

Digital Inclusion, Vision Impairment, and Social Wellbeing in Later Life: Insights from the DiTSoW Study

Dr Alison Tingle, Raj Mehta, Natalie Kelly, Dr Steve Owen, Gill Benedikz and Professor Kathryn Almack

Content of Talk

- Background, aims of DiTSoW
- Structure and experience of public involvement
- Research undertaken
- How public involvement supported better research
- Research findings
- Final reflections on the project and the value of meaningful co-production



Background to DiTSoW

Applied Research Collaboration project within the National Priorities Programme for Adults Social Care and Social Work

Aim and Objective of Programme

Support changes to adult social care and social work based on evidence at national and/or regional level.

Aim of DITSOW

To map, explore and support implementation of digital technologies that contribute to social wellbeing of older people in receipt of social care, and their carers.

Current DiTSoW work

To support better understanding of the challenges and facilitators of digital technology use for older people with vision impairment to inform policy, practice and future research.



Public Involvement

4

- National Priority Programme research topics prioritised by practitioners, professionals, people with lived experience, and academics.
- Set up a DiTSoW research advisory group in 2022
 - 8 older people who meet with the research team every 2-3 months
- 2 of the advisory group have visual impairment
- Set up a professional advisory group this year
- Raj Mehta has been active in all these roles and as a core member of the research team



What made my involvement meaningful, positive and impactful?

5

- Involved from the beginning as a core team member of the research team
- Regular involvement and ongoing open and honest dialogue
- Contributions listened to, respected and reflected in the work
- Flexible, accessible and inclusive ways of working throughout
- Leadership support fostered genuine co-production, trust and shared learning
- Strong sense of inclusion, shared purpose and collaboration

RESEARCH METHODS

6

SURVEY

People with Vision Impairment

- Created paper and digital format of survey
- Piloted: Residential Care Home/Herts Vision Loss
- Acknowledge imperfections
- 155 surveys completed – 115 digital
- 40 (26%) non-digital: 31 printed, 9 phone calls

4 WORKSHOPS

People with Vision Impairment

- Facilitated discussions in whole and small groups
- Facilitators wrote up notes from discussion and made summary and resource sheets
- 35 people attended
 - 65-94 years old
 - Varying levels and causes of VI
 - Varied digital engagement

WORKSHOP

Mixed interest-holder

- Online interactive workshop
- 23 people attended
- Sense checked findings
- Develop recommendations for policy and practice



Key findings:

Technology supporting wellbeing:

- 78% saw technology as playing a meaningful role in wellbeing

Inclusive and accessible design and other barriers:

- “People, in general, do not have the experience and skills to understand or assess the needs of a visually impaired person”

Navigating the technology and VI landscape:

- 81% do not know about the different types of technology available to support vision impairment
- Pathways through H&SC not joined up - Heavy reliance on word of mouth - 42% identify opportunities themselves

The need for effective training:

- 32% digital users received training and only 1 of 15 non-digital user
- Too much training is sight-orientated

Confidence, choice and limitations of technology



How we worked to build genuine collaboration

8

- Involvement at both strategic and operational levels
- Collaborative approach to shaping the research
- Co-designed and tested survey accessibility
- Contributed to workshop facilitation, analysis, and reporting
- Supported accessible and non-technical communication
- Flexible, inclusive, and sustained engagement throughout

What impact did the involvement have?

9

Self

- Increased confidence, learning and understanding
- Feeling valued, respected and included
- Stronger sense of purpose and contribution

Researchers

- Greater understanding of lived experience
- Improved accessibility, communication and inclusion
- Shared learning and stronger collaboration

Research and research culture

- More inclusive interpretation of findings
- Improved relevance and real-world application
- Stronger dissemination and impact
- Improved research culture with stronger co-production and partnership working



Final Reflections

10

Research findings:

- Digital technologies can play a meaningful role in supporting independence, connection and wellbeing for older people with vision impairment.
- Accessible and inclusive design is central to whether people with vision can use digital technologies confidently
- Attention must be given to the affordability, infrastructure, accessible system design and ongoing support of digital technologies to prevent the risk of reinforcing existing inequalities.
- Timely and proactive signposting to services and technologies can support wellbeing and independence and reduce the need for additional intervention.

Final Reflections

11

Meaningful public involvement strengthens research quality, collaboration, inclusion and impact.

- Lived experience adds depth
- Inclusion drives better outcomes
- Early, sustained involvement builds trust and smoother delivery
- Strong collaboration – listening, humility and shared purpose

Thank you for listening

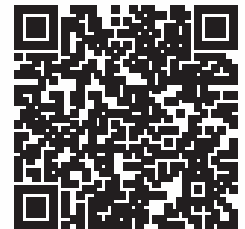
12

Contact: a.tingle@herts.ac.uk

Additional project information can be found:

<https://arc-eeo.nihr.ac.uk/research-implementation/research-themes/social-care-dementia-and-ageing/digital-technologies>

Audio version of Briefing is available through this QR code:



University of
Hertfordshire **UH**



Digital Technologies to
support social wellbeing

This research is funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) Kent, Surrey, Sussex and led by the NIHR ARC East of England at Cambridgeshire and Peterborough NHS Foundation Trust.



It is also supported by South London ARC at King's College Hospital NHS Foundation Trust.

The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

