affordable, flexible and secure within residential care settings.

What we did

We commissioned a programme of qualitative in-depth interviews and virtual focus groups that took place across the UK in March and April 2021.

The research covered **experts** working in the fields of connectivity and care, care home **residents**, care home **managers**, **friends and family** of residents as well as care home **staff**. More than 50 people in total were interviewed.

The breakdown of the sample was as follows:

- **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

The specialisations of the care homes selected, and residents' care needs, ranged from elderly care for those aged 60 and over, dementia care, sensory impairments, physical disabilities, learning disabilities and autism, and those with poor mental health.

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.

Objectives

Our primary objectives were to understand:

- The needs and experiences of users of communications services who live in residential care and nursing homes, and whether they are being met by today's communication market
- The degree to which communications services (including landline, mobile, broadband and TV) are available, affordable and flexible for people living in care homes and nursing homes
- The barriers that people in this accommodation experience in accessing communications services
- What more can be done to ensure that governments, regulators and industry provide an inclusive communications market, with support for people in vulnerable circumstances and alternative accommodation
- The extent to which existing initiatives to improve connectivity in care are addressing the issues people face

What we found

1. The **current care landscape does not meet many people's needs around connection**. Many residents are digitally excluded and unable to connect to or participate in the outside world because of a lack of basic infrastructure such as good Wi-Fi, phone signal throughout the home or the right devices.

2. **Many care homes offer only a basic connectivity package**. This often involves communal landline phones, TVs in rooms with Freeview and some (often unreliable) home-wide Wi-Fi. Communal devices in particular are often hard to access and deprive residents of privacy when making calls.

3. **There is a very large disparity between the experiences of residents who do have connectivity, and those who do not**. Where residents have been able to benefit from good connectivity, this is often because family members have helped them to establish their own connectivity services, to put in Wi-Fi networks, buy them mobile phones or provide voice technology. Access to this type of connectivity can have major benefits for residents' quality of life, dignity and independence.

> *"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

4. **Residents' unmet needs around connection stem mostly from the fact that connectivity is not prioritised** within the residential care sector or by external actors in a position to drive change. In particular, many staff interviewed felt that residents would not necessarily benefit from improved connectivity. There were few examples available to them which highlighted the improvements to people's quality of life that improved connectivity could enable.

> *"[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

5. **Residents themselves are often expected to be the drivers of improvements** around connectivity, with changes only made when a resident or their family requests something new or different. But the residents interviewed were often unaware of what was possible, or of their own unmet need.

6. **Conceptual, structural and practical barriers all inhibit the prioritisation of connectivity** within residential care:
   - The main **conceptual** barrier is a lack of imagination among care home providers about what could be done to meet their residents' needs through better connectivity.
   - **Structural** barriers include the following:
     - no single party in the care system has (or is taking) responsibility for pushing for all the elements of connectivity;
     - there is a lack of measurement or benchmarks for good connectivity; and
     - there is little dialogue between care homes and communications/ technology providers.
   - The most important **practical** barriers are:
     - staff knowledge, attitudes and skills in providing adequate support to residents;
     - an unwieldy decision-making structure that does not empower staff to make decisions; and
     - limitations to connectivity caused by buildings, geography or topography - and a lack of understanding of how these might be overcome.

> *"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

> *"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

Case studies

When recruiting people to take part in this research, we identified people in a range of different care settings and with a range of different personal circumstances. The case studies below tell the story of three people that illustrate some of issues at the heart of this report, and the important roles that care managers play.

Case study 1: Fiona – losing connection

Fiona is in her late 80's and has recently moved into a residential care home, in north-west 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**

Julia, the manager of Fiona's care home, said that as the residents get older, their needs change – so whilst this property is an elderly residential home rather than nursing home, most residents do eventually receive nursing care.

Sadly, due to the pandemic, the residents 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 her family had 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 the home was very patchy, 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"*.

"If someone moves in here, I would now encourage them to get their own line" - **Julia, care home manager**

Despite Fiona's family's imagination and ability 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 2: Jimmy – re-gaining independence and dignity

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**

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 also elderly, the home does cater for people with conditions like Jimmy's, too.

Jimmy was struggling. The stroke has left him somewhere he never expected to be at such a young age. In the blink of an eye, he was left 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**

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 sourced a simple piece of consumer technology –available and affordable to most – an Amazon Echo - and the home was able to accommodate it. With the device, 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's interested in.

"He's married to his Alexa. It somewhat empowers him…and keeps him company" – **Ernie, care home manager**

With this simple device, Jimmy regained dignity and independence that completely transformed his quality of life, and made it easier to care for him at the same time.

Case study 3 – Dana – an 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 comms services and technology, and helping staff to support residents, could make her home stand out from others in the region.

Dana was also aware that the necessary skills to support residents with digital connectivity might not come naturally to all of her team, some of whom were significantly older than her and had a professional history in the health and social care sector.

To try and put connection and connectivity at the heart of her home's offer, Dana had spoken to the home's owner and reached agreement with them to double the 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 had taken part in 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, care home manager**

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, care home manager**

Recommendations

There are five key areas in which strong opportunities exist for communications and technology providers, regulators and governments and care homes themselves to work together to deliver improved connectivity and connection to care home residents.

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More specifically:

1. **Communications providers should be highlighting opportunities and what is possible for connectivity in care.** A simple way to do this could be to highlight examples of where connectivity has been utilised to increase the wellbeing, independence and connection of people living in care with a range of different requirements. These use cases could be shared with care homes to help them understand how the needs of residents can be met and the possible services and solutions available to them.

2. **Communications providers should invest in developing new products and services that will meet the connectivity needs of care 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.

3. **Regulators and governments should make it the duty of care providers to prioritise meeting residents' connectivity needs.** While access to good communications services and technology is starting to be regarded as an important benchmark for good care, the problem goes beyond this: Governments and bodies charged with improving care need to spark the imagination of care providers to define what sort of connectivity is needed, which regulators can then translate into standards.

4. **Minimum standards of connectivity should be established and enforced.**

a. For communications regulators this should include setting standards of provision around connectivity services that apply in communal environments like care homes, in the context of better defined standards for the general population. For care regulators this should include placing responsibility- and reporting on -care homes to:
    i. meet the connectivity needs of their residents;
    ii. regularly assess their residents' connectivity needs and putting in place provision to meet them;
    iii. making the best use of technology to maximise opportunity for each resident; and
    iv. ensuring minimum skill levels among staff within homes when it comes to technology use and support.

5. **Care home providers should support their staff in fulfilling residents' connectivity needs** and identify unmet need. This should involve increased emphasis on the importance of connectivity, regular connectivity needs assessments to identify gaps in provision and training with staff to increase their confidence and ability to provide support to residents.