

How iPads can support people with dementia living in care homes

**Subtitle: A study by the University of Worcester, working with
Anchor**

An evaluation report

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Summary

“The biggest change I’ve noticed is in the residents with dementia at our care home. The pure joy on their faces from the sensory apps, that one smile or laugh just speaks volumes!”

“The iPad has opened up a whole new world for our customers and myself.”

Setting the Scene

There is growing interest in the use of touchscreen technology in care settings in general and particularly for residents who are living with dementia. Tablets are being employed in support of a range of activities including reminiscence, communication, cognitive stimulation and social interaction. One common approach is to encourage digital interaction with creative activities such as visual arts, listening to music and solving puzzles. The majority of these initiatives have the broad aim of increasing wellbeing and quality of life for residents and staff, and there is a considerable body of anecdotal evidence to suggest that they are often effective.

However, there has been a dearth of systematic approaches to introducing and using touchscreen technology in care settings, as well as a lack of evidence-based analysis of the benefits. It is in this context that Anchor, the largest not-for-profit care home provider in England, embarked on an innovative project to introduce iPads into all of its care homes, supported by a training package for the Activity Co-ordinators who lead on this work.

About Activity Co-ordinators

Activity Co-ordinators play a vital role to enhance the health, happiness and wellbeing of residents at each Anchor care home. Activity Co-ordinators arrange a variety of events and activities to enjoy in the care home and in the local community. These range from day trips to leisure facilities and places of interest, to arts, crafts, games and social events.

The Evaluation

The Association for Dementia Studies, a centre of excellence in research and education at the University of Worcester, was commissioned to conduct an independent evaluation of Anchor's iPad project. This is the largest study of its kind to focus on the use of touchscreen technology for people living with dementia in care homes. The evaluation methodology included a survey of Activity Co-ordinators working in all Anchor care homes and a series of case studies based on observations of iPad sessions and interviews with staff and relatives.

The evaluation findings highlight the considerable potential of iPads as a tool to enhance the quality of life of older people living in care homes, and particularly those living with dementia.

The iPads are an accessible and flexible resource that can be used in both group work and one-to-one interactions. Well trained and supported Activity Co-ordinators are central to the success of this approach, using their extensive knowledge, skills and experience to provide person-centred care for residents with a range of abilities and preferences.

Case Study: Enhancing quality of life for residents

Music was known to be beneficial for one resident in terms of improving their mood, *"especially if she's a bit down"*. Engagement through music can be enhanced by the iPad as it makes it easier for the Activity Co-ordinator to personalise the music choices or respond rapidly to requests from the resident.

When one resident became agitated and wanted to return to their previous home, the Activity Co-ordinator was able to use the iPad to look up where the resident had lived and show them pictures of their house and surrounding area. This helped to settle the resident and triggered conversations and positive memories.

Exploring the use and impact of iPads

The evaluation provides strong evidence for the benefits of using iPads in care homes. Overall, they complement and enhance existing activities for people living with dementia, as well as supporting the introduction of new activities based on the growing range of apps that are available. Positive outcomes include increased interaction, greater inclusion and improved communication with relatives. A range of benefits were also seen for the care home and care staff including the delivery of enhanced activities, further opportunities for a person-centred approach and increased skills and confidence.

The evaluation provides a clear picture of how iPads are used in care homes:

- In 98% of cases, iPad-related activities were additional sessions or incorporated into existing activity sessions, rather than replacing 'traditional' activities. This suggests that the iPads are helping to enhance activities and further enrich residents' lives rather than simply digitising what homes were already providing.
- Planned and impromptu use: 71% of Activity Co-ordinators used the iPads as part of planned activity sessions, while 52% used them in a more impromptu fashion.
- Engaging with residents: 56% of Activity Co-ordinators were able to involve a total of more than ten residents in iPad activities.
- Range of activities: The iPads were used for a wide range of activities, with playing music or songs being the most common. Games were also quite popular, including bingo, jigsaws, crosswords and quizzes.
- Engaging families: 46% of Activity Co-ordinators involved family members in the use of iPads.

Case Study: Triggering positive memories

An Activity Co-ordinator was talking to a resident and their relative when they mentioned where they used to go on holiday in years gone by. The Activity Co-ordinator was able to use the iPad to quickly find images of the holiday destination from the relevant period, which triggered more memories for both the resident and their relative.

The iPad project impacted on residents, relatives and staff in multiple ways, including:

- The use of iPads increased fivefold in the care homes that took part.
- Activity Co-ordinators reported that the project changed their attitudes towards using technology and enabled them to offer residents more personalised activities.
- iPad based activities can promote interaction between residents with a range of abilities and preferences.
- iPads facilitated discussions and triggered residents' memories, particularly through the capacity to rapidly search the internet for images and songs as conversations develop.
- The video calling software (Skype / Facetime) offered by the iPad enabled residents to stay in touch with relatives, including those who lived abroad.

Case Study: Engaging with families

The Activity Co-ordinator in one home was able to fulfil the final wish of one resident by setting up a video call on the iPad. The resident *"got to see his daughter and grandchild"* two days before he passed away.

Sharing good practice

Drawing on the lessons learnt through this project, the following guidelines are offered to support the implementation of similar initiatives for people living with dementia in care homes and other settings.

Adopt a person-centred approach, taking account of individual abilities and preferences.

- People require varying levels of support in using an iPad, depending on their abilities and previous experience with technology.
- Like most of us, some people with dementia are more active and alert at particular times of day.
- Take into account individual preferences for one to one work and group sessions.

Take advantage of the iPad's flexibility when planning activities.

- iPads can be used to enhance existing activities such as reminiscence sessions as well as introducing entirely new ones.
- Some activities benefit from access to online information (for example, visual images to encourage reminiscence) while others are based on apps installed on the iPad. Using a combination of both in any one session can help maintain interest and engagement.
- iPads can be used as part of activity sessions as well as during more impromptu interactions.

Case Study: using iPads to enhance activities

Paper version – An Activity Co-ordinator ran a Pictionary session with a group of residents using a flip chart and pens. Although it worked to some extent the session was difficult to facilitate for various reasons. Mobility issues meant that the flip chart had to be moved between residents for them draw on. Most residents did small drawings in a corner of the page which were difficult to see. The drawing then had to be passed around for everyone to look at, making it tricky to get people joining in and keep them engaged.

iPad version – In a session that was observed as part of the evaluation, an Activity Co-ordinator connected the iPad to a television using a long cable. This meant that it was possible to pass the iPad between residents without the need for anyone to move, and everyone was able to see the pictures on a large screen as they were being drawn. This resulted in a much more engaging session with greater involvement from all residents.

Think about involving relatives in the use of iPads.

- iPads can support communication between residents and relatives. For example, they can be used to look at photographs together and discuss people and places. They also help residents to keep in touch with relatives and friends through the use of video calling apps such as FaceTime and Skype.
- Relatives can be a useful source of information about preferences and previous experience with technology.
- Relatives can be supported to use their own iPads as part of their regular contact with residents.

Train and support staff to ensure confident and successful use of iPads in care homes.

- Develop a consistent training approach across all care homes to maximise successful implementation of iPads and allow the creation of standard resources for widespread use.

- Don't forget to include practical information as part of effective training, such as how to update the iPad operating system, finding and installing new apps and adjusting iPad settings to maximise their usability for people living with dementia. This might mean changing the font size or increasing the contrast of the display.
- Encourage the wider staff team to become familiar with iPads and engage with planned sessions to increase the opportunities for all staff to deliver impromptu activities. A peer support network for staff using iPads can be an effective way of promoting continued good practice and encourage the sharing of best practice.

Get the infrastructure in place before the iPads arrive to support a smooth roll-out.

- Think about how many tablets will be required in a home in order to allow widespread use.
- A stable Wi-Fi/broadband network is required for iPads to be used to their maximum effect.
- Additional equipment can enhance the use of iPads, such as the capacity to connect to a television in order to enlarge images.

Conclusion

With an ageing population and a rapid increase in the number of people living with dementia, there is a growing recognition of the potential for technology to be embedded across all aspects of care, including care homes. The Anchor iPad project has made significant progress by introducing iPads into 63 care homes so far. This represents an excellent foundation for the future. The project has been well planned and executed and the phased approach adopted by Anchor has enabled learning to be integrated into the project in a continuous and sustainable way. The evaluation of the project indicates that the iPad can provide an effective and innovative way of engaging with individual residents and groups of residents with a mix of abilities and preferences.

This study has allowed the University of Worcester, working with Anchor, to evaluate the impact and benefits of adopting a systematic approach to using iPads in a care homes, backed

by comprehensive training and support for staff. Building on anecdotal evidence, the findings clearly demonstrate that, with the right approach, iPads can enhance quality of life for people living with dementia.

iPads provide a flexible and adaptable means of engaging with residents and their relatives, in both one to one and group sessions. The iPads bring the potential to increase levels of social interaction and engagement, as well as helping to reduce agitation and increase enjoyment for people living with dementia. The evaluation indicates that this type of touchscreen technology can enhance and complement the provision of activities in care homes while also enabling a more person-centred approach to supporting residents.

The learning that has emerged from this project provides valuable insight into how this kind of technology can be used in care settings with positive results. This project provides an excellent example of how the care sector can explore innovative ways to improve the quality of life of people living with dementia.

Introduction

Background

Providing activities in care homes can have many benefits including helping to increase positive emotions and enabling people with dementia to remain occupied and involved [1, 2]. The increasing availability and ease of use of touchscreen tablets raises a variety of possibilities regarding activities for people with dementia, but their use in care settings has been limited [3].

Previous research into touchscreen technology has highlighted the use of Apple iPads for group activities [2] and found that it *“can make a substantial contribution to helping people to ‘Live well with dementia’”* [3]. For example, using touchscreen technology to support reminiscence sessions can help to increase interactions between people with dementia, care home staff and relatives. Recommendations for the introduction of this type of technology have stressed the need for training in order to improve staff confidence [3].

Project overview

In 2011 Anchor set out to find a way in which they could use technology to enhance their existing activity provision within their care homes, primarily for residents living with dementia. Following initial work by the Anchor Customer Engagement Adviser it was decided that touchscreen tablets – and more specifically Apple iPads – were the best option.

This led to the development of an innovative programme to introduce iPads across all of Anchor’s care homes, supported by a comprehensive training programme. The introduction of the iPads is an ongoing, phased process as illustrated in Figure 1. The work to date has resulted in over 75% of Anchor’s care homes having an iPad. Anchor is well-placed to implement the iPad project through their existing network of dedicated Activity Co-ordinators who work in each home to provide emotional and cognitive stimulation for residents through regular activity and engagement sessions.

		Phase	Activity	
Late 2011	Previous work	1	Initial trial of one iPad with Anchor residents with dementia	Ongoing support provided to Activity Co-ordinators
		2	Development of iPad training	
		3	Introduction of iPads into 20 Anchor care homes – including training delivery	
		4	Updating training based on feedback	
		5	Introduction of iPads into a further 43 Anchor care homes – including training delivery	
		6	Internal evaluation of iPad usage via feedback survey	
Early 2014		7	Consolidation phase to allow Activity Co-ordinators to use iPads in practice	
Late 2014 – Early 2015	Current work	8	Independent external evaluation of iPad project	
	Future plans	9	Introduction of iPads into remaining Anchor care homes (approximately 20) – including training delivery	Wi-Fi rollout
		10	Potential development of Anchor-specific activity/care management app	

Figure 1: Anchor process for the phased introduction of iPads

Phase 8 covering the independent external evaluation of the iPad project is the focus of this report.

Project evaluation

Anchor commissioned the Association for Dementia Studies (ADS) at the University of Worcester to conduct an independent evaluation of the iPad project to date. The evaluation aimed to identify the benefits of using the iPads and help Anchor to formalise its processes in order to maximise the benefits for people living with dementia in Anchor care homes.

The evaluation had two main objectives:

1. To identify the experiences and benefits of iPad use in Anchor care homes:
 - a. For residents.
 - b. For their family/friends.
 - c. For the staff involved in using the iPads.

- d. For the wider staff teams within the care homes.
2. To maximise the benefits of the iPads for people with dementia by identifying:
 - a. What needs to be in place to support the introduction of iPads.
 - b. Different ways in which the iPads can be used.
 - c. Recommendations for good practice.

In order to address the above objectives the ADS evaluation team adopted a mixed methods approach. This drew on quantitative and qualitative data gained from a variety of relevant parties through interviews, case studies and surveys which took place between October 2014 and March 2015. A full description of the evaluation activities is provided in the next section.

Report structure

This evaluation report consists of four main sections:

- Evaluation activities – this section describes the key activities carried out during the ADS evaluation;
- Evaluation findings – these focus on:
 - How the iPads are currently being used.
 - The impact of using the iPads.
 - The iPad training sessions.
- Conclusions – this section summarises the key themes from the findings and draws together all strands of the evaluation;
- Recommendations – this section builds on the findings to propose a set of good practice recommendations for introducing touchscreen technology such as the iPad into care homes in order to support wellbeing for residents living with dementia.

Evaluation Methods

The evaluation carried out by ADS consisted of three key activities:

Activity Co-ordinator survey

An online survey was developed by the ADS evaluation team to elicit the experiences and opinions of the Activity Co-ordinators working across the 63 Anchor care homes where iPads have been introduced to date. The survey was created on Survey Monkey with pdf and Word versions also being generated to make completion easier for some staff. It was distributed to the Activity Co-ordinators by Anchor through their existing email network between October and December 2014.

The survey focused on the following topics:

- Previous IT skills and experience of using iPads.
- How iPads are used within the care homes.
- The impact of using iPads.
- Barriers or issues encountered.
- Planned use of iPads in the future.

Quantitative responses were analysed using Excel, and qualitative responses were manually analysed to identify common themes.

Activity Co-ordinators

Anchor's dedicated Activity Co-ordinators play a vital role to enhance the health, happiness and wellbeing of care home residents. Activity Co-ordinators arrange a variety of events and activities to enjoy in the care home and in the local community. These range from day trips to leisure facilities and places of interest, to arts, crafts, games and social events.

Activity Co-ordinators play a vital role to enhance health, happiness and wellbeing of residents. Although not offered by all care providers, Anchor is committed to providing an Activity Co-ordinator for every home.

Case studies

Four Anchor care homes were chosen as case study sites for the evaluation. Three homes were specified by Anchor and the fourth was chosen by ADS from a shortlist of three also generated by Anchor.

Each care home case study site was visited by two members of the ADS evaluation team during early 2015. Prior to the visits project information sheets and consent forms were sent to each home to ensure that people in the home were aware in advance of what was expected from them.

During each visit it was intended to collect data using a variety of evaluation activities:

- Interviews with the Activity Co-ordinators (one per home);
- Interviews with staff members from the wider team (up to four per home);
- Interviews with relatives (up to two per home);
- Observation of an activity session using a tool developed during a previous research project around iPads [4]. This would be followed by a discussion group with the residents.

Due to the types of sessions observed, session timings and concerns regarding capacity to consent, the use of a formal tool and discussion groups was deemed inappropriate and impractical by the evaluation team. Instead, verbal consent to sit in a session was gained by the evaluation team, and informal observations were made to capture the types of activities and interactions taking place and how residents were responding.

All interviews carried out during the case studies were audio-recorded when consent was given, or notes were taken when recording was not possible or appropriate. The findings were analysed by the evaluation team to identify common themes across case studies.

Interview with the Anchor Customer Engagement Adviser

An evaluation interview was carried out with the Anchor Customer Engagement Adviser who was leading on the iPad work. This interview explored the phased introduction of the iPads, the provision of training and support, and plans for the project moving forward. As with the case study interviews, this interview was audio-recorded and analysed for thematic content.

Evaluation Findings

The findings presented in this section are based on the Activity Co-ordinator survey responses, the information gathered during the visits to the four case study care homes, and the interview with the iPad Customer Engagement Adviser.

Response rates

Overall, 48 Activity Co-ordinators responded to the survey, representing a response rate of 76%. All survey statistics reported are based on the 48 responses unless otherwise specified. For example, if four Activity Co-ordinators did not answer a particular question the result will be followed by (n=44) to indicate this.

How the iPads are currently being used

As can be seen from Table 1, the initiative to introduce iPads has resulted in a five-fold increase in their use in activity sessions. The iPads have also become well-established in the majority of care homes with 80% (n=44) of Activity Co-ordinators saying that they have been using iPads in their care homes for at least six months.

	iPad use by Activity Co-ordinators
Prior to the project	15%
After the project	79%

Table 1: Activity Co-ordinators using iPads in activity sessions

The sessions

The content and structure of activity sessions varied between care homes. For example, some homes had set schedules of activities while others took place on a more ad-hoc basis. Group sessions were generally more formalised than one-to-one activities due to the organisation involved in getting multiple residents together at the same time.

In 98% (n=41) of cases, iPad-related activities were additional sessions or incorporated into existing activity sessions, rather than replacing 'traditional' activities. This suggests that the iPads are helping to enhance activities and further enrich residents' lives rather than simply digitising what homes were already doing or providing.

Planning

Activity Co-ordinators in Anchor care homes work for an average of approximately 20 hours per week. Some reported that they would deliver more activities if time allowed.

Using a monthly schedule and planning chart of all activities helps some Activity Co-ordinators to feel more in control and also helps to keep residents and other staff informed about what activities are taking place.

Activity Co-ordinators have to be adaptable and responsive. They may plan to run a session in a particular way, but if the residents do not respond positively at the time they will adapt and do something else instead. As one Activity Co-ordinator said, *“I can plan it but when I get there it is a different story”*, and activities may start out as one thing and end up as something different. Even within a session there is a need to be flexible as *“when you get there the conversation can go onto a different subject”* and the session can go off on a tangent. The iPad can help to support this by providing the Activity Co-ordinators with multiple different activities and options at their fingertips. Equally, a session may have been planned around the iPad but its use will actually depend on the residents and what they want to do at the time, and the iPad may not fit with this.

Planning activity sessions in general, and in particular seeing where the iPads could potentially be used, ultimately depends on an Activity Co-ordinator knowing their residents and being able to respond to their needs and preferences.

Frequency of sessions

Use of iPads with residents varied across the Activity Co-ordinators in terms of frequency, as can be seen in Table 2.

Frequency of iPad use	Activity Co-ordinators (n=45)
Less than a few times a week	42%
A few times a week	44%
More than a few times a week	13%

Table 2: Frequency of iPad use by Activity Co-ordinators

The timing of sessions also varied. Some Activity Co-ordinators focused on afternoons, evenings and/or weekends, while others try to use the iPads everyday throughout the day.

Two contrasting approaches to using the iPads

Home A has ten planned group activity sessions during the week, one in the morning and one in the afternoon, Monday-Friday. In an average week the iPad is used in three or four of these sessions. In addition, the iPad is used on an ad-hoc basis for one-to-one activities. The home is restricted to some extent by the availability of the Activity Co-ordinator who is the member of staff trained to use the iPad.

In Home B the iPad is incorporated in some way into practically every activity that takes place. This is enhanced by an Activity Co-ordinator being available seven days a week, and multiple members of staff knowing how to use the iPad.

Session participation

Although dependent to some extent on the size of the care home and the willingness of the residents to participate, 56% of Activity Co-ordinators have involved a total of more than ten residents in their various iPad-related activities. Some residents do not engage with activity sessions in general, while others are not interested in the iPads or are not comfortable with them as *“it’s scary for some people”*. For some Activity Co-ordinators, who takes part in an iPad session will depend on who happens to be in the lounge at the time, while others referred to their ‘regulars’ who are more willing to use the iPad than other residents.

Those residents who took part had a variety of care needs, such as dementia, learning disabilities or mobility issues, indicating that the iPad activities are suitable and accessible for many different residents and can help to bring them together. Unifying activities were felt to be especially positive when a home has different units for residents with different requirements, as bringing people together can help to increase contact and understanding between groups.

Involving people other than residents also takes place in iPad sessions, with other staff members being most likely to join in (see Figure 2). The involvement of other staff varied between care homes with some staff being keen to participate and seeing activities as part of their job, and others feeling that ‘care’ and ‘activities’ are separate roles. Where the Activities Co-ordinators do run sessions alone it may be because they do not require additional support, while for some larger group activities it may be

beneficial for other staff to be present from both an engagement and a practical perspective.

Taking part in activities can provide an ideal opportunity for staff to get to know residents better in an informal setting.

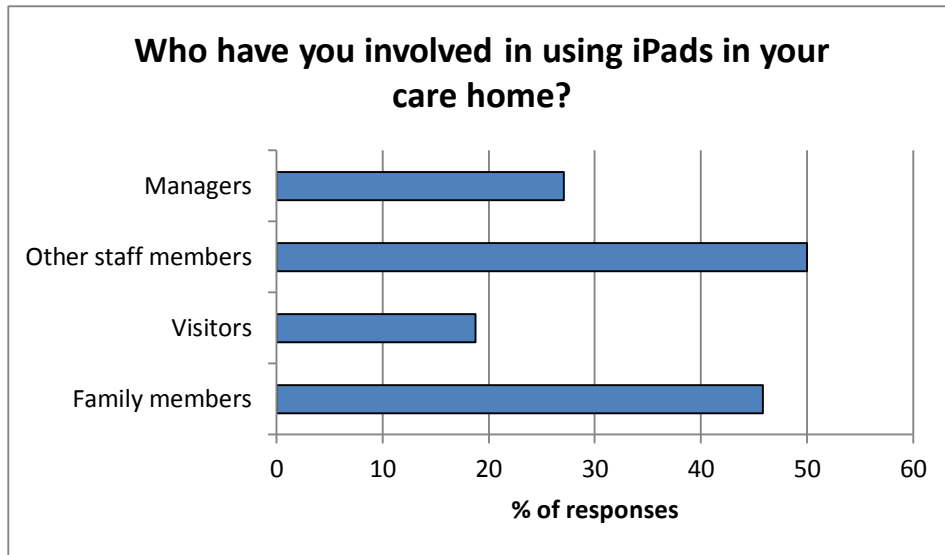


Figure 2: Non-resident involvement with iPads

Forty six percent of Activity Co-ordinators have involved family members in their sessions. As well as making them feel included in their loved ones' lives, they can provide important information about the residents and an insight into their past which helps with reminiscence activities.

Use of iPads

There are advantages to having more than one staff member trained to use the iPad in a care home. This can relieve some of the pressure on the Activity Co-ordinator and increase opportunities for residents to use an iPad. As can be seen in Table 3, iPads are used in a variety of different scenarios by the Activity Co-ordinators.

Type of session	Activity Co-ordinators using iPads in this way
One-to-one	85%
Small groups (maximum five residents)	75%
Large groups	52%

Table 3: Type of sessions where Activity Co-ordinators use iPads

There was also variability in terms of who controls the iPad, with residents being able to use the iPads in many cases (see Table 4).

How the iPad is controlled	Activity Co-ordinators using iPads in this way
By the Activity Co-ordinator	38%
By the resident, supervised by the Activity Co-ordinator	58%
By the resident, unsupervised	10%
By another member of staff	27%

Table 4: Controlling the iPad

It was felt by one Activity Co-ordinator that to enable direct interaction with an iPad they tended to focus on one-to-one activities. However, by connecting the iPad to a bigger television screen they could enable multiple residents to engage with a single iPad at the same time.

During one session it was observed that running a group session whilst doing what was essentially a one-to-one activity was possible and very successful, but depended greatly on the skill of the individual Activity Co-ordinator to engage the wider group. When one resident was using the iPad the Activity Co-ordinator was able to promote conversation and group discussions by asking questions about what the individual was doing and using their knowledge of the other residents to relate it to relevant aspects of their own lives. For example, if one resident was drawing a picture of a dog the Activity Co-ordinator would encourage the wider group to talk about pets they used to own and if they looked like the picture being drawn.

Resident use of iPads

A resident was able to control the iPad independently in order to use an app where she could 'look after' her cats. Although still supervised by a member of staff, the resident made their own decisions about how to use the app and move between screens.

Seventy one percent of Activity Co-ordinators have used the iPads as part of planned activity sessions, while 52% have used them in a more impromptu or opportunistic fashion, indicating the flexibility of the iPad. The ability to look up information in real-

time during a conversation and get answers to questions straight away was valued by the Activity Co-ordinators:

“It happened at one of our tea parties the other week. This resident was singing a song, an old time song out of nowhere. We quickly searched for it and we were all joining in now we know the words”

This type of use helps to keep conversations going and improves engagement with individuals as it also enables the Activity Co-ordinator to personalise interactions.

Types of activity

In general, Anchor care homes provide a variety of different activity sessions which may or may not involve an iPad in some way. These generally fall into three main categories:

1. **Practical activities** such as baking, knitting, massage or exercise sessions. The iPad cannot replace this type of activity, but may be used as a tool to support or enhance the activity. For example it is used to play music in the background, *“even when we have events we put a selection of music on in the background”*;
2. **‘Converted’ activities** such as jigsaws, drawing/painting or quizzes, where the activity has been converted into a format that can be run on the iPad. The iPad provides a better way of running the activity that requires less space, fewer resources, and allows more people to get involved at one time;
3. **iPad-specific activities** such as the ‘fishpond’ app and other sensory apps. The iPad is necessary for this type of activity as there is no ‘real’ equivalent.

There is currently a good balance within the homes in terms of providing activities of all three types, which helps to address the needs and preferences of different residents.

The Activity Co-ordinators are using the iPads to carry out a range of different activities, with playing music or songs being the most common across nearly all Activity Co-ordinators (94%). Games were also quite popular, with bingo, jigsaws, crosswords and quizzes being mentioned in particular.

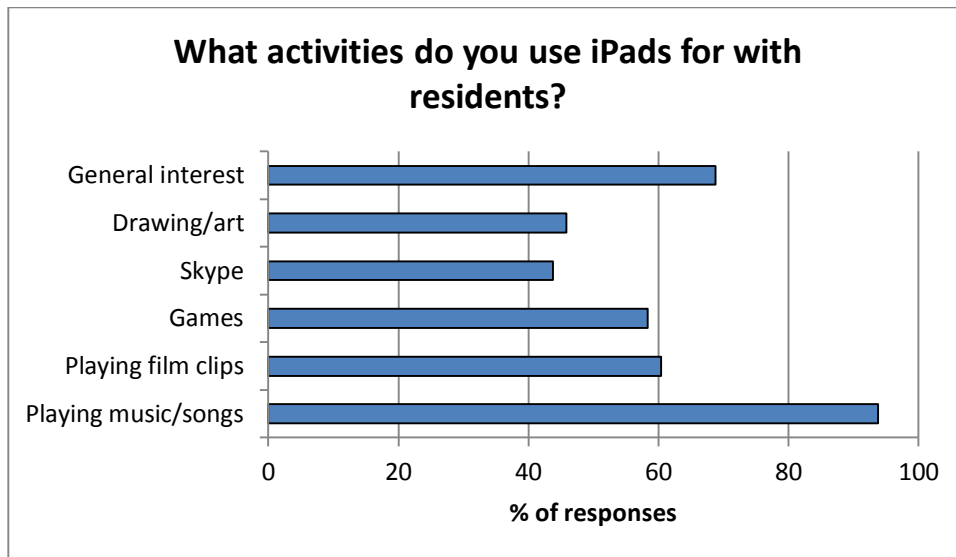


Figure 3: Activities using the iPads

Additional activities included:

- Sensory apps such as fishing, water sensation and sounds (including animal noises);
- Reminiscence activities, in particular using Google maps to find images of where residents used to live;
- YouTube, although it was not specified which types of clips are used;
- As a camera to take photographs and videos of various events which can be shared with relatives or used on notice boards within the home;
- Translation tool to help communicate with residents who may have reverted to their mother tongue, which is a symptom of dementia for some people;
- Online shopping, sometimes for actual shopping and sometimes as the basis for a more general conversation about different items.

In addition to activities with residents, the iPads have been used by the Activity Co-ordinators and other staff as a means of accessing the internet to find out information. For example, when Activity Co-ordinators are planning activities such as quizzes and when staff need to do their own research in response to any queries that may arise from their work.

Types of interaction and engagement

During the session observations a variety of interactions were noted between the individuals involved.

➤ Group activity, some resident interaction

In two sessions a group activity was taking place where the main interaction was between the Activity Co-ordinator and individual residents in a structured 'call-response' manner, where the Activity Co-ordinator would initiate an interaction with a question, action or instruction, and the residents would respond directly to it rather than engaging in a more spontaneous manner. There was limited direct interaction between residents in the form of conversations or chatting. Interactions were generally limited to individual residents singing songs and others joining in, with residents reacting to what another was doing rather than two-way engagement. The Activity Co-ordinator was in charge of the iPad and there was no direct resident engagement with the iPad. In this case, the iPad was a **tool** rather than the focus of the activity.

These interactions are illustrated by the arrows in

Figure 4, where dotted arrows indicate limited interaction taking place. AC= Activity Co-ordinator. To note, only three residents (C1, C2 and C3) are included as an indication.

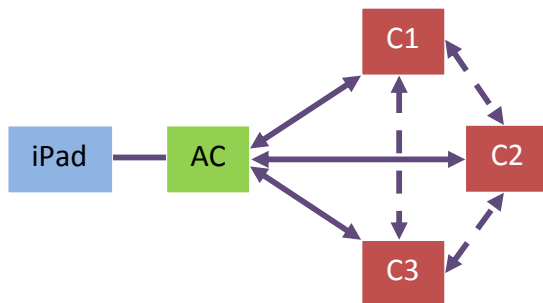


Figure 4: Interactions during group activity – minimal interaction between residents

➤ Group activity, full resident interaction

In two sessions a more interactive group activity was taking place. The Activity Co-ordinator used the iPad to play music and videos, but was asking questions, prompting conversations and encouraging reminiscence about the songs and related memories. This resulted in more discussions, singing and even dancing amongst the residents,

sometimes spontaneously without needing the Activity Co-ordinator to prompt them. The Activity Co-ordinator was in charge of the iPad and there was no engagement between the residents and the iPad. The iPad was a **resource** with a more central role than in the previous example.

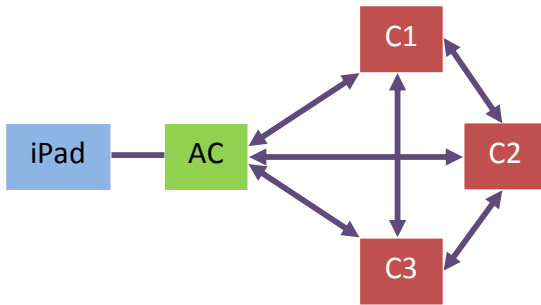


Figure 5: Interactions during group activity – full interaction between residents

➤ **Group activity, full resident and iPad interaction**

In two sessions group activities took place where the Activity Co-ordinator supported residents, some of whom had dementia, to use the iPad directly in a turn-based fashion. In order to make this work as a group activity and keep the residents involved and engaged even when they were not the one using the iPad, the Activity Co-ordinator asked questions and prompted discussions by encouraging the others to share their thoughts on what the resident using the iPad was doing. The residents took it in turns to have direct interaction with the iPad, and the iPad was the **focus** of the activities.

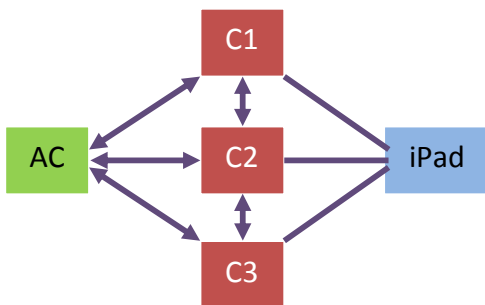


Figure 6: Interactions during group activity – full interaction between residents and with the iPad

➤ **One-to-one activity, no iPad interaction**

In one session an Activity Co-ordinator worked with an individual resident and used the iPad to play music in the background. The resident had no interaction with the iPad, which was being used as a tool in this instance.

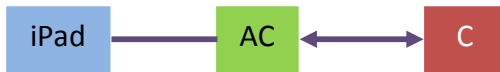


Figure 7: Interactions during one-to-one activity – full resident interaction with the iPad

➤ **One-to-one activity, full iPad interaction**

In some cases the Activity Co-ordinator supported an individual resident to use the iPad independently. Although the Activity Co-ordinator was available to offer advice, the resident was in charge of and directly engaged with the iPad. Here, the iPad was the focus of the sessions.



Figure 8: Interactions during one-to-one activity – full resident interaction with the iPad

These examples indicate that the evaluation team observed the iPads being used in a wide variety of situations, with different levels of interaction and engagement for residents. Whether the iPad was acting as a tool or resource, or was the focus of the activity, the residents were happy and enjoyed the sessions. However, it should be noted that in some cases this appeared to be due to the type of activity and the effort made by the Activity Co-ordinator and/or other staff members, rather than anything specifically to do with the iPad.

Residents with their own iPads

As well as the iPad belonging to their care home the Activity Co-ordinators are increasingly engaging with residents who have their own individual iPads. This is likely to become more prevalent in the future as residents begin to come into care homes with this technology and relatives start encouraging their use. Examples from the case study sites include:

- One resident who was deaf and also had very limited vision used their own iPad to communicate with others as they are able to read text on the screen when it is in a large font. The iPad is useful as the backgrounds and contrast can also be adjusted to make the text clearer. The Activity Co-ordinator used a Bluetooth keyboard to let the resident know what was being said in conversations around them, which helped them to feel more engaged and independent;
- One resident had an iPad which they used to keep in touch with their family via email. A member of the wider staff team was working to support the resident as they learnt about emailing;
- One resident used their iPad to write down their 'memoirs' which they shared with the Activity Co-ordinator who printed copies to put on the home's notice board. This gave the resident something to focus on and an opportunity to share their thoughts with others on their own terms, as they didn't take part in group activity sessions in the lounge. They had the text enlarged on the screen to make it easier to see and use, but would like to learn how to use the iPad more efficiently as *"there must be a quicker way, but I haven't found it"* and *"there's so many things I'd like, I'm just on the cusp of grasping these things"*;
- One resident sometimes brought their own iPad when other sessions were taking place and used it independently in the background. A member of staff might go and support them and engage with them while they were doing this.

Although these activities do not always involve the Activity Co-ordinator, they present different challenges as they may require a different skill set or more detailed knowledge of the iPad.

What has worked well when using iPads

As with any form of activity, there is no set formula for what works well or not when using iPads as it is highly-dependent on the individuals involved:

- **The residents** – how they feel during a session and whether they want to engage with the iPad at that particular time or at all. This may change over time as residents become more familiar with the iPad and technology in general;
- **The Activity Co-ordinator** – knowledge of how the residents will respond to iPads to get a feel for what activities to try. How comfortable and confident they are using the iPad. This will improve the more they use the iPads and learn about what it can do;
- **The wider staff team** – how supportive they are and how much they get involved in the sessions. Some staff see activities as part of their caring role, others purely

focus on front-line care, and some are not confident using the iPads. This would need appropriate training around the iPad and activities to be implemented;

- **The care home manager** – how supportive and encouraging they are of the Activity Co-ordinators, and the example they set for the staff team.

Although the Activity Co-ordinators have used the iPads for a wide range of activities, a few recurring examples have emerged of ways in which the iPads were felt to work particularly well.

➤ **Tailored and personalised reminiscence sessions**

The Activity Co-ordinators have found that using the iPads helps to prompt discussions and triggers memories when they are talking to residents, especially those with dementia. Additionally, being able to search for relevant images, songs etc. quickly as the conversation develops or in response to what a resident says was considered to be very useful as it provides immediate feedback and validation for them.

“very good for reminiscence which is great when working with dementia”

Reminiscence

An Activity Co-ordinator was talking to a resident and their relative when they mentioned where they used to go on holiday in years gone by. The Activity Co-ordinator was able to use the iPad to quickly find images of the holiday destination from the relevant period, which triggered more memories for both the resident and their relative.

➤ **Video calling**

“We have a couple of residents whose family like to Skype them which is great to see their face when they actually see the family members”

Skype was seen as being an important use of the iPads as it enables residents to stay in touch with relatives who are in different countries, too far away to visit that often, or unable to visit for whatever reason. Not all Activity Co-ordinators have used Skype yet, but many are hoping to in the future as they can see the potential benefits that it offers for residents and their relatives.

Skype

A resident's daughter was hoping to use Skype to enable the resident to keep in touch with a relative they used to see quite often, but has limited contact with now. They had not realised that it was something the Activity Co-ordinator could help with, but was very encouraged to discover that it would be possible.

➤ Music and singing

One of the most popular activities mentioned across the board was the use of iPads to support music and singing sessions. Although many residents generally enjoy singing along to music anyway, the iPad enables an Activity Co-ordinator to enhance the sessions in various ways such as:

- Connecting the iPad to the television and showing the lyrics or video clips of the singer;
- Using a music app to find songs from a particular year corresponding with difference stages in residents' lives;
- Being able to quickly find and play songs in response to requests or conversations that take place;
- Setting up a play list that can play in the background and free-up the Activity Co-ordinator to spend more time engaging with individuals or the group as a whole, for example asking questions, dancing etc.

➤ One-to-one interactions

The iPads were also felt to work well for supporting one-to-one interactions, whether that is making an activity specific to a particular resident, or freeing up the Activity Co-ordinator to work with and support individuals. For example, one Activity Co-ordinator said that they used a bingo app which automatically generated the numbers, enabling them to support residents more closely rather than having to be stood next to a bingo machine and manually pressing a button for the next ball or number.

The main benefits of iPads

"the iPads are a good idea and some things on there make a really fun and interesting activity"

As seen previously, the iPads can be used as a useful tool and resource for Activity Co-ordinators, but more specifically the main benefits were seen to be:

- **Portability** – An iPad is easy to carry around with you, so you always have it available. This enables the Activity Co-ordinator to take the activity to the residents, especially those who are bed-bound or less mobile, or those who may be more reserved and less willing to join in group activities. It can also be passed around between residents in a group so that everyone gets a go;
- **Everything is in one place** – The iPad is a convenient way of bringing everything together as you do not have to have a stack of papers or lots of different resources, for example CDs, board games, craft equipment and DVDs. You can do everything from it rather than needing lots of technology such as a CD player, DVD player, computer etc. There are optional extras such as speakers, but these are quite small and not always necessary. The main extra would be a cable to connect the iPad to a television, which enables everyone to see the iPad screen at the same time;
- **Flexibility, adaptability and responsiveness** – On the iPad it is easy to swap between different apps and activities. The Activity Co-ordinator can respond to ad-hoc needs or preferences as they arise, and *“you don’t have to go and search”* for different resources when sessions change as they go along;
- **Good source of ideas** – The iPad provides lots of options and ideas in one place, such as a wide variety of apps that are available of people want them. This can be especially useful for members of the wider staff team who may be less experienced at leading activities;
- **Ease of use** – The touchscreen element is relatively simple to learn, and needs less dexterity or grip than holding a pen or paintbrush, so residents are still able to take part in activities using just their finger. Additional extras such as a stylus, paintbrush or keyboard are available, so different options are available for different residents rather than trying to be a ‘one size fits all’ approach. The most appropriate option can be used for each resident based on their preferences and abilities, including adjusting font size, colours and contrast;
- **Control and choice** – As it is relatively easy for most residents to use the iPad, the iPads help them to maintain control and give them the ability to make their own choices;
- **Cost effectiveness** – Barring the initial investment, an iPad provides a relatively cheap way of trying new activity ideas, especially when many apps are free and you do not have to invest in a physical DVD, game or other form of resource. However, it should be noted that other tablet devices are available which are cheaper and have similar functionality, and therefore could be even more cost effective than the iPads;

- **Useful tool** – As highlighted previously, the iPad can be used as a tool to aid the facilitation of a variety of activity sessions and does not have to be the main focus of the activity itself;
- **Novelty value** – iPads will be new to most residents, and it may retain the novelty value for some, particularly as it can be used in many different ways. Their intrigue and interest could encourage some residents, and potentially others in turn as they see it being used, to engage with the iPad.

Pictionary comparison

Paper version – An Activity Co-ordinator ran a Pictionary session with a group of residents using a flip chart and pens. Although it worked to some extent the session was difficult to facilitate for various reasons. Mobility issues meant that the flip chart had to be moved between residents for them draw on. Most residents did small drawings in a corner of the page which were difficult to see. The drawing then had to be passed around for everyone to see, making it tricky to get people joining in and keeping them engaged.

iPad version – In an observed session an Activity Co-ordinator connected the iPad to a television using a long cable. This meant that it was possible to pass the iPad between residents without the need to move, and everyone was able to see the pictures on a large screen as they were being drawn.

Overcoming the challenges

The majority of Activity Co-ordinators reported successful implementation and ongoing use of iPads but there are some considerations and challenges to their use that must be taken into account.

Embedding a person-centred approach

“It is for some people, but not for everyone”

Some residents prefer specific apps or games, while others display little or no interest in using the iPad. While one Activity Co-ordinator commented that the ‘fishpond’ app *“quite frightened”* residents because of the noise made when you touch the fish, the same app was seen to work very well with several residents in another home.

Individual preferences

Many residents prefer 'hands-on' or 'real' activities. For example one resident enjoys playing the organ but does not like using a piano app on the iPad as they prefer the feeling of the real keys.

The touchscreen aspect of the iPad is new to many residents and can take some getting used to:

"They (residents) don't understand the touch screen. They either press to[o] hard or to[o] softly and it gets frustrating sometimes for them"

Residents may also touch the screen accidentally and click on something that they did not mean to. Some residents are aware that the iPad is an expensive piece of equipment and so are wary of touching it as *"they still think they might break it"*.

"Some customers with advanced dementia can be scared of the iPad so have to use it with caution with them not to upset them"

This suggests the need for careful consideration when using iPads with different groups of people and people with varying needs, and highlights the importance of the Activity Co-ordinators knowing their residents.

Practical and technical considerations

The ability to use all of the features that an iPad offers is dependent on a comprehensive technical infrastructure that includes good quality wifi. This is crucial in order to maximise the activities that an iPad can facilitate, allow the downloading of specific apps and providing the ability to update the operating system.

Activity Co-ordinators highlighted the importance of identifying an individual with primary responsibility for the iPad in their care home. This includes ensuring that it is safely stored and signed out each time it is used, while at the same time remaining accessible.

iPad coverage

There was a widespread view among Activity Co-ordinators that in the future having a greater number of iPads in a care home would provide more residents with access to the benefits it can bring.

One potential drawback of the portability of the iPad is the size of its screen and speakers, which can limit accessibility for some residents. Many Activity Co-ordinators addressed this by connecting the iPad to the television or using a small set of speakers, which requires the use of a suitable cable.

Assistance and problem solving

While some Activity Co-ordinators are able to resolve or work around any issues they encounter when using the iPads, others require assistance. This need has been recognised and addressed by Anchor through the appointment three people in support roles covering two regions each, making them responsible for approximately 25-30 Activity Co-ordinators. It is also intended that BT Engage will provide technical support and pick up support calls in the future.

The iPad forum

The iPad forum was established by Anchor to provide a means for Activity Co-ordinators to share ideas and to help with problem solving and trouble shooting. The Customer Engagement Adviser feels that *“the uptake is really great and we have seen some great ideas come through that”*. However, the evaluation findings suggest that many Activity Co-ordinators were more likely to try and resolve their problems by using the internet than the iPad forum. Combined with the responses shown in Table 5, there is a suggestion that more promotion is needed around the iPad forum and how it can be used by the Activity Co-ordinators.

	Activity Co-ordinators (n=43)
The iPad forum is ‘helpful’ or ‘very helpful’	56%
The iPad forum is ‘unhelpful’ or ‘very unhelpful’	0%
Do not use the iPad forum	26%
Not aware of the iPad forum	14%

Table 5: Activity Co-ordinator understanding of the iPad forum

Although knowing that the iPad forum is there if they need it is enough for some Activity Co-ordinators, others realised that they could use it more than they do currently, *“I should do, but I don’t”*.

Technological Considerations

Although the Activity Co-ordinators would not want to be without the iPads after having had the chance to use them, it was recognised that there were some potential disadvantages to introducing technology into their activity sessions.

- **Touchscreen sensitivity** – It was observed in some sessions that the sensitivity of the touchscreen on the iPad was causing problems at times, as some residents put their thumbs on the front for support when they were holding the iPad. This meant that the thumb held the focus of the touchscreen, so anything done with another finger would not always register. Additionally, the iPad would also pick up if another finger or knuckle rested on or tapped the screen by accident, for example if a resident was not fully able to support their hand without resting it on something. This can be frustrating and confusing for some residents, especially if they accidentally tapped a button that changed the screen;
- **Opinions about technology** – While most people can appreciate the benefits of technology and learn to adapt to it, it can be a negative factor for others. At one care home an Activity Co-ordinator a volunteer was not confident with technology in general and the iPad *“just frightened her too much”*.
- **Cost** – the iPad is quite expensive compared to other tablets with similar functionality and features, and some participants in the evaluation felt that you could have more of a different type for the same price which would help with availability issues identified previously. The cost of songs on iTunes can also be an issue, as one Activity Co-ordinator felt that they could download songs from somewhere else for free or buy a whole CD cheaper. A free music track app would be useful to have on the iPad;
- **Weight** – The iPad itself is not particularly light, and the toughened case – while providing protection – makes it heavier and bulkier. This could potentially be an issue for frailer residents, although it should be noted that it was still able to be used by a variety of residents in the sessions observed by the evaluation team;
- **Apps** – Some apps are specific to the iPad or Apple devices, but they may not always be the best ones to use. One Activity Co-ordinator commented that with the iPad music app they used you have to have the video playing, not just the song, and because of this you cannot use another app or do something else at the same time. Based on their experiences with other tablets and devices, the Activity Co-ordinator felt that some apps and tools were better on a non-Apple platform, such as a music app on Android where you can play songs anywhere and you don't always need the video with it. Some apps can affect battery usage, for example if the screen needs to be on or open all the time because of the videos. Although a docking station could recharge the iPad as it is being used, the Activity Co-ordinator would need to be aware that it is an option and be allowed to buy it before it could be used in practice. This highlights that while there are solutions to most problems, if the right people do not know about them the problems will persist.

Moving forward with iPads

Activity Co-ordinators were generally happy with how they are currently using the iPads and had no specific plans to change this in the future. However, several offered suggestions for how their use could be enhanced. The most frequently mentioned idea was to increase the range of apps, games and activities, which would enable the iPad to become more widely used across activity sessions and events within the care homes.

The portability of the iPad makes it suitable for use in all areas of a care home, including the garden. Therefore, when rolling out iPads it is important to consider the practicalities of IT infrastructure and wifi connectivity in advance.

Also reiterating a previous point were comments indicating that Activity Co-ordinators would like other staff to be able to use the iPads. In order to facilitate this, the iPad training could be opened up to the wider staff team, or the Activity Co-ordinators could share their knowledge with others.

An interesting use for the iPads suggested by one Activity Co-ordinator involved residents who were not currently in the care home, as they could offer the opportunity *“to communicate and stay in touch with respite residents between”* stays. This could enhance respite care if residents and families are able to maintain remote relationships with key staff and even other residents. This idea indicates that the Activity Co-ordinators are embracing the iPads and appreciating some of the possibilities that they offer, as suggested by the following quotes:

“I think it is a great piece of equipment that has many uses and I hope to use it much more during activities”

“I think the iPad has been a great idea and every home should have one”

Overall the Activity Co-ordinators recognised that they were privileged to have an iPad as part of such an innovative project and felt that every care home would benefit even further by having more than one iPad.

In addition to activities designed to engage residents, it was suggested that the iPads could be used for office-related tasks. This could be particularly beneficial due to the mobility and flexibility offered by the iPads, as it would allow staff to do their paperwork on the move and still be with the residents rather than being tied to an office space.

Key learning points for successful implementation

Three main areas were identified as central to embedding the successful use of iPads across a care home:

1. Comprehensive IT infrastructure including wifi/broadband connectivity. This is particularly key for some uses of the iPad, such as video calling;
2. iPad training and support for other members of the staff team as well as Activity Co-ordinators;
3. Matching the number of iPads available in each care home to the likely level of use.

New ideas

In one care home an Activity Co-ordinator had not considered using their iPad to take photographs of events. However, within five minutes of it being mentioned they had come up with a number of ideas for how they could do this and use the camera aspect more widely, and had decided to go ahead with it.

Summary of iPad use

The iPad is a flexible and innovative tool for engaging with individual residents and groups of residents with differing abilities and preferences. Conducting a successful activity session that incorporates iPads is a very skilled process and depends on having appropriately trained and support Activity Co-ordinators.

The evaluation suggests that in some activities the iPads are not always used to their full potential or even 'as an iPad', becoming a supporting tool or resource instead. This should not be taken as a negative because in these cases the iPads help to enhance activity sessions rather than being the main focus of them.

The common underlying theme across the findings is that successful use of the iPad as part of activity sessions requires staff with appropriate training and support. You will not necessarily have a successful session merely **because** of the iPad.

The impact of using iPads

“the iPad has opened up a whole new world for our residents and myself”

The informal session observations and interviews with a variety of individuals involved with the iPads have shown that their introduction into Anchor care homes has been very useful and entertaining for both residents and staff. iPads have also enabled a range of interactions that may otherwise not have happened, helping to enrich the experience for those involved.

Impact for residents

The findings of this evaluation indicate that group activities using the iPad are a good opportunity for bringing together residents across a home, regardless of their care needs, abilities and preferences. The flexibility and simplicity of the iPads facilitate the inclusion of residents with dementia in group activities, thereby reducing isolation and promoting social interaction.

Overall the Activity Co-ordinators reported positive attitudes and reactions to the iPads from most residents, including those with dementia.

“I think the biggest change I’ve noticed is in the dementia residents we have residing at our care home. The pure joy on their faces from the sensory apps, that one smile... or laugh just speaks volumes!”

Video calling

The Activity Co-ordinator in one home was able to fulfil the final wish of one resident by setting up a video call on the iPad. The resident *“got to see his daughter and grandchild”* two days before he passed away.

Residents enjoy interactive activity sessions where they could see old films or songs on the screen and were able to sing along with the words. This enabled the residents to engage more fully with the activity and could result in more general reminiscence and conversation.

“They seem happier and more confident with joining in with sing along time as I can connect the iPad to the telly for the words”

Over 60% of Activity Co-ordinators said that they have seen a change in resident behaviour or mood.

“The residents love to engage and it encourages the residents to communicate with others”

While some residents with dementia can initially be confused about what the iPad is and ask questions like *“why they are not using the bigger TV”*, most will actually try using the iPad when it is in front of them. Residents have also got more used to the iPad over time as *“it’s like everything else, it grows”*.

It was observed that when residents directly used the iPad they seemed to get the hang of it quite quickly and were happy to use it. Some residents can also get quite engrossed and involved in what they are doing, especially when they can see the immediate effect of their action, by for example creating a painting or ‘petting’ an animal.

Impact on behaviour and mood

Example 1 – An Activity Co-ordinator was able to calm and distract an ‘agitated’ resident with dementia by using the fishpond app on the iPad. The resident became intrigued when they saw how the fish responded to the Activity Co-ordinator touching the screen and became so absorbed with it that their behaviour changed.

Example 2 – Music was known to be beneficial for one resident in terms of improving their mood, *“especially if she’s a bit down”*. Engagement through music can be enhanced by the iPad as it makes it easier for the Activity Co-ordinator to personalise the music choices or respond to requests from the resident.

Example 3 – One resident became agitated and wanted to leave their care home to return to their own house. The Activity Co-ordinator was able to use the iPad to look up where the resident had lived previously and show them their house and surrounding area using Google Maps. This helped to settle the resident and trigger positive memories and conversations.

It also works well when Activity Co-ordinators promote control, independence and choice by giving residents the choice of what they want to do. The Activity Co-ordinators let the residents know what the options are, then *“it’s up to them what they want to choose”*.

It was also felt that the iPad is *“very useful, especially for the clients with sensory needs, the ones who are bed bound”* as the iPad can be taken to them and they can be in control of relaxing, calming activities that have a sensory focus.

Impact for relatives

Although not specific to the use of iPads, being able to see a resident taking part in activities can be beneficial for the relative. This is partly because it enables relatives to see their loved one doing different things that they may not have appreciated they were still capable of. As one relative commented, they had *“been surprised to see another side”* of their loved one.

Another benefit for the relatives is that it can help to create new, good memories for them, for example seeing their loved one *“singing out loud and enjoying herself”*. These impacts are reflected in the Activity Co-ordinator responses shown in Table 6.

Impact	
The iPad sessions have changed the attitudes of relatives and visitors	42%
I have seen a change in the way relatives and visitors engage with residents and others	33%

Table 6: Impact of the iPad sessions – relatives and visitors

It can be advantageous to inform relatives about the use of iPads in the care home. Staff reported that relatives were positive about their potential and felt that their loved one would be able to benefit from them.

As well as providing useful information about a resident’s preferences and interests, a relative may have suggestions about how the iPad could be used, especially if they have one of their own.

The iPads can also be used to help reassure relatives and engage those who are unable to visit as often as they would like. There are two main ways in which this could be done:

1. Sharing photographs – If an Activity Co-ordinator (with appropriate consent) takes photographs of events or a resident taking part in activities, these could be shared with the relatives to show them what takes place;
2. Skype – Skype can help people to stay in touch more regularly as well as reconnecting people who haven’t seen each other for a long time.

Reconnecting with relatives

At one care home it was mentioned that a relative did not even know that their loved one was still alive as they had previously lost contact. They were thrilled when the Activity Co-ordinator managed to get in touch with them.

As well as being good for the relatives, closer engagement can be beneficial for the care homes as it can help to build stronger and more positive relationships between staff and relatives, reinforcing the positive work that is being done which the relatives may otherwise not be aware of.

Impact for Activity Co-ordinators

Although the introduction of the iPads has been a challenge for some Activity Co-ordinators and meant a steep learning curve for others, they have been positively received overall. Activity Co-ordinators feel that they are learning every day and becoming more confident with the iPads the more they use them.

As seen in Table 7, the iPad sessions have had an impact on the Activity Co-ordinators' attitudes towards technology and how they engage with residents as they are able to focus more on individual residents and personalise activities for them, especially those with dementia.

Impact	
The iPad sessions have changed my attitude	54%
The way I engage with residents and others has changed	65%

Table 7: Impact of the iPad sessions – Activity Co-ordinators

The Activity Co-ordinators enjoyed using the iPads and seeing how the residents respond, and felt that the iPad *“has enhanced the activities”* that they deliver. The iPads have also helped to make it easier for the Activity Co-ordinators to carry out activities as *“you just go in and click anywhere and everything is there”*. It has given some Activity Co-ordinators different ideas of activities to try, and also helped to find ways to engage with residents who may not have participated in ‘traditional’ activities sessions.

Impact for the wider staff team

As noted previously, the involvement and engagement of care staff in iPad sessions – and indeed activities in general – varies between care homes. Some staff are fully-

involved and support residents to engage with activities, and may directly control the iPad to assist the Activity Co-ordinator. Other staff may only choose to join in when they are interested and do not necessarily consider organised activities to be part of their role.

The survey responses shown in Table 8 indicate that the introduction of the iPads may be helping to promote a change amongst the wider staff team.

Impact	
The iPad sessions have changed staff attitudes towards technology	42%
I have seen a change in the way staff engage with residents and others	52%

Table 8: Impact of the iPad sessions – wider staff team

While some care staff may already know how to use the iPads, they do not necessarily know where to start in terms of activities or how to use the iPad in this context. As one Activity Co-ordinator acknowledged, *“it’s hard for a carer to be an Activity Co-ordinator”*, and it was generally felt that the iPad helps care staff by making activities easier for them. It gives them lots of ideas of what they can try with residents as *“it’s there for them. The apps, everything’s there. They don’t have to think about ‘oh gosh, what am I going to do?’”* This is especially useful when Activity Co-ordinators are not on shift or available to ask for advice, as it gives staff more choice, options and scope and enables them to adjust activities based on resident preferences at the time. For example, if a resident decides that they want to do a jigsaw rather than a drawing, the staff member can easily switch between apps.

Additionally, iPads can provide care staff with quick and/or impromptu one-to-one activities as ways to engage residents in ‘challenging’ situations without requiring lots of additional resources. Many apps or games are also short activities or can be saved and returned to later on, which is more cumbersome with ‘real’ activities such as painting or jigsaws.

Staff who did get involved with iPad activities were very positive about their use and could see additional benefits:

“I find it very informative as well. With our tea parties we use the reminiscence cards – we all learn something new. It’s not just for the enjoyment of the

residents, it is for the enjoyment of the staff as well. It is like history we all learn something”

The iPad training sessions

Although the iPad may be considered quite simple and easy to use, many Activity Co-ordinators had not used them before and cautious at the prospect. The initial challenge for the Customer Engagement Adviser in charge of the iPad training programme was therefore to help some people get over their own reservations and increase their confidence in using the iPad. The Customer Engagement Adviser also faced a challenge to deliver training that would be appropriate for all Activity Co-ordinators as *“the level of the technical abilities”* was very varied.

The need for training

While some Activity Co-ordinators had their own iPads at home and already knew how to use it, others had different levels of knowledge. Some Activity Co-ordinators felt that the iPad *“was scary at first”*, while younger staff in one home were happy with using an iPad but had less experience of running activities.

This mixed picture was reflected in the survey responses. Overall, the iPad training was necessary because although the self-rated level of previous computer/IT skills of the Activity Co-ordinators tended to be better than average (Figure 9), most (56%) had little or no experience of using iPads.

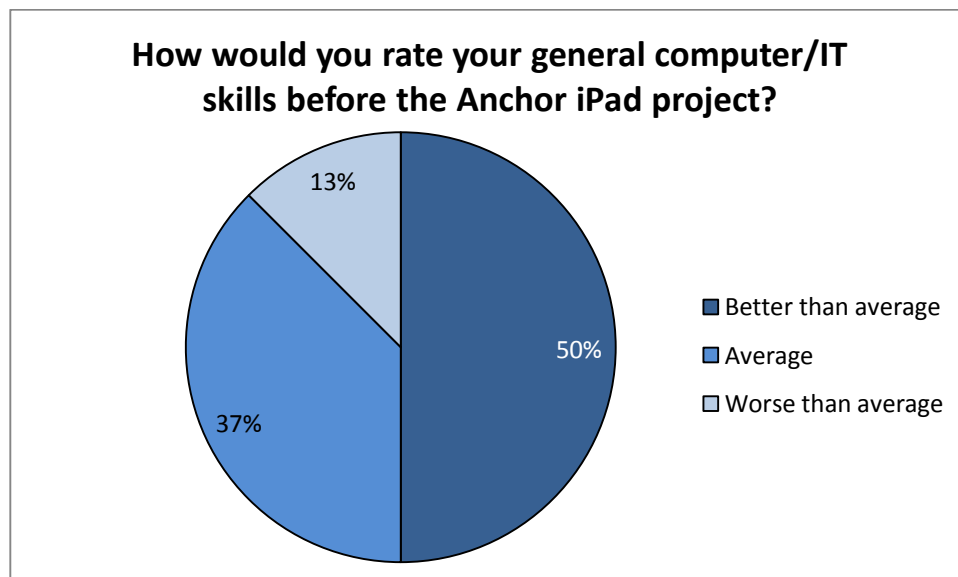


Figure 9: Self-rated IT skills of Activity Co-ordinators prior to the project

Those with previous computer/IT experience had mainly used iPads at home or for personal use (56%) rather than in a work capacity as only 15% of Activity Co-ordinators

said they had used the iPads in activity sessions. In addition, prior to the training 40% of Activity Co-ordinators said that they were 'not at all confident' about using iPads with residents, with a further 40% being 'somewhat confident'.

These results indicate that there was a definite need for the iPad training to enable the Activity Co-ordinators to feel suitably prepared and confident to use iPads as part of their activity sessions.

The survey responses indicated that 75% of Activity Co-ordinators have received training on how to use the iPads. Some of those who had not been trained commented that they would like to receive the training and felt that it would have been useful before being asked to start using the iPads in their care home. Reasons for not being trained were not always given, but in some cases it was because personnel within the care home had changed and while the previous Activity Co-ordinator had received training the new one had not.

Training content and delivery

A training pack was developed within Anchor to form the basis for a one-day iPad training course. The pack includes information for the trainer and covers topics such as:

- The resources needed by the trainer in order to deliver the training course;
- The resources required by each care home following the training:
 - An iPad;
 - An HDMI cable and adapter to enable the iPad to be connected to a television;
 - A set of headphones;
 - A stylus pen;
 - An iPad charger.
- Background information for the project;
- Instructions on how to demonstrate the iPad, including:
 - Functionality and features of the iPad;
 - How to download and use a selection of free apps;
 - How to use Skype, including how to manage resident expectations of what it is.
- An icebreaker activity based on the Anchor 'My Living Story';
- Data protection issues covering privacy, device security and online safety;

- A group activity encouraging participants to design and develop an iPad session;
- A glossary of terms used during the training or relating to the iPad technology;
- A short test to assess whether participants have gained a basic level of knowledge about the iPads;
- An evaluation and feedback form for the participants.

Training sessions lasted anywhere between one hour and one day, with some Activity Co-ordinators receiving one-to-one training and others being trained as part of a larger group. Training could either take place in an Activity Co-ordinator's own care home or at an external location. In some homes only the Activity Co-ordinator was trained to use the iPad, while in other homes a wider group of staff were involved.

To supplement the training a series of 'self-help' training videos are available on the Anchor intranet. These are currently 'how to' videos focusing on practical and technical aspects of using the iPad, but it is understood that in the future work will be undertaken to increase the range of videos to cover topics such as the iPad being used in practice.

Training feedback

Most Activity Co-ordinators felt that the iPad training covered everything that they needed to know. There were also comments that indicated areas where the training could be improved. For example, some of the Activity Co-ordinators who had less experience of using iPads suggested longer training sessions, while others proposed the idea of refresher sessions.

Comments also highlighted the need to take into account different learning styles. For example, some Activity Co-ordinators liked the hands-on style of training as it gave lots of ideas of things to try. They also enjoyed doing their training in a group as it gave them the chance to meet other Activity Co-ordinators, share ideas and see how they use the apps. Other Activity Co-ordinators preferred a greater practical focus to the training and felt that they would benefit from more one-to-one sessions as a way of focusing on the individual needs of the learner.

The Activity Co-ordinators felt that the training was effective and suggested that it would be beneficial for other members of staff to be trained to use the iPads as well as the Activity Co-ordinators themselves. While this may be best achieved by staff undertaking the same training, it may also be possible for the Activity Co-ordinators to cascade their knowledge as 65% felt 'confident' or 'very confident' about showing other members of staff how to use the iPads with residents.

Impact of the iPad training

Following the training, self-rated confidence in using the iPads increased considerably with a further improvement being seen after the Activity Co-ordinators had been able to use the iPads in practice (Figure 10). Confidence was also high in terms of Activity Co-ordinators feeling able to share their newly-gained knowledge.

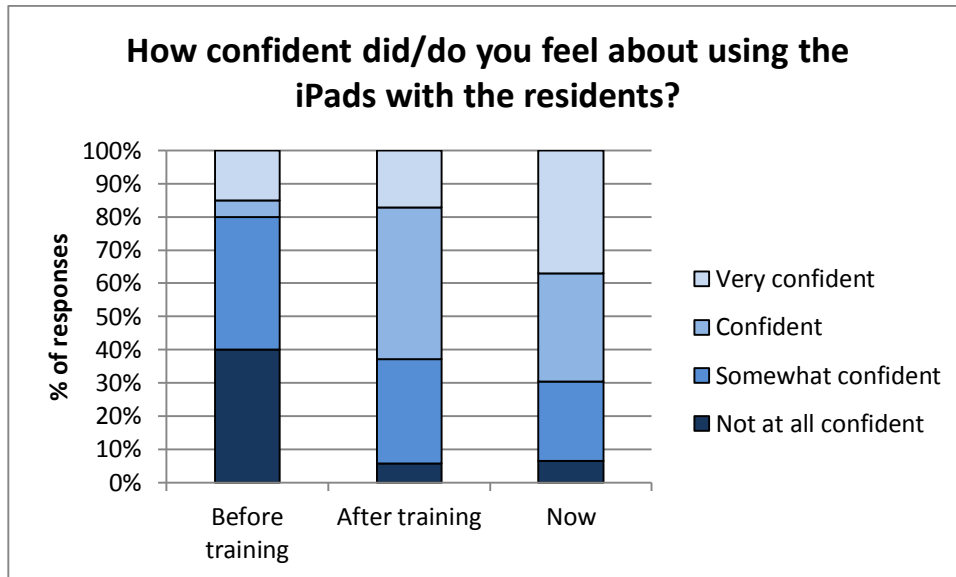


Figure 10: Self-rated confidence levels of Activity Co-ordinators at different stages of the project

Some Activity Co-ordinators said that they were still not that confident to do things by themselves and looked to the Customer Engagement Adviser for help and advice as they were the point of contact following the training. Others felt that following the training there tended to be a lot of “learning as you use it” and trial and error as “you just find out” how to do things. This supports earlier suggestions that refresher session might be beneficial.

Training summary

Prior to the training programme being implemented the Activity Co-ordinators had varied levels of knowledge and understanding of how to use iPads. Overall the training was well-received and helped to increase the Activity Co-ordinators’ confidence. Our findings indicate a need for continued training and support, particularly for less-experienced Activity Co-ordinators. Enabling a wider range of staff to access the training would also have a positive impact on the use of iPads within Anchor care homes.

Conclusions

The Anchor iPad project has made significant progress by introducing iPads into 63 care homes so far. This represents an excellent foundation for the future. The project has been well planned and executed and the phased approach adopted by Anchor has enabled learning to be integrated into the project in a continuous and sustainable way. The evaluation of the project indicates that the iPad can provide an effective and innovative way of engaging with individual residents and groups of residents with a mix of abilities and preferences.

A flexible approach has been adopted that allows the project to adapt to different levels of knowledge, experience and support across a large number of care homes.

The Activity Co-ordinator role

While Activity Co-ordinators are given guidance about activities in general, they ultimately have a certain amount of autonomy regarding the type, number and range of activities they provide. There is no set formula, allowing Activity Co-ordinators to adopt their own style of working. This supports and reinforces person-centred care by enabling the Activity Co-ordinators to meet the needs of their residents, but does mean that there is more emphasis and reliance on the skills of individual Activity Co-ordinators. The use of iPads can potentially support Activity Co-ordinators in their work through its flexibility and scope, and by making it easier to personalise activities.

The role undertaken by Activity Co-ordinators is valuable and complex. They are required to respond to the needs and preferences of different residents on a day-to-day basis, requiring flexibility and a broad knowledge of their residents and activities in general.

Ultimately, a successful session *using* the iPad depends on having the right people with the right skills. You will not necessarily have a successful session *because* of the iPad.

iPad use

The Anchor care homes that took part in this evaluation provide a good balance of activities using iPads and a good balance of one-to-one and group activities. The flexibility and relative simplicity of the iPads help to make activities inclusive for all residents regardless of abilities and make iPads a useful means of bringing residents together and promoting interaction between them.

Successful incorporation of an iPad into an activity session depends on a number of factors:

The Activity Co-ordinator

- Availability and working hours, which can affect planning, preparation and delivery of sessions;
- Training and experience:
 - Knowing how to use the iPad and what it is capable of.
 - Knowing how to run activities in general.
- Confidence and comfort with using the iPad.

The residents

- Willingness of residents to engage with the iPad. It is not for everyone, and some residents may not want to use it at times or at all.

The care homes

- The number of iPads available in a care home, which might determine how widely and frequently they can be used;
- Opportunities for the wider staff team to engage with activities in general, and in particular when iPads are used.

Impact and benefit

The iPads have helped to enhance engagement with residents by giving care staff – not just Activity Co-ordinators – lots of options and ideas, and providing everything they need in one place.

The iPad sessions were well-received by all those involved, with two main types of activity demonstrating the most positive impact for residents:

1. Sessions where the resident directly controls the iPad and can see how their actions affect what is happening on the screen;
2. Sessions that encourage conversation and engagement, where the iPad is used in a supporting and enhancing role.

Training

The varying levels of knowledge and understanding of how to use iPads seen amongst the Activity Co-ordinators highlights the importance of the training programme that Anchor has implemented and the benefit of ongoing training and support, especially for

less-experienced Activity Co-ordinators. The training was well-received and has helped to increase the Activity Co-ordinators' confidence in using the iPads.

Maximising potential

While the iPad project has made a strong start, some areas that could be explored more as the project continues were identified, including:

Residents with their own iPads

Over time it is likely that more residents will buy their own iPads or have them when they move into a care home. Consideration is required of how best to support this development might include spending time with the resident to show them how to use certain features, or providing training or support from an external source if appropriate.

Engagement with relatives

Relatives are often not aware of the iPads or what is possible with them. Relatives are an important part of many residents' lives and have a wealth of knowledge that Activity Co-ordinators could benefit from, including ideas on how iPads could be used to engage with residents. iPads could also be used to develop and enhance relationships between care homes and relatives by using photographs and emails to reinforce the positive activities and events that take place. Skype can also be used to keep relatives and residents in touch with each other, and while some homes currently offer this option it has not been widely adopted.

Using the iPad to the full

Using the iPad as a tool should not be seen as a negative as it can enhance an activity when used in this way, but there are occasions when an iPad could be used differently. For example, during an activity such as a quiz, rather than using the iPad as a tool by having the questions on it, it could be used as a resource to play songs and video clips or show images that tie-in with the questions and answers to help prompt residents or encourage conversation.

Building on previous research

Although touchscreen tablets are gradually being used more widely in care homes, they are not yet commonplace or systematic. The Anchor iPad project is therefore building on previous research in this area and helping to break new ground by instigating a widespread rollout of iPads across all of its care homes, together with an accompanying training programme for its Activity Co-ordinators and a comprehensive evaluation.

The findings from this work indicate the variety of one-to-one and group activities that can successfully incorporate iPads, highlighting their diversity and flexibility. It has also been shown that an iPad can be used in different roles within activities, complementing rather than replacing existing practical or 'traditional' activities as well as providing new opportunities and ideas.

Final thoughts

With an ageing population and a rapid increase in the number of people living with dementia, there is a growing recognition of the potential for technology to be embedded across all aspects of care, including care homes. The Anchor project to systematically introduce iPads into all of their care homes represents an innovative and significant step in taking this agenda forward. The evaluation of the Anchor iPad project provides evidence of the advantages of this approach to supporting care home residents with dementia and presents recommendations for good practice in this area.

Good practice guidelines

The following good practice guidelines are based on the evaluation findings and learning from the iPad project work undertaken by Anchor.

Activities and engagement

Person-centred

iPads are not necessarily appropriate for everyone; their use should be based on individual abilities and preferences.

Planning and preparation

Ensure the right people are in place to incorporate iPads into spontaneous and planned activities. Having a named individual with responsibility for iPad use with the right role and skills is key – in Anchor’s care homes, Activity Co-ordinators are an essential part of the iPad programme.

Provide Activity Co-ordinators with an activity planning timetable.

It should be recognised that iPads are not intended to replace but enhance existing activities.

Recognise when an iPad is/is not appropriate and understand the different ways in which it can be used.

Support Activity Co-ordinators to become confident using the iPad and explore the different options that they provide.

Spend time trying new apps to identify potential issues, although some may only become apparent in practice. When residents do not like an activity or have an issue, try to clarify which aspect is the problem to help when planning future activities.

Identify where residents may have difficulties using the iPad and have different additional extras available to try, such as a stylus.

Introducing iPads to residents

Explain what the iPad is and how to use the touchscreen. When encouraging residents to use the iPad directly, start with activities where there is less likelihood of ‘going wrong’ to maximise the possibility of the resident having a positive experience.

Make residents aware of the iPad but let them set the pace for engaging with it and to what extent they want to be involved.

Slowly introduce the iPad to residents and have alternative activities available if they do not want to engage with it.

Involving people

Adjust the use of the iPad depending on who is part of a session to find out what works best for them.

Residents

Encourage residents to use the iPad directly if they are interested and able.

Provide residents with regular opportunities to directly use the iPad. Do not assume that because a resident uses an iPad in one session they will want to use it again and vice versa.

Give residents the chance to make their own decisions rather than always choosing for them.

Use iPads with a range of residents and see it as an opportunity to bring different residents together.

Be aware when residents have their own iPads and have staff with appropriate skills to support them.

Use iPads to provide visual memory triggers to encourage reminiscence with people with dementia.

Include interactive elements in iPad sessions to promote resident engagement and conversation.

Relatives

Make relatives aware of how and when iPads are used in the care home and encourage their input.

Involve relatives in iPad activity sessions and recognise the knowledge they bring with them.

Use the iPads to improve communication with relatives through options such as photographs and Skype.

The wider staff team

Encourage the wider staff team to engage with iPad activity sessions.

Encourage staff to support the Activity Co-ordinators.

Encourage staff to become familiar with the iPad and apps that can be used for quick or impromptu activities.

Variety and flexibility

Activity Co-ordinators and staff should be able to use the iPad in activity sessions, but not be reliant on it.

Offer a flexible range of activities of different types in order to provide person-centred care.

Use a range of engagement techniques rather than relying on the iPad.

Connect the iPad to a television screen, especially for group activities, to make images larger as necessary.

Training – a consistent and widespread programme

Adopt a consistent training approach for all care homes.

Provision of training

Provide Activity Co-ordinators with training and time to become confident and comfortable when using the iPad.

Provide iPad training to all Activity Co-ordinators to ensure they have a minimum level of skill when using iPads in activity sessions.

Provide consistent iPad training across all care homes to ensure Activity Co-ordinators are working from the same baseline.

Provide iPad training in a timely fashion to ensure all care homes have an appropriately-trained member of staff.

Provide iPad training to a wider pool of staff, not just the Activity Co-ordinators within a care home.

Care home managers and the wider staff team should have appropriate training to enable them to support the Activity Co-ordinator.

Content and knowledge

Ensure that Activity Co-ordinators know how to adjust iPad settings to maximise usability, particularly for people with dementia.

Provide Activity Co-ordinator training on how to deal with updates and apps. Regularly check for updates to ensure they are installed before the iPad is needed.

Activity Co-ordinators should be aware of the various apps available on the iPad and how to use them, including video calling.

Include 'hands-on' practical aspects to the iPad training to give Activity Co-ordinators experience of actually using the different apps.

Support infrastructure and processes

Provide support for Activity Co-ordinators within care homes. Do not expect them to assume sole responsibility for iPad activities.

Support Activity Co-ordinators to use the iPads for a core set of activities across all homes.

Ongoing support

Following the initial training, check with the Activity Co-ordinators to see if all their training needs have been met and address any outstanding issues accordingly.

A peer support network for Activity Co-ordinators should be established and promoted.

An appropriate technical support system should be in place for the Activity Co-ordinators.

Have a system for making Activity Co-ordinators aware of potential options available to address technical issues that they may encounter, or where to look for solutions.

Provide ongoing support for Activity Co-ordinators to ensure they can use iPads to their full potential.

Practicalities

Have one person primarily responsible for the iPad and a process for keeping it secure. This should be flexible and proportionate, and should not hinder use of the iPad.

Encourage Activity Co-ordinators to share their knowledge with other staff. Provide iPad training to the wider staff team.

To increase their use, make iPads available to a wider pool of staff, not just the Activity Co-ordinators within a care home.

Ensure that the iPad is accessible at all times to maximise its potential for ad-hoc use.

Technology

Planning and preparation

Find out which tablet device is most appropriate for the care home.

Ensure that the choice of tablet device is appropriate for the anticipated use.

While one iPad per care home can and does work well, the number of iPads should be based on the number of residents and the number of staff able to use the iPad. If there are different areas within a home it may be useful to have one iPad per area.

Ensure that the Wi-Fi/broadband infrastructure covers all areas within a care home where iPads may be used, including the garden.

Have a variety of apps and activities available/pre-loaded on the iPad.

Technical support and extras

Use of the iPad will be less restricted if the technical capability to connect the iPad to a television is available.

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