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# Appendices

## **Adult Social Care: Digital Technology and Skills Review** **Further methodological detail**

Ipsos MORI, Institute of Public Care, Skills for Care



Ipsos MORI





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# Appendices

This document supports the review of technology and digital skills in adult social care undertaken by Ipsos MORI, the Institute of Public Care (IPC) at Oxford Brookes University and Skills for Care on behalf of NHSX. Further information is available on the [study webpage](#).

## 1.1 Scoping review stakeholders

Stakeholders were interviewed for one or both reviews. Stakeholders interviewed in the scoping phase included representatives from government bodies, third sector organisations and bodies representing the social care workforce. The table below shows the number interviewed on each topic.

**Table 1.1: Stakeholder focus in interviews**

Focus of interviews	Number of interviews
<b>Total</b>	<b>35</b>
Combined (digital technology and digital skills)	20
Digital technology only	3
Digital skills only	12

## 1.2 Workforce (Skills review)

Research with the adult social care workforce included an online survey, depth interviews, and discussions groups.

### 1.2.1 Recruitment and survey dissemination

The workforce survey for the skills review was sampled through two approaches.

**The workforce survey sample (apart from registered managers)** was recruited through multiple sources. Ipsos MORI created an open link survey which was disseminated through gatekeepers who shared the survey through their media outlets and networks. Skills for Care encouraged participation in the survey through established regional networks of registered managers and social workers. This approach was intended to recruit registered nurses, social workers (including principals), occupational therapists (including principals), care workers, administrative staff and others involved in the care sector, who were not specifically targeted but who were eligible to take part. This meant that some registered managers were also recruited through this approach.

**The sample of registered managers for the workforce survey** was recruited from the CQC register. The sample was drawn from the CQC sample frame of registered providers ('care directory with filters' dated 1/3/21 saved on <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>). The sample frame was divided in half and half used for recruiting for the registered managers and care providers for the workforce survey and half used for the care provider survey carried out as part of the technology review (see below).

### Preparation of the sample frame for both skills and technology reviews

For both reviews, only adult social care provision was retained in the sample frame. Providers which were health care settings were removed. The inspection categories remaining were: residential social care and community based adult social care. Within this, specialist educational settings were removed.

Locations or care settings which are run by care providers which had any of the following types of services were eligible for the surveys (apart from shared lives which was eligible for the technology review only):

- care home service with nursing
- care home without nursing
- domiciliary care service<sup>1</sup>
- extra care housing services
- shared lives (technology review only)
- supported living service
- community based services for people with a learning disability

A variable called 'setting type' was then created to classify providers (which may offer multiple services). The first three codes were priority groups, so a provider fell into that category if it qualified and was not in a previous category already. This variable was created to help ensure the less frequent types of settings are included in the survey.

- Includes shared lives (technology review only)
- includes extra care
- includes supported living
- care home with nursing only
- care home without nursing only
- domiciliary care only<sup>2</sup>
- care home with AND without nursing only
- other multiple types' (e.g. providers with a mix of domiciliary care and CH settings or only community based services for people with a learning disability)

The sample frame contained 14,546 settings including 1,585 potential duplicates. These were deduped to create a sample frame of 12,961 providers. This sample frame was divided in two and half used for the skills review and half for the technology review. For more information about the sampling of providers for the technology review see the section on the technology review sample. For information about the qualitative sample of care providers for the skills survey see a later section.

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<sup>1</sup> The CQC sample used the category domiciliary care. In the report we refer to this as homecare

<sup>2</sup> The CQC sample used the category domiciliary care. In the report we refer to this as homecare

## Skills review sample of registered managers

For the skills review workforce survey, the sample frame was used to select registered managers. This meant sampling from individual settings or locations within each provider (not at provider level). First all eligible settings within each provider were identified. Some providers offer multiple types of provision, not all of which are eligible. Only care settings offering supported living, domiciliary, care home with nursing, care home without nursing were included in the setting level sample frames. For providers offering only one location or setting that setting was selected for the survey. Where there were 2 or 3 settings in a provide all settings were selected. For providers with 4 or more settings, 4 settings per provider were selected for inclusion in the sample. Priority was given to less common types of setting in this process and this priority order is shown below:

1. Extra Care
2. Supported living
3. Care home with nursing
4. Care home without nursing
5. Domiciliary

After this process a sample of 6,330 eligible care settings was available. The interviewers attempted to make contact and secure participation in the telephone survey from the registered manager in each setting (contact details were included in the CQC file).

### 1.2.2 Profile of the achieved sample for the workforce survey

In this section we present the numbers of interviews achieved and included in the data from the workforce survey. The open link survey generated some fraudulent responses. A £10 incentive was offered to encourage participation in the survey from a broad cross section of the social care workforce. This was successfully achieved but the survey also generated some responses which were fraudulent. To reduce the risk of fraud, a number of measures were included in the original survey. However, fraudulent responses were received and so the survey was paused (except for individual requests via email for an online link) and additional measures were taken to reduce the risk of fraud before the survey was reopened. Further details about the measures taken can be obtained from the research team on request.

It was very important that only participants considered to be genuine received incentives and had their data included in the final data. Checks were carried out every day or two during fieldwork using manual visual checks. Following fieldwork, the data was analysed to identify cases with a high risk of being fraudulent and then all cases were re-examined by two members of the research team to make a final decision on inclusion in the data. A specification for checking was agreed. Further details can be obtained from the research team on request.

Where we were uncertain about whether a case was genuine an address check survey was sent asking them to complete another short survey or to contact the research team with a postal address to receive their incentive. Where people from this group were unable to provide a genuine UK postal address they were considered to be fraudulent. Most participants (where we were certain they were genuine) received an online incentive by email.

Table 1.2 shows the unweighted profile of the cases included in the final dataset after the removal of cases considered to be fraudulent.

**Table 1.2: Unweighted profile of the achieved eligible sample across online and telephone surveys**

	Unweighted achieved sample
<b>Total</b>	<b>2046</b>
<b>Job role</b>	
Care worker	692 (34%)
Social worker	188 (9%)
Principal social worker	7 (0%)
Occupational therapist	54 (3%)
Principal occupational therapist	6 (0%)
Registered nurse	61 (3%)
Registered manager/ assistant Registered manager	600 (29%)
Administrative staff	107 (5%)
Other	331 (16%)
<b>Type of employment setting</b>	
Local authority	550 (27%)
Care provider	1085 (53%)
Agency	82 (4%)
Self-employed	53 (3%)
NHS	82 (4%)
Other	194 (9%)
<b>Type of service</b>	
Care home services with nursing	251 (12%)
Care home services without nursing	452 (22%)
Domiciliary care services	436 (21%)
Extra care housing services	131 (6%)
Shared lives	13 (1%)
Supported living services	326 (16%)
Day care services	87 (4%)
Other	350 (17%)

Please click [here](#) to view the full data tables for the workforce survey.

### 1.2.3 Weighting of the survey data

During the fieldwork, quotas were set for participants with different characteristics. However, because it was an online survey it was not possible to achieve exactly the quotas set. Therefore, following fieldwork the eligible achieved sample for analysis was weighted to reflect the profile of the care worker and



registered manager populations. In the survey some questions were asked to all participants, some to registered managers only and some to those who were not registered managers. Therefore, three weights were created so that the appropriate weight could be used depending on the question being analysed.

1. Overall sample including registered managers. The profile for this was based on the profile of the ASC workforce in England in the Skills for Care Adult Social Care workforce (ASC-WDS) estimates from March 2020.<sup>3</sup>
2. Sample excluding registered managers. The profile for this was based on the profile of the ASC workforce in England in the Skills for Care Adult Social Care workforce (ASC-WDS) estimates from March 2020.
3. Sample of registered managers. The profile for this was based on the profile of the CQC registered settings in the sample frame of settings used for the research.

Tables 1.3, 1.4 and 1.5 show the unweighted and weighted sample numbers for the overall sample and the sample excluding registered managers on the characteristics which were used for weighting.

**Table 1.3: Profile of achieved survey sample of workforce with and without registered managers (unweighted and weighted): Job role**

Job role	Overall		Excluding registered managers	
	Unweighted	Weighted	Unweighted	Weighted
Total	2,046	2,046	1,446	1,446
Care worker	692 (33.82%)	1,569 (76.68%)	692 (47.86%)	1,130 (78.13%)
Social worker (including principal)	195 (9.53%)	32 (1.57%)	195 (13.49%)	23 (1.60%)
Occupational therapist (including principal)	60 (2.93%)	6 (0.28%)	60 (4.15%)	4 (0.29%)
Registered nurse	61 (2.98%)	59 (2.90%)	61 (4.22%)	42 (2.90%)
Registered manager	600 (29.33%)	37 (1.81%)	-	-
Admin/ other/ managerial	438 (21.41%)	343 (16.75%)	438 (30.29%)	247 (17.07%)

<sup>3</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Data-and-publications.aspx>

**Table 1.4: Profile of achieved survey sample of workforce with and without registered managers (unweighted and weighted): Employer type**

Employer	Overall		Excluding registered managers	
	Unweighted	Weighted	Unweighted	Weighted
Total	2,046	2,046	1,446	1,446
Local Authority	533 (26.05%)	433 (21.18%)	502 (34.72%)	311 (21.50%)
Care provider or agency	1,171 (57.23%)	1,378 (67.35%)	730 (50.48%)	972 (67.20%)
Self-employed/ Independent	63 (3.08%)	43 (2.11%)	31 (2.14%)	30 (2.05%)
NHS	79 (3.86%)	60 (2.95%)	75 (5.19%)	43 (2.98%)
Other	200 (9.78%)	131 (6.41%)	108 (7.47%)	91 (6.27%)

**Table 1.5: Profile of achieved survey sample of workforce with and without registered managers (unweighted and weighted): Type of provider**

Type of provider	Overall		Excluding registered managers	
	Unweighted	Weighted	Unweighted	Weighted
Total	2,046	2,046	1,446	1,446
Care Home with nursing	246 (12.02%)	411 (20.09%)	168 (11.62%)	289 (20.02%)
Care home without nursing	411 (20.09%)	378 (18.47%)	198 (13.69%)	266 (18.40%)
Homecare services	610 (29.81%)	772 (37.73%)	426 (29.46%)	546 (37.74%)
Extra care housing services	17 (0.83%)	36 (1.77%)	9 (0.62%)	26 (1.77%)
Shared lives	13 (0.64%)	47 (2.29%)	11 (0.76%)	34 (2.32%)
Supported living services	202 (9.87%)	140 (6.84%)	169 (11.69%)	98 (6.81%)
Day care services	86 (4.20%)	46 (2.27%)	83 (5.74%)	33 (2.29%)
Other	461 (22.53%)	216 (10.54%)	382 (26.42%)	154 (10.65%)

Tables 1.6, 1.7, 1.8, 1.9 and 1.10 show the unweighted and weighted sample numbers for the registered managers in the sample. Some registered managers took part after being contacted by Ipsos MORI using the CQC sample information. Other registered managers took part as a result of the invitation for the open link online survey. All registered managers were weighted together, using the profile of the CQC sample frame of eligible care settings (from March 2021), regardless of how they were approached to take part in the survey.

**Table 1.6: Profile of achieved survey sample of registered managers (unweighted and weighted): Size of provider (number of locations)**

Number of locations in provider	Registered managers	
	Unweighted	Weighted
Total	580	580
One	279 (48.10%)	266 (45.79%)
Two plus	301 (51.90%)	314 (54.21%)

**Table 1.7: Profile of achieved survey sample of registered managers (unweighted and weighted): Type of provider**

Type of provider	Registered managers	
	Unweighted	Weighted
Total	580	580
Care home with nursing	87 (15.00%)	82 (14.16%)
Care home without nursing	245 (42.24%)	238 (41.02%)
Homecare services	192 (33.10%)	198 (34.18%)
Extra care housing services	9 (1.55%)	13 (2.19%)
Supported living services	47 (8.10%)	49 (8.44%)

**Table 1.8: Profile of achieved survey sample of registered managers (unweighted and weighted): Region**

Region	Registered managers	
	Unweighted	Weighted
Total	580	580
East Midlands	48 (8.28%)	56 (9.59%)
Eastern	53 (9.14%)	68 (11.78%)
Greater London	63 (10.86%)	72 (12.44%)
North East	10 (1.72%)	22 (3.88%)
North West	74 (12.76%)	66 (11.43%)
South East	114 (19.66%)	107 (18.44%)
South West	80 (13.79%)	69 (11.90%)
West Midlands	82 (14.14%)	67 (11.52%)
Yorkshire and Humber	56 (9.66%)	52 (9.04%)

**Table 1.9: Profile of achieved survey sample of registered managers (unweighted and weighted): Urban/rural**

Rurality	Registered managers	
	Unweighted	Weighted
Total	580	580
Rural	55 (9.48%)	51 (8.86%)
Urban	253 (43.62%)	257 (44.24%)
No information	272 (46.90%)	272 (46.90%)

**Table 1.10: Achieved sample (unweighted and weighted) for registered managers sample: Number of care beds**

Number of care beds	Registered managers	
	Unweighted	Weighted
Total	580	580
Not a care home	136 (23.45%)	145 (24.96%)
1-24	78 (13.45%)	83 (14.34%)
25+	94 (16.21%)	80 (13.81%)
No information	272 (46.90%)	272 (46.90%)

#### 1.2.4 Analysis of overall levels of digital confidence

Several questions throughout the workforce survey asked participants to rate how confident they were undertaking various tasks using digital technology. At these questions, participants were asked to rate themselves on a scale of 0 to 10, where '0' meant 'not at all confident' and '10' meant 'very confident'. Data from these questions were used to create a derived variable representing overall level of digital confidence. Analysis of this overall level of digital confidence is included in the main report.

In order to reach each level of confidence, participants were required to have scored themselves 7 or higher out of 10 on *all* of the questions feeding into that level (not just some of the questions). A list of these confidence levels and an outline of the questions included in the calculation of each level is provided below.

**Table 1.11: Calculation of overall levels of digital confidence**

Confidence level	Tasks participant had to rate themselves as 7+ out of 10 in order to reach this level
Excluded	Participants were classed as digitally excluded if they said they did not own or use any digital devices at home or at work
Pre-novice	Participants were classed as pre-novice if they did own/use at least one digital device at home or at work, but they were not confident (scored 6 or below out of 10) at the questions feeding into the novice level
Novice	<p>Participants were classed as novice if they rated themselves as 7+ out of 10 in confidence doing the following:</p> <ul style="list-style-type: none"> <li>• Turning on digital devices</li> <li>• Connecting digital devices to a Wi-Fi network</li> <li>• Using the controls on digital devices (e.g. touchscreen, mouse, keyboard, etc)</li> <li>• Taking part in a meeting with colleagues on an online video platform (e.g. Skype, Zoom, MS Teams, Google Meets)</li> <li>• Communicating using messaging apps (e.g. WhatsApp, Messenger)</li> </ul> <p>Participating in online training or e-Learning</p>
Developing	Participants were classed as developing if they rated themselves as 7+ on all the tasks required for novice plus 7+ for confidence in using apps (e.g. exercise or diet tracking apps), either for work or at home
Intermediate	<p>Participants were classed as intermediate if they rated themselves as 7+ on all the tasks required for developing plus 7+ for confidence in the following:</p> <ul style="list-style-type: none"> <li>• Safely digitally transferring data about people who use care services to another colleague (e.g. adding SECURE in subject for NHSMail)</li> <li>• Safely storing digital client records</li> <li>• Finding their way around a new website (at home or related to their work)</li> <li>• Using search engines to find work-related information (e.g. Google, Bing, or Yahoo)</li> <li>• Using online resources (e.g. articles, videos, activities and other online tools)</li> </ul>

Secure	<p>Participants were classed as secure if they rated themselves as 7+ on all the tasks required for intermediate plus 7+ for confidence in the following:</p> <ul style="list-style-type: none"> <li>• Setting up a meeting with colleagues or peers using an online video platform (e.g. Skype, Zoom, MS Teams, Google Meets)</li> <li>• Scanning documents so they can be stored digitally (e.g. scanning receipts or medical reports)</li> <li>• Setting up an account to buy things online at home, or buying things online for work</li> </ul> <p>In order to reach this level, participants had to have internet access 'all the time' at work.</p>
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Participants were offered the option of saying 'Don't know' at the questions that fed into these confidence levels (and for one question, they could choose the option 'Not applicable'). Where a participant has stated 'Don't know' or 'Not applicable' at one of the questions required to score 7 or more to reach the next confidence level, these participants have been discounted from this analysis as it was not possible to assign a confidence level to them. If the score could be determined because of valid answers showing they did not reach a particular level, then they receive a score even if there is missing information on more advanced digital activities.

The rationale for using overall confidence level as a measure rather than directly asking participants whether they had skills to perform digital tasks were:

- Asking participants to rate themselves on a scale of 0 to 10 allows for more granular analysis and comparison between sub-groups than asking a binary 'yes/no' question about whether participants could or could not perform a task using digital technology.
- It was considered that participants would be better able to state their level of confidence using digital technology, rather than their 'skill level'. Participants would not accurately be able to rate their skill level if they did not know what constituted a 'high' skill level or 'low' skill level in performing digital tasks, whereas confidence was a more universal measure.

### 1.2.5 Discussion groups and depth interviews with the workforce

In total, 18 discussion groups (with a total of 72 participants), and 45 depth interviews were conducted with nurses, OTs, principal OTs, social workers, principal social workers, and care workers (registered managers of care providers were also included in the qualitative research. The tables below show the number of individuals included in this part of the research

Participants were recruited from survey respondents who gave permission to be re-contacted for research purposes. Skills for Care further supported engagement in the recontact stage. Care workers (including personal assistants) were recruited through a specialist recruitment agency, as were Occupational Therapists and Nurses.

**Table 1.12: Number of depth interviews with registered professionals (nurses, social workers, and occupational therapists) by characteristics**

	Number of interviews
Total	61
<b>Role</b>	
Nurses	18
Principal social workers	4
Social workers	18
Principal occupational therapists	4
Occupational therapists	17
<b>Age</b>	
18-44	21
45-65	38
No information	2
<b>Gender</b>	
Male	7
Female	53
Other	1
<b>Ethnicity</b>	
White British	16
White	37
Asian/Asian British	3
Black/ African/Caribbean/Black British	1
Mixed/Multiple ethnic groups	2
Prefer not to say	2
<b>Region</b>	
East Midlands	7
West Midlands	9
Midlands	5
Eastern	5
London	2
North East	1
South East	8
South West	16
Yorkshire and The Humber	4
Don't Know	4

**Table 1.11 continued Number of depth interviews with registered professionals (nurses, social workers, and occupational therapists) by characteristics**

<b>Supervising Responsibilities</b>	<b>Number of interviews</b>
Yes	10
Managing other staff who provide direct care and support	11
Providing care and support directly to the people in need of care/support services. Managing other staff who provide direct care and support	6
Providing care and support directly to the people in need of care/support services.	11
Neither of these (i.e. working in another role that does not involve providing direct care and support, or involve managing other staff who provide direct care and support)	3
No	19
No information	1
<b>Type of care provided</b>	
All	1
All – specialist team	1
Care home with and without nursing only	1
Care home with nursing only	5
Domiciliary care only	4
Includes extra care	7
Includes supported living	1
Mixed types	27
Other	13
No information	1



### 1.2.6 Depth interviews and discussion groups with care workers

**Table 1.13: Number of participants in discussion groups and depth interviews with care workers by characteristics**

	Number of participants
Total	57
<b>Age</b>	
18-25	6
26-35	16
36-45	12
46-55	14
56-65	9
<b>Gender</b>	
Female	39
Male	18
<b>Ethnicity</b>	
White British	38
Black British	4
Black Caribbean	4
Asian British	3
Black African	2
White European	1
White Australian	1
White Black and Caribbean	1
Mixed	1
Mixed White and Black	1
Indian	1
<b>Region</b>	
Midlands	7
London	10
North West	2
North East	16
South East	9
South West	10
Yorkshire	3
<b>Urban vs. Rural</b>	
Urban/Suburban	47
Rural	10

**Table 1.12 continued Number of participants in discussion groups and depth interviews with care workers by characteristics**

<b>Role</b>	<b>Number of participants</b>
Care Manager OR Senior Care Worker (or equivalent) with management responsibilities for junior care workers	38
Care Worker (or equivalent) with no management responsibilities	11
Personal Assistant (or equivalent) – employed directly by the person you support or by their family	8
<b>Care setting predominantly worked in</b>	
Care homes with nursing	11
Care homes without nursing	11
Day care services	2
Domiciliary home care services	16
Supported living care	9
N/A (Personal Assistants)	8
<b>Digital Confidence</b>	
Very confident	25
Fairly confident	27
Not very confident	5

### 1.3 Care providers (skills review)

Care providers took part in depth interviews for the skills review. They were recruited from a sample of 120 care providers from the CQC list of registered providers. See section 1.2.1 for more information about this sample.

Quotas were set by the following variables:

- number of locations a care organisation provided care in
- number of beds in a care setting, for care homes only
- region in England
- rurality (urban/rural).

**Table 1.14: Number of depth interviews with care providers for the skills review: Provider type and size**

Type	Size		Total
	One location	Two or more locations	
<b>Total</b>	<b>14</b>	<b>9</b>	<b>23</b>
Care home with AND without nursing only	2	0	2
Care home with nursing only	2	1	3
Care home without nursing only	1	2	3
Domiciliary care only	5	1	6
Includes Extra Care	1	2	3
Includes Supported Living	2	2	4
Mixed types	1	1	2

**Table 1.15: Number of depth interviews with care providers for the skills review: Region**

Region	Number of interviews
<b>Total</b>	<b>23</b>
East Midlands	3
West Midlands	2
Midlands	2
East of England	2
London	2
North West	4
South East	2
South West	3
Yorkshire and The Humber	3

## 1.4 Care providers (technology review)

Care providers were included in the telephone survey and depth interviews of the technology review.

### 1.4.1 Survey with care providers

The sample for the survey and the depth interviews were drawn from the CQC sample frame of registered providers ('care directory with filters' dated 1/3/21 saved on <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>). See section 1.2.1 for more information about the sample frame and preparation.

Providers of day care services only were screened out at the start of the telephone survey because the questions asked were not relevant to them.

The sample for the telephone survey consisted of half the sample of providers identified for both reviews, with 120 providers removed to form a sample for depth interviews with providers. The survey sample consisted of 7,702 care providers. Quotas for the telephone survey were set by region, number of locations (one versus two or more), number of bed spaces (for care homes only), and type of setting. The quotas were based on the population profile, with the exception of the quotas on 'type of setting' which over-represented providers of extra care housing and shared lives. At the end of the fieldwork the data were weighted to the population profile (of eligible care providers in the CQC sample frame) by care provider type, size (whether one or two or more locations), and region.

**Table 1.16: Profile of achieved survey sample of care providers (unweighted and weighted): Provider type**

Care provider type	Care providers	
	Unweighted	Weighted
Total	608	608
Care home with nursing (only or with CH without nursing)	65 (10.69%)	72.97 (12.00%)
Care home nursing only	188 (30.92%)	176.32 (29.00%)
Homecare only	266 (43.75%)	267.5 (44.00%)
Includes Extra Care	7 (1.15%)	6.08 (1.00%)
Includes Shared Lives	5 (0.82%)	6.08 (1.00%)
Includes Supported Living	57 (9.38%)	60.81 (10.00%)
Other/multiple types	20 (3.29%)	18.25 (3.00%)

**Table 1.17: Profile of achieved survey sample of care providers (unweighted and weighted): Number of locations**

Number of locations	Care providers	
	Unweighted	Weighted
Total	608	608
One location	523 (86.02%)	498.56 (82.00%)
Two or more locations	85 (13.98%)	109.44 (18.00%)

**Table 1.18: Profile of achieved survey sample of care providers (unweighted and weighted): Region**

Region	Care providers	
	Unweighted	Weighted
Total	608	608
East Midlands	45 (7.40%)	60.47 (9.95%)
East of England	72 (11.84%)	68.45 (11.26%)
London	94 (15.46%)	102.15 (16.80%)
North East	13 (2.14%)	17.29 (2.84%)
North West	56 (9.21%)	70.1 (11.53%)
South East	118 (19.41%)	104.59 (17.20%)
South West	78 (12.83%)	65.98 (10.85%)
West Midlands	80 (13.16%)	69.79 (11.48%)
Yorkshire and the Humber	52 (8.55%)	49.18 (8.09%)

Please click [here](#) to view the full data tables for the telephone survey with care providers.

#### 1.4.2 Depth interviews with care providers (technology review)

**Table 1.19: Number of depth interviews with care providers for the technology review: Provider type and size**

Type	Size		Total
	One location	Two or more locations	
<b>Total</b>	<b>13</b>	<b>12</b>	<b>25</b>
Care home with AND without nursing only	0	1	1
Care home with nursing only	2	0	2
Care home without nursing only	2	1	3
Domiciliary care only	5	1	6
Includes Extra Care	1	2	3
Includes Shared Lives	0	3	3
Includes Supported Living	2	2	4
Other Mixed Types	1	2	3

**Table 1.20: Number of depth interviews with care providers for the technology review: Region**

Region	Number of interviews
<b>Total</b>	<b>25</b>
East Midlands	3
West Midlands	6
East of England	2
London	2
North West	3
South East	2
South West	6
Yorkshire and The Humber	1

## 1.5 Local authorities

Local authorities were included in the online survey of both reviews and depth interviews for the tech review.

### 1.5.1 Survey with local authorities

A sample of local authorities was purchased through Wilmington's Healthcare, which included a list of Directors of Adult Social Care. Invitations to complete the survey were sent to Directors of Adult Social Care and the survey was further advertised by the Association of Directors of Adult Social Services and the Local Government Association (LGA). As it was an online survey from a sample of about 150, no quotas were set. The sample was not weighted.

**Table 1.21: Profile of achieved survey sample of local authorities: type and geography**

	Local authority (unweighted)
<b>Total</b>	<b>24</b>
<b>Type of local authority</b>	
Unitary	5 (21%)
Greater London	7 (29%)
Metropolitan	7 (29%)
County	5 (21%)
<b>Region</b>	
East Midlands	2 (8%)
West Midlands	1 (4%)
East of England	2 (8%)
London	7 (29%)
North East	2 (8%)
North West	7 (29%)
South West	2 (8%)
Yorkshire and the Humber	1 (4%)

**Table 1.22: Profile of achieved survey sample of local authorities: use of digital technology**

	<b>Local authority (Unweighted)</b>
<b>Total</b>	<b>24</b>
<b>Level of digital maturity</b>	
Expert	2 (9%)
Developing	18 (78%)
Novice	3 (13%)
<b>Types of technology provided or funded to adults with social care needs or their unpaid carers [Multicode]</b>	
Support and monitoring systems	22 (96%)
Advanced technology	5 (22%)
Consumer tech and apps	15 (65%)
<b>Dedicated budget for technology roll out in adult social care [Multicode]</b>	
Yes - for local authority provided services or activities within the organisation	9 (39%)
Yes - to support technology roll out in other organisations or the wider community	6 (26%)
No	11 (48%)
Don't know	1 (4%)

Please click [here](#) view the full data tables for the online survey with local authorities.



### 1.5.2 Depth interviews with local authorities

Depth interviews were recruited using details from the Wilmington sample for the survey and the contacts of the research team with support from ADASS and the LGA.

**Table 1.23: Number of depth interviews with local authorities by characteristics**

	Number of interviews
<b>Total</b>	<b>17</b>
<b>Type of local authority</b>	
London boroughs	3
Unitary councils	4
Metropolitan Councils	6
County councils	4
<b>Region</b>	
Northern England	6
Midlands	5
Southern England	3
London Boroughs	3

## 1.6 People with care and support needs

People with care and support needs included in the depth interviews of the technology review. They were recruited using a specialist recruitment agency with experience of recruiting people from this group.

**Table 1.24: Number of depth interviews with people with care and support needs by characteristics**

	Number of interviews
<b>Total</b>	<b>25</b>
<b>Age</b>	
18-64	8
65-79	10
80+	7
<b>Gender</b>	
Male	12
Female	13
<b>Funding arrangement for social care</b>	
Local authority pays for all	8
Local authority pays for some of the paid care services, and they or family pay the rest	3
They or family pay for all	4
Not applicable	10
<b>Live in supported housing</b>	
Yes	6
No	19
<b>Employ someone to help with day to day activities</b>	
Yes, I employ someone to help me	9
No, I do not employ someone to help me	8
No information	8

## 1.7 Unpaid carers

Unpaid carers included in the depth interviews and discussion groups of the technology review. Four online groups with unpaid carers were conducted with four to six participants in each. Seven depth interviews were also conducted by telephone with unpaid carers who did not have the technology to take part in an online group, or who were not digitally confident.

**Table 1.25: Number of participants in depth interviews and discussion groups with unpaid carers by characteristics**

	Number of participants
<b>Total</b>	<b>24</b>
<b>Age</b>	
18-64	13
65-79	7
80+	4
<b>Funding arrangement of person care for</b>	
The local authority pays for all	5
The local authority pays for some, the person they support/their family cover the rest	3
The person they support/their family pay for all	7
Not applicable	9
<b>Digital confidence</b>	
Very confident	6
Fairly confident	10
Not very confident	4
Not at all confident	4
<b>Living with the person cared for</b>	
Yes	13
No	11
<b>Total</b>	<b>24</b>

## 1.8 Technology suppliers

Technology suppliers were included in the online survey and depth interviews of the tech review.

### 1.8.1 Survey with technology suppliers

The sample was unweighted for analysis owing to a lack of information on the profile of the population of technology suppliers in adult social care.

**Table 1.26: Profile of achieved sample in online survey with technology suppliers**

	Technology suppliers (unweighted)
Total	77
<b>Type of technology provided [multicode]</b>	
Developer of software, platforms and apps for adult social care management, delivery or social care data analytics	45 (58%)
Supplier of services supported by technology in social care (e.g. monitoring and response services)	24 (31%)
Supplier or installer of technology for adult social care which has been developed or manufactured by others	17 (22%)
Developer or manufacturer of Internet of Things (IoT) products or other advanced technology for adult social care	15 (19%)
Developer or manufacturer of digital alarms, monitors, sensors, call systems, or remote-controlled devices for adult social care	12 (16%)
Supplier of eLearning platforms for the adult social care sector	5 (6%)
Other	16 (21%)
<b>How long company has been established</b>	
Within the last year	1 (1%)
More than 1, up to 5 years ago	22 (29%)
More than 5, up to 10 years ago	18 (23%)
More than 10, up to 20 years ago	12 (16%)
More than 20 years ago	24 (31%)
<b>Number of employees</b>	
Under 10	18 (23%)
10-29	14 (18%)
30-49	9 (12%)
50-249	20 (26%)
250-999	5 (6%)
1,000 or more	10 (13%)
Don't know	1 (1%)

Please click [here](#) to see the full data tables for the online survey with technology suppliers

## 1.8.2 Depth interviews with technology suppliers

**Table 1.27: Number of depth interviews with technology suppliers by characteristics**

	Number of interviews
Total	29
<b>Type of technology provided</b>	
Business support and care management systems	12
Support and monitoring systems	15
No information	2
<b>Links with local government, NHS or adult social care providers</b>	
Yes	11
No	15
No information	3
<b>Provide technology to other sectors than adult social care</b>	
Yes	13
No	14
No information	2
<b>How long company has been established</b>	
More than 1, up to 5 years ago	5
More than 5, up to 10 years ago	3
More than 10, up to 20 years ago	6
More than 20 years ago	12
No information	3
<b>Number of employees</b>	
Under 10	1
10-29	3
50-249	12
250-999	1
No information	12

## 1.9 Learning and development leads

Learning and development leads were included in the depth interviews of the skills review.

**Table 1.28: Number of depth interviews with learning and development leads by characteristics**

	Number of interviews
Total	7
<b>Size of provider</b>	
Large	1
Medium	2
Small-medium enterprise	4
<b>Region</b>	
England	4
UK based	2
South West	1
<b>Total</b>	<b>7</b>

# Our standards and accreditations

Ipsos MORI's standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.



## ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos MORI was the first company in the world to gain this accreditation.



## Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos MORI endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.



## ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.



## ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos MORI was the first research company in the UK to be awarded this in August 2008.



## The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos MORI is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.



## HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK's National Cyber Security Programme. Ipsos MORI was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.



## Fair Data

Ipsos MORI is signed up as a "Fair Data" company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

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