CUHTEC

Professor Andrew Monk
Director of the Centre for Usable Home Technology
Department of Psychology
University of York
York, YO10 5DD
Direct Line 01904 433148
Fax 01904 433181
Email: A.Monk@psych.york.ac.uk
www.cuhtec.org.uk

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Digital Inclusion Consultation Team
Eland House
Bressenden Place
London SW1E 5DU
digital.inclusion@communities.gsi.gov.uk

Dear Sirs

Response form the Centre for Usable Home Technology (CUHTec), University of York

CUHTec has a membership of over 50 organisations with social service and health responsibilities. We were set up with start up funding from the Joseph Rowntree Foundation to conduct research to ensure that future home technologies meet real social and personal needs. We run courses and conferences on the effective use of caring technologies, particularly telecare and telehealth for older people (see www.cuhtec.org.uk).

Your report is insightful and comprehensive and will be will be a valuable resource for researchers and policy makers. I particularly liked the emphasis on 'actions' in telehealth and telecare. That is to say, evidence from schemes delivering real services to real clients. The list of such actions in the summary to the Annex is most valuable. I cannot think of anything significant that you have missed **(Q11)**. I also liked the coverage on the use of technology to support community and to prevent social isolation **(Q11)**.

I have one comment on the issue of evaluation of actions **(Q2, Q15)**.

The conclusion to Chapter 2 states
> "We have tried to set out here why there is an urgent need to address the problems of those individuals and communities who may have lack the awareness, the means, or the skills to achieve an equal opportunity to participate in community and economic life. For those working in more deprived communities, and who see the daily impact of technology on people's lives, the links between digital and social equality appear self-evident. However, we must focus on building the business case for digital inclusion quantitatively, as well as qualitatively. More of the evidence about the problems and opportunities is set out in Chapters Three and Four of this document." (p 22)

The emphasis on building a quantitative business case for digital inclusion, seen here and in all the other chapters, is absolutely right. However, it should be recognised this is very difficult to do. The randomised control trial (RCT) is the gold standard for summative evaluation (output evaluation) but it is a very blunt instrument and very expensive to use. It works well for drug treatments, for example, where it is easy to specify best way of administering the drug and the control condition is similarly obvious. The equipment in a telecare or telehealth service can be

used in any number of ways and is a very small part of the overall experience of the patient. Similarly, it is hard to say what the control condition should be when you are evaluating a service with many new features.

There is a need to develop new quantitative methodologies that will be convincing to scientists, health professionals and accountants. This is not just a matter of putting together existing methodologies. Research is needed to understand the practical constraints evaluators face and what should be regarded as good evidence in this area.

Yours sincerely

Andrew Monk