
Citation:

Southby, K and Bagnall, A and Trigwell, J and Brown, SSJ and Varley, D and Hearn, A and Lines, N (2025) How do community organisations use technology to deliver services to adults with learning disabilities and autism? In: 17th NNDR Conference: Disability in Local and Global Contexts, 7-9 May 2025, University of Helsinki, Helsinki, Finland. (Unpublished)

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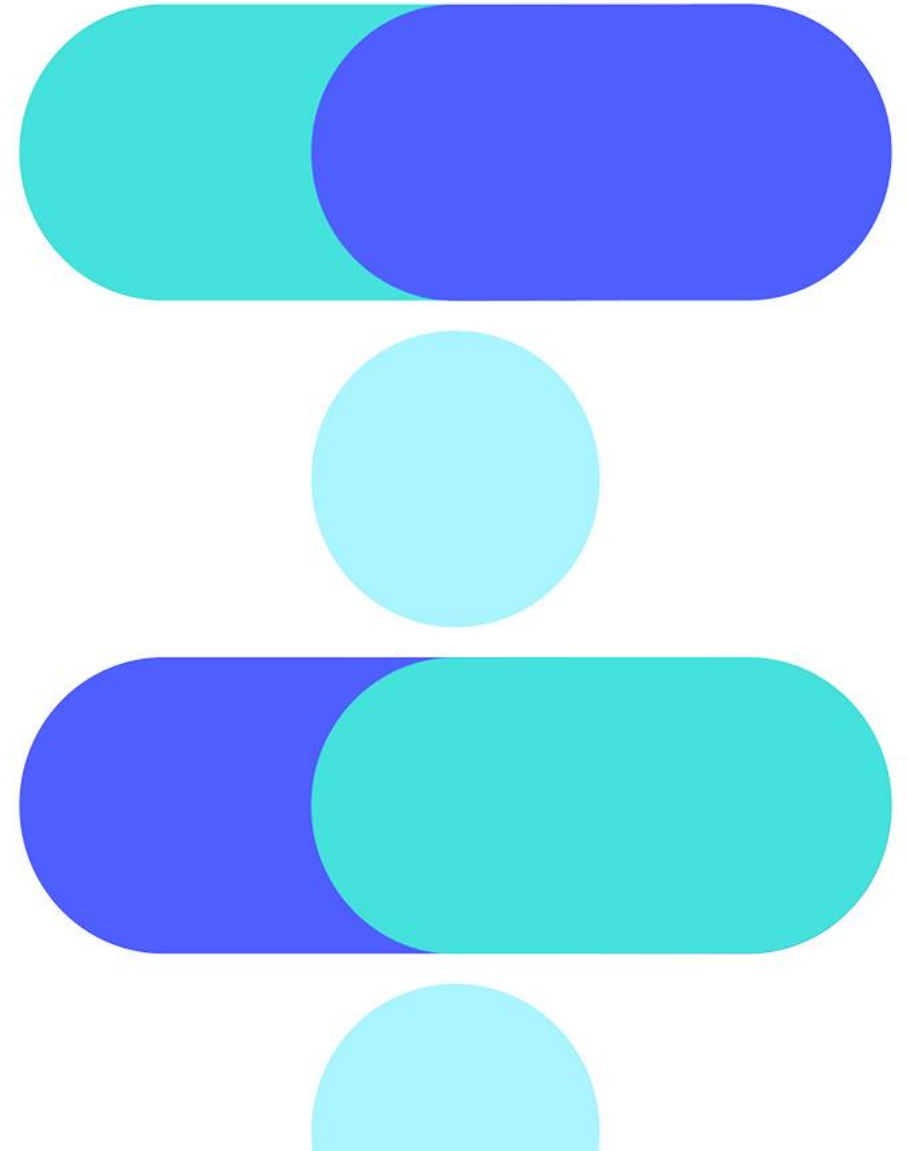


How do community organisations use technology to deliver services to adults with learning disabilities and autism?

May 2025

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Health and Care Research





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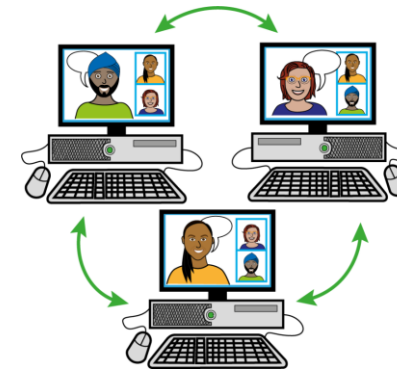
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consultation group





Definitions...

Intellectual disability – a reduced intellectual ability and difficulty with everyday tasks that affects someone for their whole life

Autism – a spectrum of developmental conditions that affects the way people communicate and experience the world around them

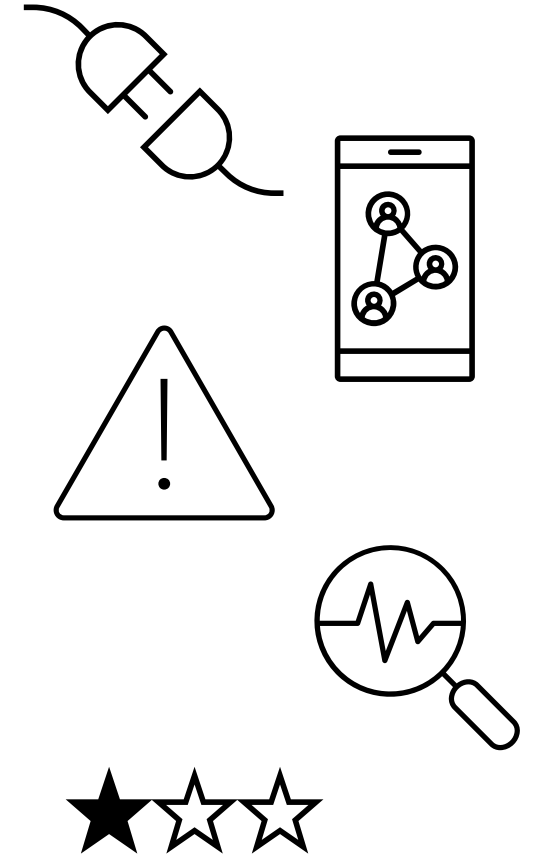
Digital exclusion – not able to use digital technologies in a way that enables full participation in modern society – lack of access, skills, confidence, motivation

Voluntary and community sector organisations (VCSOs) – non-profit groups focused on social impact, independent of government and the private sector



Background...

- Digital technology is seen as a way to improve health and social care services
- Technology enabled VCSOs to keep supporting adults with learning disabilities and/autism
- However...also highlighted the challenges
- Little evidence about/guidance for VCSOs using technology to delivery services...what worked well??
- Concerns that technology will proliferate at the expense of quality





Aim...

To explore how VCSOs can appropriately use digital technologies alongside or instead of in-person activity (hybrid delivery) to provide social care services to different adults with intellectual disabilities and/or autism

Research questions...

1. How have VCSOs carried out hybrid service delivery to adults with intellectual disabilities and/or autism?
2. What has and has not worked well, for whom, and in what circumstances?
3. What are the barriers and enabling factors to hybrid delivery?
4. What does 'good' hybrid delivery look like and what should be the criteria for assessing the quality of hybrid VCSO delivery?



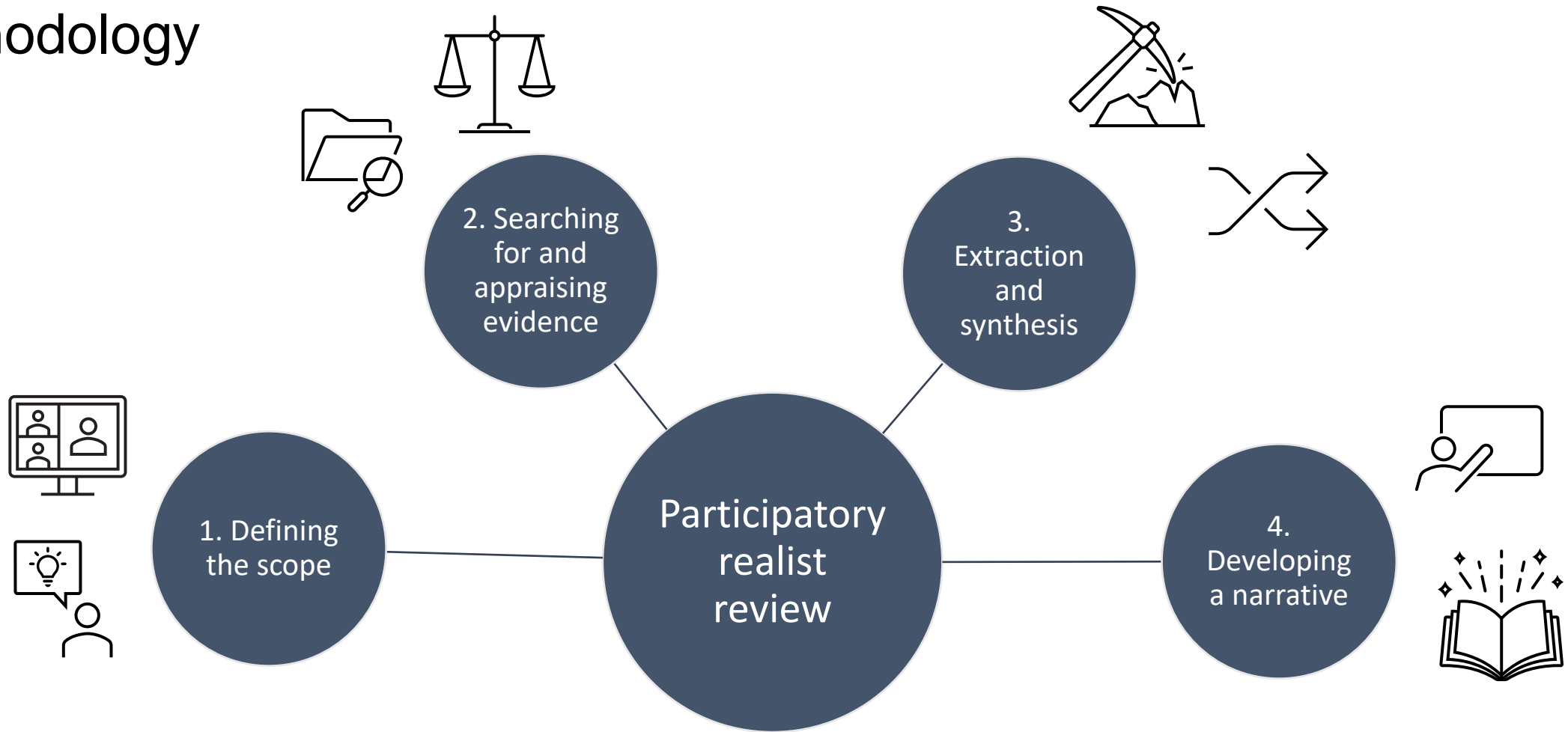


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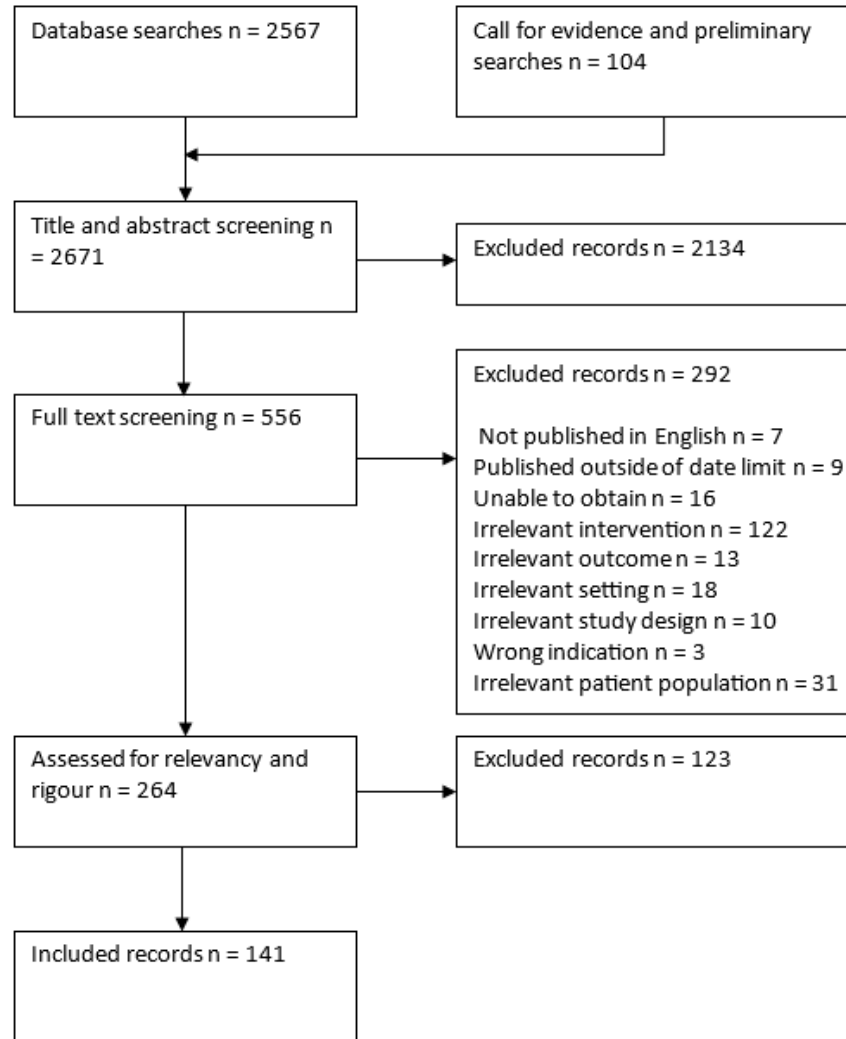




Methodology

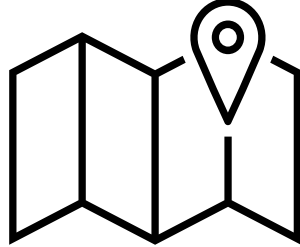


Results (i)

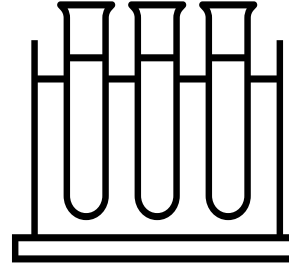




Results (ii)



27 USA,	2 Ireland
24 UK	2 Norway
12 Australia	2 Qatar
8 Spain	23 not clear
6 Canada	9 'international' studies.
3 Hong Kong	1 China, Croatia, Indonesia, Iran,
3 The Netherlands	Israel, Kazakhstan, Lithuania,
2 Austria	Portugal, Saudi Arabia,
2 France	Singapore, South Africa, South
2 Germany	Korea, Sweden, Switzerland, and
	Taiwan



42 qualitative studies (e.g. interview studies or focus groups)
45 reviews
26 quantitative studies (e.g. cross sectional, RCT)
8 surveys
8 evaluations or case studies
3 were mixed methods
Remaining reports/grey literature



64 about people with intellectual disabilities
42 autistic people
5 people with intellectual disabilities and/or autism.

29 physical disabilities, vulnerable populations or the general population





Results (iii)

14 proposition statements about digital service delivery (DSD) and adults with learning disabilities and/or autism (LDA) were scrutinised

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, involvement 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.





Results (iv)

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.



Results (v)

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.





Results (vi)

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.





Results (vii)

13. If LDA access DSD then they are more than averagely at risk of problematic use of the internet (PUI) or problematic 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

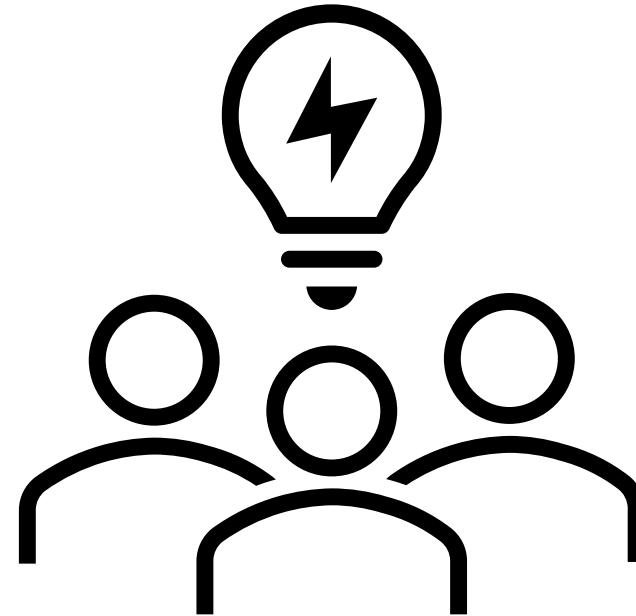
Using digital technology can be overwhelming and unpleasant for some LDA. While digital technology have personal and social benefits, it is not always an appropriate substitution for in-person activities.





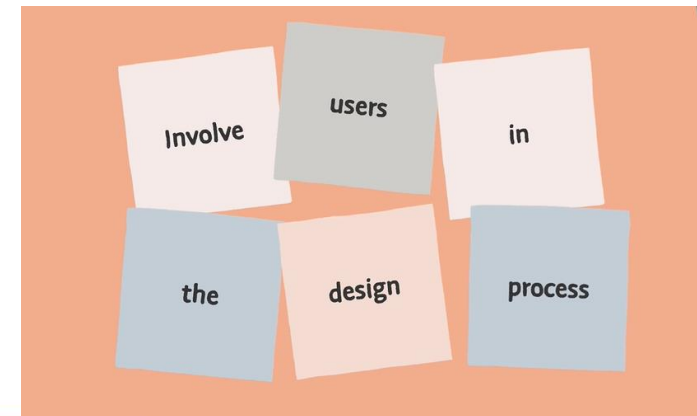
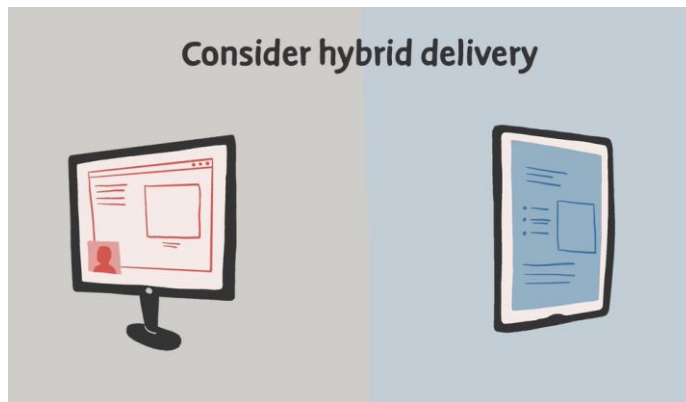
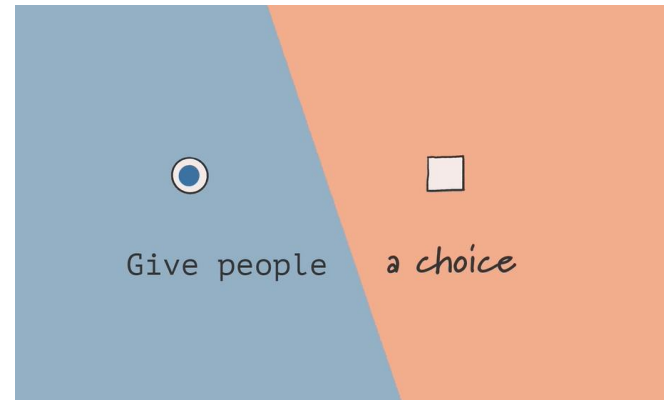
Conclusions

- Diverse use of technology
- Technology can improve (some) services and outcomes (social skills, health and employment)
- Choice is important – co-production!!
- Support and training essential, particularly for supporters and carers
- Further research!





'6 Top Tips'





Future events...

- **Wednesday 21st May, 12:00-13:00 (GMT)**



- **Wednesday 18th June, TBC (GMT)**



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This study was funded by the National Institute for Health and Care Research (NIHR) Research for Social Care (NIHR204244). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Wednesday, May 21

The voluntary sector, learning disabilities, and digital technology

We will share learning from an NIHR Research for Social Care (NIHR204244) research study and discuss next steps

General Admission - 1 +

Free ⓘ

Reserve a spot





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Thank you.
Any questions?

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