SPEAR

homelessness to independence

Digital inclusion Project Evaluation

JANUARY 2023 – APRIL 2023

SPEAR
homelessness to independence

South West London Integrated Care System

impact
consultancy & research
working with others to achieve positive change

FOREWORD

Contents

24 people participated in digital inclusion training

87% of those completing the course said the **Digital Inclusion project has increased their digital skills**

62% of those completing the course said they felt **more confident about accessing health services online**
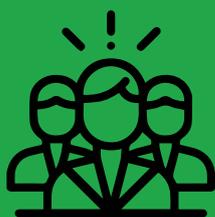
16 people completed the course

87% of those completing the course said the **support** they had received during the course had been **good or excellent**
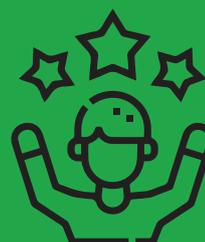
81% of those completing the course said they **felt more confident at using their devices**

1. Introduction

In December 2022, SPEAR was awarded £52,400 from the South West London Integrated Care System's (SWL ICS) Innovation Fund to deliver a digital inclusion project for people experiencing homelessness. The programme was delivered in five South West London boroughs of Richmond, Kingston, Wandsworth, Sutton and Merton. The aim of the project was to increase digital access to primary healthcare services by providing people with the equipment, skills, confidence and support that they required.

SPEAR had also secured £25,525 in match funding from HSBC. This was restricted to the purchase of digital devices for use with rough sleepers, such as laptops, iPads and dongles.

2. Background & Context

Since 2015, SPEAR has been delivering the Homeless Health Link service, a proven model for improving the health and wellbeing of rough sleepers, former rough sleepers or people who are otherwise vulnerable. Through this work, SPEAR has experienced the shift towards digital access for primary healthcare services, which accelerated at the beginning of the pandemic.

It is well established that people who are experiencing homelessness face exclusion from society, due to a lack of digital access and skills (University of Edinburgh, 2019). SPEAR's own research has found that only 12% of rough sleepers have access to Wi-Fi, 4% have a device and many lack digital confidence and skills (SPEAR skills survey, 2021). This digital exclusion became acute throughout the pandemic, with many rough sleepers unable to access vital information about the virus and how to safeguard their health.

In 2021, as part of SPEAR's skills development work, a digital inclusion pilot was delivered to 27 homeless people in Sutton. Wi-Fi, devices and weekly one-to-one digital literacy support was provided. As a result of the pilot, 95% of participants reported improved digital literacy skills and confidence, enabling them to access online information to support their health, social connectedness and wellbeing.

3. Project aims and intended outcomes

The 2023 Digital Inclusion project was intended to build upon the learnings from the 2021 pilot and test the approach across a wider geographical area. The project also tested SPEAR's approach by focusing on health literacy development and confidence for improved self-care.

Winter is recognised as the hardest time for rough sleepers, exacerbating health challenges for this incredibly vulnerable group. The SPEAR project aimed to respond to the critical period of winter 2022/23 and in doing so improve sustainability across health and care by:

Reducing the pressure on NHS urgent and emergency care.

Research from the University College London in 2021, identified that patients who were homeless in hospital, were more than twice as likely to be readmitted to hospital in an emergency, compared to those with housing. The SPEAR project built upon the work of the Homeless Health Link service to empower rough sleepers to address unmet health needs. Recent evaluation of this service (Young Foundation, 2021) shows that it contributed to the reduction in use of emergency care services by rough sleepers, especially for preventable conditions.

Delivering a preventative model of support, which promotes self-care.

The project aimed to enable rough sleepers to access reputable health information and advice and healthcare services online. In doing so it is intended that long-standing unmet health conditions, conditions in their early stages or those yet to be identified can begin to be addressed. This will support the reduction on the level and length of treatment required.

Aligning to the NHS priority action; mitigating against digital exclusion.

The focus of the project was on supporting rough sleepers to undertake online activities, such as setting up online accounts, requesting repeat medications, making appointments and accessing their health records.

The project aimed to support inclusive access and reduce demand on healthcare's administrative teams and even face-to-face care for easily resolvable issues, over the winter period.

This project enabled SPEAR to align its skills development work and its health work by supporting the improvement of digital skills with the overall aim of improving rough sleepers access to online health services.

Project outcomes

The specific outcomes developed for the project were:

1. People experiencing homelessness will report **improved digital skills**.

2. People experiencing homelessness will report **improved confidence to navigate health services online.**

3. People experiencing homelessness will report **improved access to online health information, advice and healthcare services.**

4. People experiencing homelessness will report **improved confidence in accessing primary healthcare services.**

4. Project Delivery

SPEAR identified participants for the project through their existing caseloads of rough sleepers, former rough sleepers or those otherwise vulnerable.

The digital inclusion project had three strands:

Strand 1 **Regular and personalised support to 24 rough sleepers to improve their digital skills, which comprised of:**

- An initial group session, which introduced the programme and established each participant's digital skill level and needs.

- Provision of a laptop, pre-installed with the NHS app and an email address to each participant.

- Support to register with the NHS app.

- Support to register with Learn My Way, online digital modules from the Good Things Foundation.

- Weekly one-to-one support sessions to work through Learn My Way modules. These were held at the Twickenham Hub and at the complex needs hostel, Penny Wade House in Richmond.

  - Modules ranged from using a computer and the online basics, to using the internet for daily life, managing your health and accessing public services, such as registering to vote.
  - The module focusing on health included how to register with a GP, make an appointment and order a repeat prescription. It also covered how to make the most of the NHS website.

Strand 2 **Drop-in support and internet access to websites such as NHS and Patient Access.**

- Attendance at weekly health drop-in sessions at Faith in Action, Merton, organised by SPEAR's Homeless Health Link service.

- Attendance at monthly health and wellbeing days
(2 x Wandsworth, 2 x Merton, 1 x Richmond).

Strand 3 **Upskilling frontline staff and volunteers to enable them to continue supporting rough sleepers after the life of the project.**

- 'Train the trainer' to staff in supporting rough sleeper's digital skills.

- Development of a 'How to guide' for rough sleepers and their support network. Areas covered include how to access Wi-Fi, staying safe online, how to set up an email account, how to make a video call and how to access health information online.

This report focuses on the impact of strands 1 and 2.

5. Evaluation methodology

The methods used to evaluate the impact of the project were:

- A survey to people at the beginning of the digital workshop sessions

- A survey to people who completed the digital workshop sessions

- Impact of the project explored in a focus group of people who had engaged with the wider health work of SPEAR

- Discussion and feedback from the Digital Skills Worker

Although it was intended to collect some evaluation data for the one-to-one digital health sessions, in practice this was not possible. The main impact of these sessions was therefore recorded informally by the Digital Skills Worker.

To capture the impact of the small group digital health work, a baseline survey was completed with participants, to capture baseline information.

A survey was then also completed at the end of the course to capture the progress made by the individuals.

A focus group was held by people supported by SPEAR as part of the wider evaluation work, which was attended by nine SPEAR clients, three of whom were also enrolled on the Digital Inclusion project. Relevant feedback and comments received from the focus group are also included in this report.

Also, as part of the evaluation a discussion took place with the Digital Skills Worker, to gain insight into the impact of interventions, particularly in the absence of beneficiary data.

It should also be noted that collecting data from people benefiting from the Digital Inclusion project was part of a wider pilot undertaken by SPEAR to capture the impact of their work, which is supported by Impact Consultancy and Research. Therefore, there are learning points in terms of data capture that may be applied to future projects.

6. Evaluation findings

6.1 Digital Health Workshops

24 people between the ages of 24-76 took part in the project. All 24 people completed a baseline survey at the start of the project. 8 people left before the end of the course and with very little warning. Another participant did not complete the survey at the end of the project. We therefore have comparable data; baseline and project end data, from 15 people. Some people completed all the sessions but then did not engage with Digital Skills Worker. The Digital Skills Worker identified the reasons for people leaving or not fully engaging as being:

- Interest in the course waned, despite a positive start.

- Personal challenges e.g. poor mental health, a return to addiction or other issues that became more prominent and an overriding focus of the individual.

- Safeguarding risk which meant that the project was unable to continue working with the individual.

6.1a what the data from the baseline form is telling us

The majority of attendees (13) were between the ages of 40 and 60, all were male. Two-thirds of attendees (16) had access to their own device, which was in all cases a smartphone. Of the 8 people that stated they did not have access to their own device 7 had little or no digital experience.

13 people said they had access to Wi-Fi predominantly accessing public Wi-Fi through the library or the Wi-Fi connection at their supported accommodation. Of the 11 people who said they did not have access to Wi-Fi, 3 were owners of smartphones, suggesting that owning a device is in itself not enough to ensure access to information online.

Reasons given for why people wanted to participate in the training ranged from those with limited digital skills saying they wanted to know how to get online to those who wanted to use the internet to access health information e.g. order repeat prescriptions or use the NHS app. Other reasons given more than once
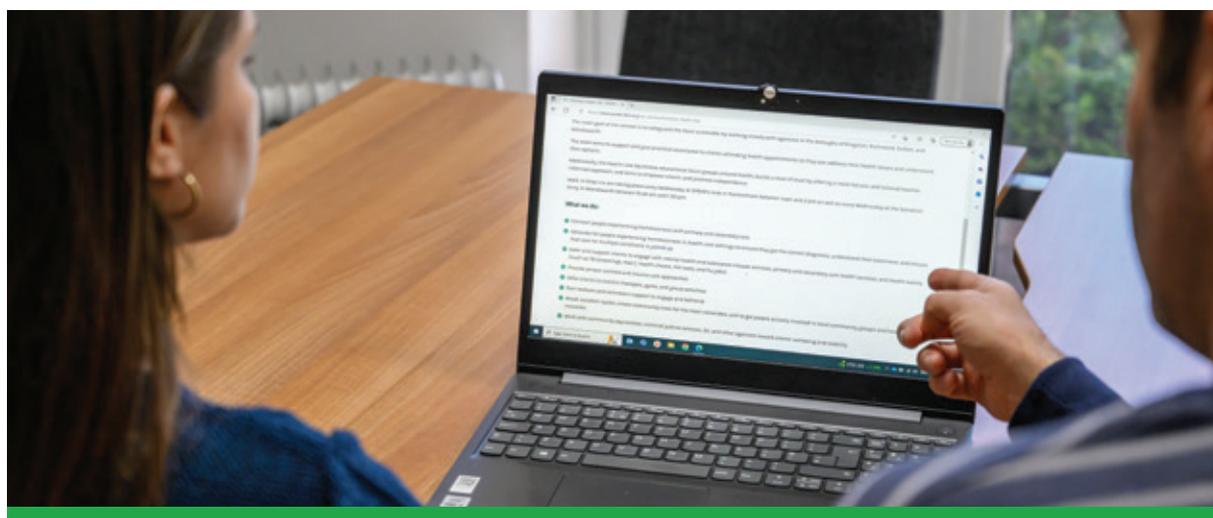
were to be able to access training or look for jobs. This suggests that there was wider motivation than just accessing health information.

When asked how confident people felt in using their device, 1 person said 'very confident', 1 said 'confident', 7 said 'quite confident' and 15 said 'not confident'. Those that answered 'quite confident' were all able to access Wi-Fi, although 1 did not own a device. Those people who answered 'not confident' were likely to be those that either did not own a device and/or were not able to access Wi-Fi. However, 1 of those answering 'quite confident' had already enrolled on a college course despite having limited skills and access to Wi-Fi.   This suggests a recognised need and demand for improving digital skills amongst rough sleepers.

As one of the outcomes related to improving people's confidence at navigating health services online, the baseline survey also asked how confident people were at doing this at the start of the course. Only 3 people said that they were 'confident' at doing this already, and unsurprisingly these were also people who were 'confident' at using their device. Four people said that they were 'quite confident' at finding health services online. This again suggests a strong correlation with how people had answered about how confident they felt at using their device, as the same 4 respondents had said they were 'quite confident' at using their device. However, perhaps most revealing is the fact that 17 people said that they were 'not confident' at finding health services online. Although 15 of these people had also said they were also 'not confident' at using their device,

2 people who felt that they were 'quite confident' at using their device also felt that despite this they were 'not confident' at finding health services online.

In addition to whether people felt confident in finding health services online, the baseline survey also asked how confident people felt at accessing health services online. Responses received were; 3 answered 'confident', 4 answered 'quite confident' and 17 answered 'not confident'. Responses to this question were always the same as to the previous question, suggesting a general need to improve digital skills and raise awareness of what health information is available online.

As one of the main advantages of improving digital skills is to improve access to GPs, dentists or therapeutic support for rough sleepers, the baseline survey also asked whether people knew how to access these services online. Two-thirds (16) answered 'no', unsurprisingly these were also people who had answered 'not confident' to the previous two questions. However, there was one exception with one person answering 'no' who had said they were 'quite confident' at both using their device and finding and accessing health services online. Three people answered 'don't know', interestingly 2 of these were people who had answered 'quite confident' to previous questions. Three people answered 'yes' and unsurprisingly these were also people that had answered 'very confident', 'confident' or 'quite confident' to the previous questions.

Key learning points to highlight from the baseline data:

Those with access to technology were just as likely to say they were not confident in using a device. Therefore, it is evident that **access to technology in isolation of support and training is not a solution to addressing digital inclusion**.

People who owned devices did not always have access to the internet. **Approaches to improving digital inclusion need to focus on access to Wi-Fi as well as to devices**.

There were other reasons, other than health objectives, why people engaged with the workshops. Therefore, in the future, **it may be more effective to promote the wider benefits of improving digital skills**.

There was a strong correlation between how confident/able people felt to access health services online and how confident they felt in using a device. However, there were some exceptions, suggesting that specific training on accessing online health services is needed. **It may also suggest that primary healthcare services need to do more to promote the availability of their services online to people who have experienced homelessness.**

6.1b What the data from those that completed a baseline form and a 'project completion' form is telling us.

Comparing how confident or knowledgeable participants were at the start and end of the course

To track the progress of people who completed the Digital Skills project, a survey was also completed at the end of the course. In the survey people were asked some of the same questions about knowledge and confidence that they were asked at the beginning.[1]

Improvement in confidence was most successful in relation to using a device. However, in terms of improved knowledge and confidence in being able to access health services, approximately 50% of participants felt that this had improved. This suggests the need for longer term support and the need to be able to keep 'plugging the gaps' in terms of improving digital skills.

Other impacts experienced

Other questions asked in the end survey explored the impact of the course, for example;

- If participants were more likely to use their device to manage any aspect of their health

- Whether they felt better able to manage their health in the future

The results of the end survey show the following in terms of knowledge and confidence:

13 out of 16 people reported an increase in confidence in **using a device**.

8 out of 16 people reported feeling more confident about **knowing how to find** health services online.

10 out of 16 people reported feeling more confident about **knowing how to access** health services online.

8 out of 16 people had increased their knowledge about **how to access a GP, dentist or therapeutic support** online.

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1   Only 1 person who fully completed the course did not complete an 'end survey', although results are given out of a possible total of 16, 1 of these is a 'non-completion'. There was a high level of 'drop-out' for reasons explained above.

- If the course had improved their digital skills

- How they rated the support they had received

The following responses were given in response to these questions:

- 3 people 'strongly agreed' that they were more likely to use their device to manage their health, 5 'agreed', 2 'disagreed' and 5 'strongly disagreed'. Those that either strongly disagreed or disagreed were mostly also those that had said that they were not confident at using their device at the beginning of the course, although some of these reported feeling more confident in using their device as a result of the course. This possibly suggests that an increase in confidence does not necessarily translate to a willingness to use the device for accessing health services online.

- 9 people said they felt better able to manage their own health as a result of the course, 3 said they didn't and 3 said they didn't know if the course had helped them to do this.

- Impressively 13 people said that the course had improved their digital skills, 1 person said they didn't know if it had and 1 person did not answer this question. The people answering yes ranged in those that had felt 'very confident' at the beginning in terms of using their device to those that were 'not confident', suggesting that training is beneficial to all regardless of their starting point.

> "
>
> *"THE PROGRAMME IS RUN VERY WELL FOR PEOPLE LEARNING FROM THE GROUND UP. IF I HAD NOT SIGNED UP FOR THE PROGRAMME, I WOULD NOT BE ABLE TO DO ANYTHING DIGITALLY AND WOULD NOT HAVE DONE IT FOR THE REST OF MY LIFE. ALL MY PREVIOUS WORK WAS MANUAL. THIS IS ALL NEW TO ME, AND I WILL ALWAYS BE LEARNING. BUT THE SUPPORT YOU HAVE GIVEN ME HAS GUIDED ME WELL, AND I LOOK FORWARD TO CONTINUING THIS LEARNING JOURNEY WITH SPEAR."*
>
> **Workshop Participant**

- 14 people said that the support they had received during the course had been 'excellent' or 'good' (7 excellent, 7 good and 1 non-response).

Participants were also asked what may prevent you from managing your own health in the future, although only 5 responses were received to this question, they reflect both the challenges facing individuals and the need for longer term support.

For example, language was seen as a barrier by 2 participants. The worry of returning to addiction and the impact that this may have, was also mentioned.

The need for long-term support was also highlighted, e.g. "Lack of long-term support to increase my digital skills", was specifically mentioned as a potential barrier to being able to manage their health.

Finally, people were also asked for any general comments and or observations. Comments received indicate both the importance of the need to provide ongoing opportunities for support and training to rough sleepers but also that the course had a significant impact on participants.

6.1c Feedback from the focus group

Feedback received at the focus group corroborated the feedback received from the surveys. Particularly the value of ongoing support and having someone 'on-hand' to troubleshoot digital problems. In addition, the following was also discussed in the focus group:

- Some participants may experience additional learning challenges e.g. dyslexia, which may be the reason why they have a low level of digital skills. It was felt that the structure of the workshops e.g. the modular approach and the availability of one-to-one support was really useful for those with a neurodiversity, as well as for those with a lower level of digital skills.

- Language was a barrier for some, who felt that they did not know enough English to be able to make the most of the course.

In the future SPEAR should continue to ensure that approaches to improve digital skills continue to be accessible to those with a neurodiversity. SPEAR may also wish to consider improving access for those for whom English is not their first language.

Key Learning Points:

(1) The course was very successful at improving participants confidence at using a device. However only half of participants felt that they were more likely to use their device in the future to manage their own health. **Feeling more confident in using a device doesn't necessarily translate to a willingness to access services online**.

(2) **There is a clear need to offer support on a more continuous basis** to ensure that more people are able to increase their access to online health services.

(3) The high number of participants reporting an increase in their digital skills suggests a need for training for people at different starting points.

(4) **The support received during the course is highly rated**.

(5) **SPEAR was successful at ensuring the course was able to be accessed by people with varying levels of digital ability, however in the future digital approaches to widening access to those for whom English is not their first language should be explored**.

6.2 Drop – in support

As mentioned above, prior to the project starting it was intended that a feedback form would be used to identify how the one-to-one sessions contributed to achieving the project outcomes. However, in practice this 'real-time' approach to collecting data for this strand of the project proved too difficult. This was primarily due to the fact that often these sessions happened with little notice at wider drop-in sessions and could be quite transitory in nature, meaning that people were reluctant to give the time to provide feedback. This is important learning for SPEAR, especially as the project was included in a pilot approach to capturing feedback and data direct from clients. In the future different methods of data collection need to be explored for 'drop-in' services.

Feedback received from the Digital Skills Worker, however, reveals some of the reasons why people accessed the one-to-one support. A recurring reason was debt. For example, one person had missed 3 months' payment on their phone bill at £20 per month. This meant that the phone was unable to make calls, send texts and access to the internet was withdrawn (60gb per month) until the debt was settled. It was calculated that with their current income, they would never be able to settle the debt, despite having 18 months left on a contract. No access to the internet meant they were unable to communicate with their provider. This was not an isolated incident with

many in this position. This indicates the importance of having sufficient digital skills and access to devices to be able to liaise with service providers, but also how the most vulnerable can so easily become digitally excluded and less able to resolve issues. Specific advice and guidance on managing 'phone debt' could be beneficial to the people who SPEAR work with to avoid people becoming locked into a cycle of digital (and wider) exclusion.

Focus group participants also highlighted the need to access the drop-in sessions to troubleshoot problems, which they were encountering on the course. This enabled them to stay 'on track' with completing the modules and kept them engaged. It was felt that without this one-to-one support it would be easier for people to lose confidence and give up. Access to drop-in support was therefore complementary to the Digital Inclusion project. SPEAR should consider ensuring access to one-to-one support alongside more formal training/workshop approaches in the future.

A common barrier to being able to use digital means to manage health was the inability to register for the NHS app without recognised ID. Anecdotally, interest to register on the NHS app was high as people said they liked the idea of being in more control of their health, managing bookings and having the ability to access repeat prescriptions. However, many faced the barrier that they did not have ID and registering without ID, meant needing a higher level of digital skills and an in-person visit to their GP, with travel being unaffordable. This was also highlighted as an issue in the focus group, with one participant explaining that before registering for the NHS app, he had to travel to his GP to have his ID verified. Something which he said would not have happened without the support and encouragement of SPEAR. SPEAR should continue to highlight to policymakers how rough sleepers may be disadvantaged in accessing online health services by not being able to provide recognised ID.

Key Learning Points to highlight from the one-to-one support:

1 Methods for collecting feedback from people accessing the one-to-one support needs to be further explored and different techniques piloted.

2 There is evidence to suggest that **specific advice is needed about phone debt and how to manage this to avoid people becoming digitally excluded**, despite owning a device and having a level of digital skills.

3 **One-to-one support was complementary to the Digital Health workshops** and prevented some people from losing confidence and dis-engaging.

4 **There are wider reasons why people may not be able to access online health services**, for example due to lifestyles, rough sleepers may not have recognised ID which prevent registration with the NHS app. The implications and consequences of this need to be recognised and understood by policymakers.

Conclusion

The project's most notable success was in improving the digital skills of those people it supported. The evaluation findings also demonstrate that the project successfully increased knowledge, confidence and access to online health services for approximately 50% of the people it supported.

The fact that not all those people reporting an increase in digital skills also reported increasing their knowledge, confidence and access to online health services suggest that there is further support needed by rough sleepers.   This is further supported by the prominence of comments about the value of one-to-one and drop-in support offered either alongside or independent from a more structured digital skills workshop.

It is clear that SPEAR's support is highly valued and that people feel able to access it, despite other issues or challenges they may be experiencing.   Although access to online health services was a focus of the project, people engaged with it for a variety of reasons, and the improvement in digital skills would have also contributed to wider wellbeing outcomes. However, it is also clear that there are barriers to rough sleepers being able to access online health services that were not within the power of the project to resolve. For example, the need to have 'recognised' ID to register for the NHS app or phone debt resulting in digital exclusion. If digital inclusion is to be achieved for all then these issues need to be recognised by policymakers and alternative routes identified to prevent exclusion.

The project's most notable success was in improving the digital skills of those people it supported.

This approach was successful at increasing knowledge, confidence and access to online health services for people experiencing homelessness.

It is clear that SPEAR's support is highly valued and that people feel able to access it, despite other issues or challenges they may be experiencing.

Getting online

Access Free wi-fi

Get email address

Access health info

Make video calls

SPEAR
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