

Evaluation Report

Keeping Well at Home

This report was funded by the National Institute for Health Research Applied Research Collaboration Greater Manchester (NIHR-ARC-GM) and the Healthy Ageing Research Group (HARG) at the University of Manchester.



Executive Summary

In the early days of the COVID-19 pandemic, the UK Government relied heavily on digital channels to provide public information.

This disproportionately excluded older people – one of the groups with least access to (or experience of) using the internet, and one of those hardest hit by COVID-19.

Whilst factors such as education and income are important markers as to who is digitally excluded, age remains the biggest indicator. Lack of access to digital connectivity (infrastructure) is not influenced by age alone. Digital exclusion affects many, including: people on low incomes; those living in social housing or rural areas; people living with disabilities; people for whom English is not their first language, as well as other marginalised groups. In addition to the issue of infrastructure, a further barrier to use of digital technologies relates to digital skills, with more than 20% of the population (11 million people) lacking basic digital capabilities. Again, these people are more likely to be older, have received less education and be in poorer health than those who are digitally literate¹.

During lockdown, older people (75+) were reported to have experienced higher levels of anxiety than their younger counterparts⁸, and local feedback from the Greater Manchester Older People's Network revealed high levels of confusion and fear around the virus, with many feeling overlooked or forgotten. Greater Manchester responded with an initiative that developed and distributed a printed information resource for those older people asked by Government to self-isolate or shield.

The booklet, targeted at the many older people who are not online, provided practical advice and support for older people including guidance on home exercises, maintaining mental well-being, nutrition and hydration, staying connected to others, and falls prevention. The information was evidence based and distributed via local networks and community groups, including via direct mail, community hubs, housing providers, voluntary and community groups, and primary care teams.

The following report is based on a postal survey evaluation carried out during the summer of 2020.



“This has been invaluable to myself and my husband during this difficult time, thank you.”

Our evaluation revealed that not everyone is online and those that are do not necessarily access information digitally. Therefore information, support and services must be made available in an offline equivalent and proactively disseminated to reach those who otherwise would not have access to it. The following insight and recommendations are for local authorities, public health, national agencies and stakeholders when developing and designing inclusive communication strategies.

What did older people tell us?



Only 6% of respondents said they preferred online versions.



Of those who access the internet, 83% still reported that they preferred to receive paper based information.



65% agreed that they would not have had access to this information if they hadn't received the booklet.



90% of respondents said the booklet would help older people stay healthy and active during lockdown.



74% of respondents said they had used the home exercises.



78% of respondents found the tips on keeping our mind well helpful.

Recommendations for policy and practice:



Ensuring public communications are inclusive is critical, digital by default excludes large numbers of our population.



Proactively reaching those not connected to the internet needs to be considered for all public communications.



Print-based communications are preferred over digital communications for some groups.



Building future resilience by tailoring public communication to non-digital users is useful.



Including target group representatives as co-editors to advise on content and stylistic design is key to ensure content is relevant and useful.



During national or local restrictions on physical movement, providing printed information to those self-isolating and shielding is important and of value.

Evaluation Report

The Digital Exclusion Context

In recent years we have witnessed a substantial increase in the percentage of people aged over 65 who are accessing the internet.

Recent figures from the Office for National Statistics¹ showed that in 2019, 83% of people aged 65-74 were internet users, compared with just 52% in 2011. Despite this increase, it remains that digital exclusion affects many groups, including: people on low incomes; those living in social housing or rural areas; people living with disabilities; people for whom English is not their first language, as well as other marginalised groups². According to an NHS Digital report, around half of the approximately 11.5 million people in the UK that lack digital skills are aged over 65 years²

In addition to the issue of infrastructure, a further barrier to use of digital technologies relates to digital skills, with more than 20% of the population (11 million people) lacking basic digital capabilities. Again, these people are more likely to be older, have received less education and be in poorer health than those who are digitally literate^{1,3}.

Other potential barriers to digital inclusion are lack of awareness, confidence⁴, and acceptability of digital technology, all of which may be exacerbated by the fact that many digital devices are developed without the direct involvement of older people themselves⁵. To date there is a lack of evidence that the move to digital delivery benefits older people⁶.



The Covid-19 Pandemic

In the early days of the Covid-19 pandemic Wave 1, the UK government relied heavily on digital channels to provide public information.

This disproportionately excluded older people – one of the groups with least access to (or experience of) using the internet, and one of those hardest hit by COVID-19. Older people (75+) were reported to have experienced higher levels of anxiety during lockdown; as much as twice the levels of those aged 16-24⁷.

In Greater Manchester it is estimated that 1.2 million residents are digitally excluded, this includes non-users as well as people who only use the internet in a narrow or limited way. Households with a single adult are less likely to have an internet connection⁸. Feedback from the GM Older People's Network revealed high levels of confusion and fear around the virus, with many feeling overlooked or forgotten.



“The magazine was informative and sends the message that old people are not expected to sit at home and vegetate.”

The Greater Manchester response

In response to the COVID-19 pandemic lockdown in March 2020, the Healthy Ageing Research Group (University of Manchester), Greater Manchester Combined Authority (Ageing Hub) and the Greater Manchester Older People's Network came together to develop printed information for those older people asked by Government to self-isolate or shield (including all those over 70). This initiative targeted older people who did not have access to the internet. The initiative also reached people with pre-existing health conditions who were self-isolating and shielding.

The approach was founded on the city-region's history and commitment to age-friendly principles and practice, seeking to move away from the wide-scale negative framing and anxiety-inducing language and narratives. Instead, we focussed on the contribution older people were making as key contributors to local community responses during lockdown, such as through volunteer telephone befriending.

The [Keeping Well at Home](#) booklet contains practical information on home exercises, mental wellbeing, staying connected to others, falls advice, nutrition and hydration as well as local contact numbers. The booklet was targeted at the many older people who are not online and was distributed via local networks and community groups, including via direct mail, community hubs, housing providers, voluntary and community groups, and primary care teams. Information included in the booklets was evidence based, for example the physical activity section featured exercises to improve strength and balance taken from the [Falls Management Exercise Programme](#).

In addition to the Greater Manchester version, a national version was also made available and hosted online for download, print and sharing with loved ones and neighbours or for localised adaptation.

Reach as of October 2020



66,000
GM printed
copies distributed.



9
Local areas across
the UK adapted.



52,000
National printed
copies distributed.



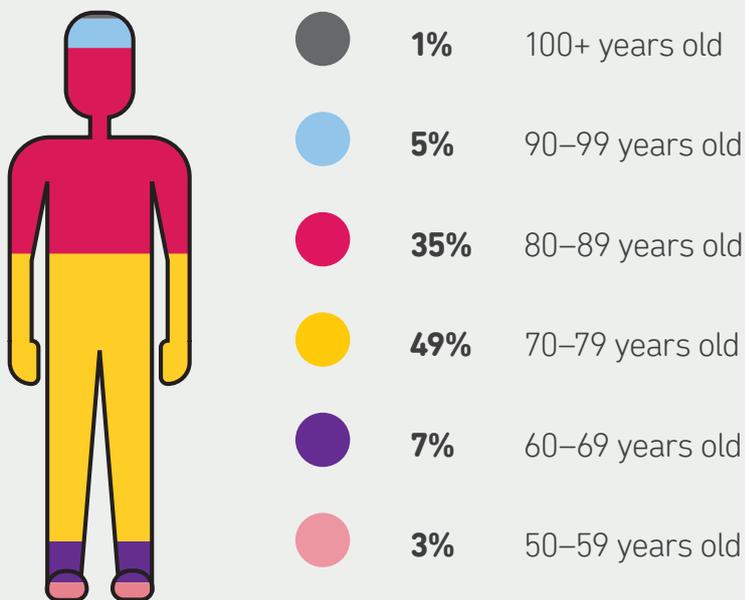
10,000
Copies digitally
downloaded.

Evaluating the booklet

Following launch and distribution of the booklet, the NIHR Applied Research Collaboration Greater Manchester Healthy Ageing team were asked to undertake an independent evaluation. Specifically, to understand whether the content of the booklet was useful, what, (if any), topics would be useful to add, whether recipients had access to the internet and how they used it and what was the preferred mode of delivery for receiving health and well-being information.

As national restrictions on movement and physical distancing remained in place at the time of the evaluation, a two-stage framework and process was agreed with partners. This included a postal survey sent directly to older adults, as well as a digital version shared with stakeholder groups who had adapted the booklet or been involved in the distribution.

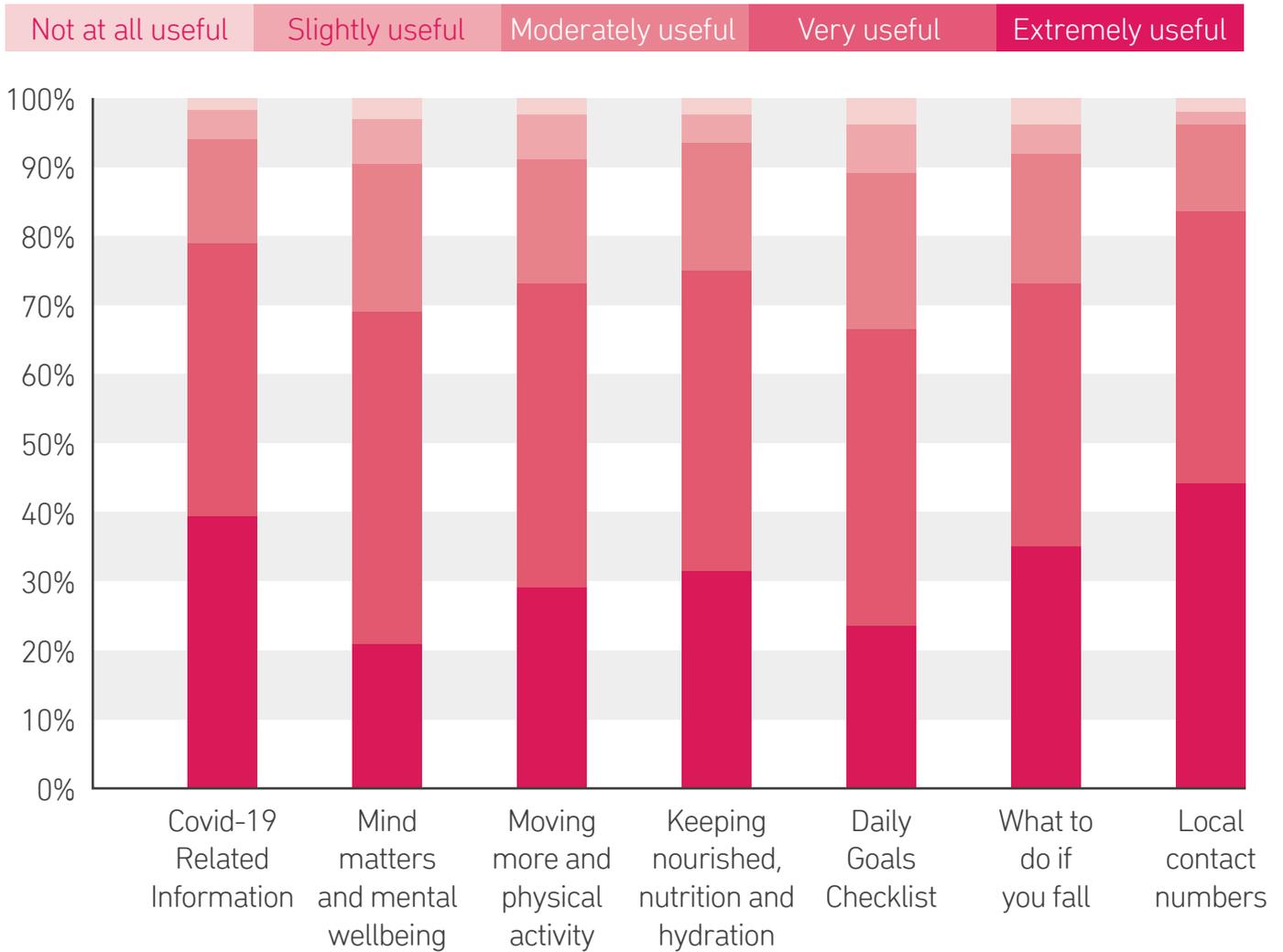
Age Range of Participants



With a total of 471 postal responses from older people based in Greater Manchester, the following report represents evaluation based on the postal survey, where relevant we refer to the stakeholder survey, although questions asked were slightly adapted for this group. To note 31 digital survey responses from stakeholders based in Greater Manchester (10) + nationally/internationally (21) .

Findings – Usefulness of content

How useful did older people find the booklet content?



“Good to have the help support line. Really good info, nice to know there is someone out there to care for us. Thank you.”



Value of the booklet

In terms of the content of the booklet, the response was overwhelmingly positive, with 92% agreeing they found the information helpful. When looking at individual sections of the booklet those respondents choosing 'extremely' or 'very useful', range from 84% for the section on local telephone numbers, to 66% for the section providing a daily goal setting checklist.



90% of respondents said the booklet would help older people stay healthy and active during lockdown.



64% of respondents said the daily checklist helped remind them of things they can do every day.



74% of respondents said they had used the home exercises.



78% of respondents found the tips on keeping our mind well helpful.

What additional information would be useful to add to future copies?

We wanted to ask older people what additional information would be of use to them in a booklet, the list of options was developed from feedback received through community workers and stakeholders, all of whom were in direct contact with older people.



216 people asked for more information on security



139 people asked for more information on home hazards



137 people asked for more information on post offices



136 people asked for more information on finance



122 people asked for more information on carers support



111 people asked for more information on creative activities



111 people asked for more information on blue badge



102 people asked for more information on TV license



99 people asked for more information on paying bills

Digital Inclusion, Access and Use

One of the aims of the booklet was to deliver key advice and support for older people with differing levels of internet access and skills.

Questions around access and frequency of internet use, and understanding older adults' reasons for not having access (if that was the case) were included in the survey.

If we look at internet access by age group, then the younger older adults in our sample report higher proportions of access than the oldest older adults, e.g. 87% for the 60-69 year age group compared to 38% for the 80-89 year age group.

Of those who did have access, 71% reported that they accessed it every day. Of interest, nearly 10% of those older adults who said they had access to the internet said that they 'never' used it.

For those older adults reporting no access to the internet, we were interested in trying to find out their reasons for this, whether it is linked to lack of skills, interest, confidence or infrastructure. The three most frequently reported reasons were 'I have no computer available,' followed by 'I am just not interested', and 'Do not yet know how to use the internet'. In addition, respondents noted that they felt the internet was too difficult to use, and also some concern about having their personal information stolen.



51% of respondents did not have access to the internet; 49% did have access.

"This booklet will have been most helpful to those digitally excluded and lacking access to normal sources of information and support, via their networks. Thanks to those involved for putting it all together."



Inclusive communication

We asked our respondents to indicate how they preferred to receive health and well-being information of the kind included in the booklet, and 92% said that they preferred paper based information sent to the home.



Only 6% of respondents said they preferred online versions.



Of those who access the internet, 83% still reported that they preferred to receive paper based information.



65% agreed that they would not have had access to this information if they hadn't received the booklet.

Of those respondents who are digitally engaged, 58% reported that they did not access the internet for health and well-being information. The reasons most frequently reported for this lack of engagement were 'prefer to interact with people face to face', 'don't feel confident using digital devices', and 'difficulty finding the right information'.

This evaluation challenges the growing trend towards communicating just through digital channels and emphasises the need for tailored paper-based material for older adults.

Bringing information together in one place on a range of topics rather than via multiple sources was highlighted as being beneficial.

Valuable Not Vulnerable

The value of working with older people from the outset, to ensure content and design of materials is acceptable, is especially important when producing both printed and digital resources. Responses to the content as well as the stylistic qualities of the booklet, for example, size of text and length of booklet were very positively rated.

Including quotes from older people made the booklet seem less formal and official, making it easier for readers to engage with the content. It also demonstrated that older people were central to the booklet, which again ensured it was well received.



13% of respondents felt the booklet was too long.



14% of respondents said the text needed to be larger.



72% of respondents found the quotes from older people reassuring.

"I was very impressed with the booklet. The exercises were the same as I did in physio. Well Done Manchester, Thank you."



Lessons Learnt

The evaluation of the Keeping Well at Home booklet has shown that older people value and need to receive information in a printed format in times of national emergency.

The evidence from our work challenges the growing trend towards communicating just through digital channels, and emphasises the need for tailored paper-based materials for older adults. The Keeping Well at Home booklet also shows the value of working with older adults to ensure the content and design are inviting to readers.

There is real advantage in amplifying the voices of older people within communications aimed at this group. We found that short quotes from older people made the booklet seem less formal or official, making it easier for readers to engage with the content. The evaluation also highlighted the benefit of bringing together key information on different topics in one place rather than via multiple sources. Feedback showed that our readers would have liked us to include additional content around fraud and scams, home hazards and finance.

Distribution during national lockdown was problematic, as was identification of those who did not have digital access or digital skills to access, who were our target group. As such, not all older people received copies of the booklet which meant that we did exclude some who would have benefited as others did. The booklet's content demanded English language literacy, consideration on how to deliver this information to those members of our community who are not able to read English, or may have literacy issues or poor sight, would be of value.

Our evaluation revealed that not everyone is online and those that are do not necessarily access information digitally. Therefore information, support and services must be made available in an offline equivalent and proactively disseminated to reach those who otherwise would not have access to it. The following insight and recommendations are for local authorities, public health, national agencies and stakeholders when developing and designing inclusive communication strategies.

Recommendations for policy and practice

- Ensuring public communications are inclusive is critical, digital by default excludes large numbers of our population
- Proactive reaching those not connected to the internet needs to be considered for all public communications
- Print-based communications are preferred over digital communications for some groups
- Building future resilience by tailoring public communication to non-digital users is useful
- Including target group representatives as co-editors to advise on content and stylistic design is key to ensure content is relevant and useful
- During national or local restrictions on physical movement, providing postal information to those self-isolating and shielding is important and of value

Timeline



March
people aged 70+ and those with pre-existing health conditions told to self-isolate/shield.



August
postal survey for older people and stakeholder survey carried out.



April
collaboration came together booklet was developed and designed.



September
collecting responses and inputting data.



May
booklet launched and distribution commenced.



October
analysing responses from surveys.



June
national adaptations produced in localities across UK, further GM copies distributed.



November
evaluation report published and next version of the booklet developed.



July
evaluation framework developed.



December
follow up booklet produced, including additional sections in response to evaluation.

“In these days of being told to read or order using the internet it’s so good to receive yours by post, living alone it’s good to see the post person so well done.”



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