How do community organisations use technology to deliver services to adults with learning disabilities and/or autism?

'A participatory realist review about how community organisations combine in-person and digital service delivery for adults with learning disabilities and/or autism'

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Background

Voluntary and community sector organisations (VCSOs) started using digital technology more during the Covid-19 pandemic, but preparedness varied.

Aim: *to explore how VCSOs can effectively use digital technologies alongside or instead of in-person activity to provide social care services to different adults with learning disabilities and/or autism*.

Methodology

Participatory Realist Review.

Stakeholders' experiential knowledge included in all phases of the project to enhance validity and utility of findings.

1. Defining the scope – developing theories
Co-production workshops with VCSO staff and service users developed proposition statements (theories). Purposive literature searches identified existing evidence to support emergent theories.

2. Searching for and appraising evidence
A systematic search undertaken for evidence to 'populate' the proposed theories, including a call for evidence, and website, database, and CLUSTER searches. Results were managed in Covidence. Title & abstract then full-text screening were completed by two independent reviewers.

3. Extraction and synthesis
Data extraction fields aligned with a realist approach – what works, for whom, in what context. Study rigour was assessed with appropriate validity checklist. Included literature were compared and contrasted with the relevant proposition statement(s). Context, Mechanism, Outcome (CMO) chains developed for each proposition statement.

4. Developing a narrative
Results were presented at a 'deliberative hearing' (Leeds, July 2024) to co-develop reasoned conclusion with stakeholders.

Conclusions

Use of technology and 'digital services' is diverse (!!) – e.g. mobile phones, social media, gaming, augmented reality, online videos, etc.

Supporting adults with learning disabilities and/or autism to use diverse digital services can improve their independence and life skills.

Having a choice about whether to use digital services, and valuing people's experiences is important. Co-production of services!!

Support and training for VCSOs, supporters and carers is essential; further research, including on VCSO infrastructure, is needed.

Outputs

PROSPERO: CRD4202445716

Varley et al. (2024). Hybrid service delivery for voluntary, community and social enterprise organisations working with adults with learning disabilities and/or autism: a realist review protocol. *Systematic Reviews*. ISSN: 2046-4053

'Deliberative hearing' accessible summary:
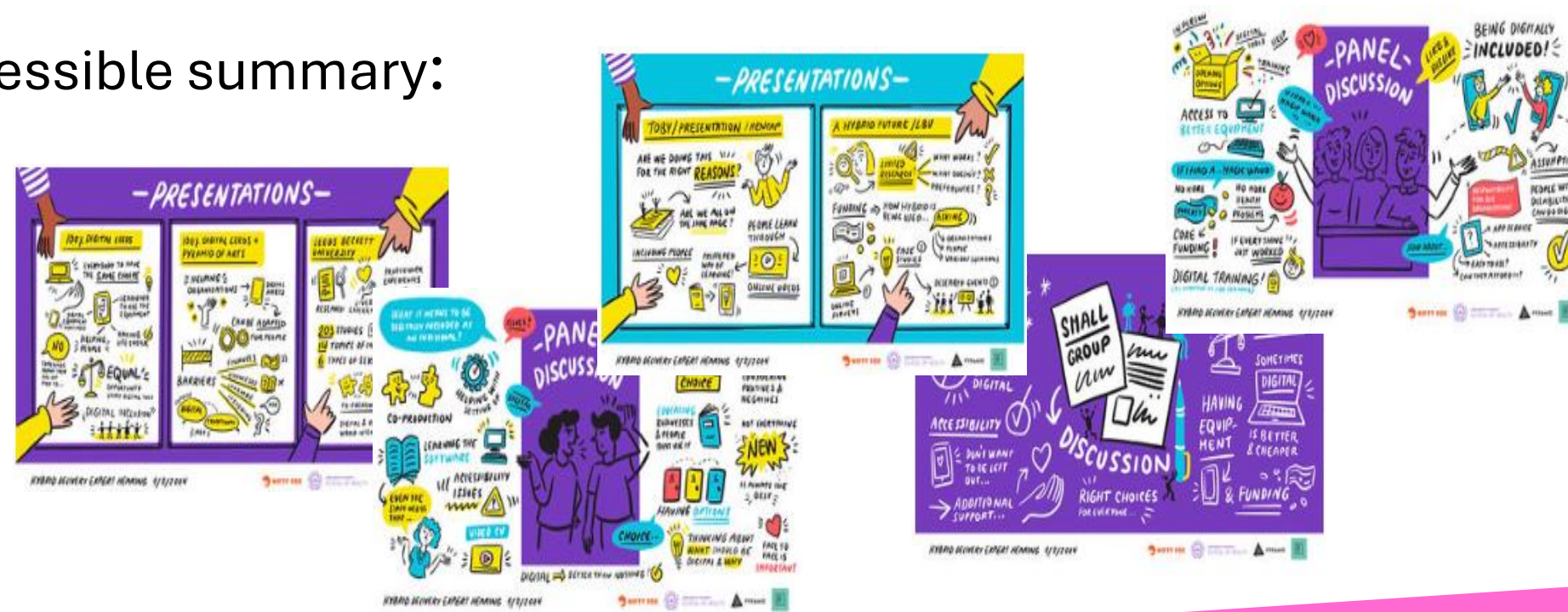
Findings

14 proposition statements about digital service delivery (DSD) and adults with learning disabilities and/or autism (LDA) were scrutinised. 203 publications were included in the review.

1. If DSDs were designed with input from LDA they would be more accessible, suitable and effective.
Co-producing DSDs with LDA is important for ensuring they are fit for purpose. Involvement also enables participants to learn new skills. However, involved is often limited to the design and development phases.

2. If VCSO offered more DSD, LDA would like and benefit from this.
DSD can have many potential benefits for LDA – social, health, psychological, skills development. DSD can be an enjoyable experience. However, DSD places an additional responsibility on caregivers and supporters and is beyond the capacity of some VCSOs.

3. If VCSOs offered LDA appropriate DSD from they could gain online peer-support (emotional and informational)
LDA can feel more connected to their peers through DSD. However, LDA can feel pushed to use technology for emotional and information support when they do not want to.

4. If VCSOs offered LDA appropriate DSD they could gain improved cognitive skills and knowledge
DSD can positively impact skills development and knowledge, particularly for education, cognitive, and emotional skills. However, while some people may prefer using DSD, the efficacy of technology is not always clear.

5. If VCSOs offered LDA appropriate DSD it could help decrease their isolation and loneliness and increase virtual and real-world social interaction.
DSD can provide LDA opportunities for social connections and to develop social skills. DSD reduced feelings of isolation and loneliness during the Covid-19 pandemic.

6. If VCSOs offered LDA appropriate DSD they could have more opportunities to gain greater self-determination, self-advocacy and empowerment
DSD empowered LDA to make decisions and control their daily lives more, including accessing health services, online banking, dating apps and online shopping. However, many LDA remained excluded or were not allowed access without supervision, limiting their independence.

7. If VCSOs offered LDA appropriate DSD it could help improve their life skills and opportunities
DSD provided can provide comparable opportunities to in-person services for gaining a range of life skills. Acquiring skills through DSD was linked with opportunities to contribute to society.

8. If VCSOs offered LDA appropriate DSD it could help improve their motor skills and increase opportunities for better health
DSD has helped reduce stress and anxiety and self-harming behaviour, increase physical activity, and improve functional tasks. Moving activities online helped LDA develop digital skills and confidence, while still accessing health and wellbeing activities.

9. If LDA can't access DSD they cannot be full members of society or exercise their free choice and human rights
Full citizenship now includes access to digital technology and online participation. However, LDA face multiple barriers to using digital technologies. Services have often failed LDA by not implementing appropriate digital solutions or not promoting digital inclusion.

10. If VCSOs offered LDA appropriate DSD then they could develop an independent private life
DSD can provide opportunities for self-determination and for being more independent. However, the technology needs to be appropriate to personal need and skills. Many LDA remain excluded from certain technologies.

11. If VCSOs, family and supporters had competency, training and positive individual and organisational attitudes towards digital technology then they would not prevent or undermine LDA from accessing DSD
VCSOs, family, and supporters had mixed attitudes towards, and competency using, digital technology. Some struggled with technology. Minimal training can be sufficient to change hearts and minds.

12. If VCSOs have sufficient/appropriate infrastructure to deliver DSD then LDA will not be prevented or discouraged from accessing them.
LDA require support and education to access DSD. Lack of capacity and skills among staff and supporters is a barrier.

13. If LDA access DSD then they are more than averagely at risk of problematic use of the internet (PUI) or problematic media media use (PMU) and victimisation online
LDA may be at increased risk of interpersonal conflicts, cyber-bullying, financial scams, identity theft, misinformation, and unwanted sexual experiences using digital technology. Actual or perceived risks discourage use.

14. If LDA access DSD then this can trigger negative responses, emotional disturbances and anxieties
Using digital technology can be overwhelming and unpleasant for some LDA. While digital technology have personal and social benefits, it is not always an appropriate substitution for in-person activities.