Digital health inclusion for people who have experienced homelessness – is this a realistic aspiration?

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Executive Summary

This report summarises the findings of a small study examining the potential for people experiencing homelessness to engage with digital health applications. 90 surveys and 5 focus groups (with 38 participants) were undertaken in London in February 2017. Participants were representative of a broad demographic of people experiencing homelessness in terms of their age, ethnicity, and homelessness status.

The study found considerable existing pre-existing engagement with internet use, with 82% reporting having used the internet at some point previously, and 61% of these people (50% overall) saying they went on-line every day. However, 33% of people either did not use the internet at all, or described themselves to have ''below average' or 'poor' skills, and went on-line less frequently.

Despite regular use in part of the study population, access problems existed across all groups. 66% of survey respondents said they had some sort of access issue. Issues included:

- Lack of an appropriate device
- Running out of data or being unable to get a data contract
- Problems with access to public Wi-Fi on their own device
- Having adequate access to or being excluded from access to public Wi-Fi

Although 82% respondents reported having a phone, this was not always a SMART phone, and allowing for people with no credit or who had recently lost, stolen, broken or sold devices, only 54% had a working phone.

Capability problems existed, although this is more evident in older age groups. 50% of survey respondents said they would benefit from some sort of training to access the internet more, although 24% of the 50% (12% overall) appeared to be people seeking developmental, rather than basic training.

Internet security was a concern for 43% survey respondents, and came up all in focus groups. Concerns were generally realistic, with 23% respondents wanting training regarding how to stay safe on-line. However, participants understood the differences between internet security for NHS to NHS sharing and other situations, and were generally positive about inter NHS data sharing.

Study participants were interested in finding out about a variety of health applications on-line, including potentially more contentious services like on-line sexual health screening. 80% of survey respondents who did not currently have on-line GP access said they would be interested in this. 69% of survey respondents said they would be interested in participating in some sort of health focused pilot programme which would help people experiencing homelessness access the internet more.

The study concludes that digital health inclusion for people experiencing homelessness could be a realistic aspiration if appropriate support is given, because enthusiasm exists. Recommendations are made regarding research and pilot work that could be undertaken to

support people to benefit from on-line health applications. Recommendations also focus on work that could be done with libraries, homeless service providers, and GPs to improve public internet and Wi-Fi access, including how and where training could be provided, as well as other innovative ideas. The study has been well-received by NHS England, and will hopefully lead to follow-up work.

Samantha Dorney-Smith, Nursing Fellow, Pathway

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Introduction

Pathway is a charity that aims to improve healthcare for people experiencing homelessness, and other socially excluded groups.

Digital inclusion is a hot topic in the NHS, with digital technology solutions promising to revolutionise healthcare - bringing some aspects of healthcare closer to the patient, and potentially improving efficiency and cost effectiveness. However, some people may be 'digitally excluded', and less able to benefit. In an open letter to Jeremy Hunt in 2015, Martha Lane-Fox (Founder of lastminute.com, and also Doteveryone, a lobbying group focussed, amongst other things, on digital inclusion) suggested that the National Information Board should focus on 'reaching the furthest first', and not leave anyone behind.

This study considered whether people experiencing homelessness are able to benefit from digital healthcare in a similar way to the general population. It is a small study summarising the findings of 90 surveys and 5 focus groups (with 38 participants), that were undertaken in London in February 2017. The study team comprised one experienced nurse researcher who is a specialist in homeless healthcare, Pathway's Expert by Experience Project Lead, and three Experts by Experience. (Experts by Experience are Pathway volunteers with current or recent experience of homelessness who are being assisted to have a voice regarding homeless healthcare policy.) The study was commissioned by the NHS England Digital Inclusion team, and involved discussion with the NHS England Patient Online team.

The study reveals some current use of digital technology by people experiencing homelessness and enthusiasm for further use, including the use of health applications. However, it also uncovers ongoing access and capability issues. The report makes recommendations regarding how this can be addressed.

Literature review

Most of the literature that focuses on digital readiness in the homelessness population does not focus specifically on the use of healthcare applications, however there are some key pieces of work that have a relevance to this study.

The recent Reboot UK project from the Good Things Foundation (formerly the Tinder Foundation), was funded by the Big Lottery Fund to focus on homelessness and digital skills. The project aimed to provide personalised basic digital skills training and community-based support for homeless people. Clients were assisted to access information relevant to them, apply for benefits, or find support (such as food banks) via the internet. 994 clients showed an increase in their digital skills, but also showed an increase in their mental well-being scores. The average wellbeing score for beneficiaries increased from 21.41 to 23.46, against a national mean of 23.6. (Steven, A, 2016)

Streetlink has revolutionised referrals to homeless outreach teams allowing members of the public and street homeless people to make direct referrals to outreach teams, with the required detail necessary to make contact. It is known that some clients are self-referring using their own digital technology means. (Thomas, G, 2016)

However, data from Citizens Advice ('Access Denied', 2013) suggested low use of the internet among clients with mental health problems and disabilities, and recommended that this be addressed. The study comprised a detailed survey of 1451 individuals and 26 follow-up interviews. It concluded that whilst only 25% of under 65s did not use the Internet, 62% of over 65s did not. Importantly 50% of all disabled people who responded did not use the Internet, and 37% of all those with mental health problems who responded did not use the Internet. 39% of those who said they would not be able to arrange support to access the internet (e.g. to claim benefits online) cited disability or long-term health problems as the reason.

More recently, in evidence presented to the House of Commons Work and Pensions Committee inquiry on benefit delivery in 2015, St Mungo's Broadway reported that 48% of their clients do not have the necessary digital skills to complete an online benefits application form.

Such concerns are not new. A small study of 16 people in Scotland previously concluded that apparent digital inclusion (i.e. stated use of the internet), did not necessarily translate to similar usage within the mainstream population (largely due to ongoing barriers of devices being lost, stolen or sold, credit barriers, charging issues, and issues with forgotten passwords). It concluded that use of the internet per se did not ensure social inclusion (Bure, 2005).

However, a 2013 literature review from Lemos and Crane notes that 70% of homeless people now own a mobile phone, and many use computers, smart phones and laptops to blog, chat, network and play games. This report suggests that digital exclusion may be overestimated in the homeless population, and states that homeless people can be engaged and empowered to use digital technology. In particular, the report focuses on the potential for digital technology to assist vulnerable people to voice their opinions. The report suggests

that where digital exclusion does exist, it is not due to itinerant and chaotic lifestyles, but to problems of access, confidence and digital literacy.

A follow up study Trends and Friends (Lemos and Frankenburg, 2014) in which 319 homeless people were surveyed, noted that whilst 82% of respondents owned a phone, 45% had lost or had a phone stolen whilst under the influence. The report confirmed that many homeless people were using the internet, but identified access as the main barrier to internet usage, and made recommendations about this. The report also recommended that digital inclusion should be an important feature of support plans.

The only published research study that could be found that focused specifically on digital health uptake, was a research study in Los Angeles (Barman-Adhikari and Rice, 2011). This study suggested that homeless young people could be engaged around their health online. Approximately half of the 201 sample reported looking for HIV or other STI related information on-line, and 62% of respondents reported using the Internet to find answers to general health questions.

Finally, a previous survey was undertaken in 2011 for PHAST by the Expert by Experience Lead for this project. This survey focussed on providing on-line care plan access for homeless people. In this survey 60% of 97 respondents said they had regular access to the internet, and 48% said they would be willing to contribute to and use an on-line health record and care plan system if this were available (Burridge, 2011).

Project review

This section focuses on current London projects which have a direct relevance to this project.

Find and Treat

Find and Treat is a specialist outreach team that works alongside NHS and third sector front-line services to tackle tuberculosis (TB) amongst homeless people, drug or alcohol users, vulnerable migrants and people who have been in prison. Their job is to take TB control into the community, find cases of active TB early, and support patients to take a full course of treatment and get cured.

Find and Treat has used digital technology for directly observed therapy for 10 years. Clients get a simple smart phone (costing only £30 when bought in bulk) with unlimited calls, text and data. Clients need to be able to charge the phone – and must film themselves taking their medication, and send the film in at specified time. Contracts cost about £20 per month. Project staff feel that SMART phones can be 'transformative' to clients, and definitely assist with treatment concordance.

A formal trial undertaken for 3 years is just ending, and has shown excellent outcomes. Around 400 people have been treated on the programme, but there are currently 60-70 ongoing participants.

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GSTT Alcohol Frequent Attenders Project

From 2013-2015 the Maudsley charity funded a small pilot offering tablet devices and MiFi dongles to alcohol frequent attenders as an adjunct to their community detox programme. By supporting access to Alcoholics Anonymous (AA) live chat rooms (online spaces offering peer to peer support through a variety of communication options including audio), online recovery training, and providing training on how to use social media, it was hoped the group could increase the social support options available to them.

One client with previous digital experience began the project, followed by five with less experience. The latter five were given one to one support by volunteers (one of whom was the first client). There was no requirement to give the tablet back at the end of the pilot, but clients were required to give feedback about the usefulness of the devices. All clients signed a contract, which included a clause that lost tablets would not be automatically replaced.

The initial client did not access AA, but did use the tablet for other health related topics. However, they were a smart-phone user, were already technologically engaged, and have since gone to other volunteering roles. The remaining clients were not technologically engaged. Staff reported that the clients were slow to learn how to use the devices and did

not use them as much as expected. Issues included literacy, understanding, use of the dongle and Wi-Fi, and getting confused with passwords. Two screens got broken and had to be replaced. However, it was found that the one to one support was very beneficial, and simply being part of the pilot project raised people's self-esteem. All clients did well on the community detox and were happy to be part of the pilot.

The study recommended that the pilot should be repeated with greater support. As the lead member of staff remarked:

'The level of isolation and exclusion experienced by these clients should not be underestimated, and putting people on a formal 6-8 week computer course is probably needed, in addition to 1 to 1 support. We tried to do the training ourselves – it probably needed an expert trainer.'

Contact: Paul du Buf, Alcohol Assertive Outreach Nurse
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Thames Reach

Thames Reach is a charity that supports homeless, vulnerable and isolated men and women through a range of services, activities and accommodation projects, and has an interest in digital inclusion. Thames Reach recently supported more than 200 people using their services to improve their digital skills in the i-Reach programme, with some clients being supported to secure IT accreditations. Programme participants were provided with small group, and one to one support. Thames Reach is also a partner in a project that helps to recycle digital devices for use by homeless and otherwise vulnerable people.

The charity believes that digital exclusion is a growing problem for homeless and vulnerable people. They feel that as information and services move online, these individuals are often prevented from accessing work, housing and jobs because they lack the skills and access that they need to use the internet effectively.

Thames Reach also works with many clients who have complex needs and dual diagnosis issues, and provides several homeless hostels which have health care in-reach, including hosting a homeless intermediate care project in partnership with the NHS and a 'psychology in hostels' project where NHS psychologists offer direct support to residents and staff. As such Thames Reach would be a potential strategic partner in digital health inclusion work.

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Dean Street Sexual Health Clinic

Dean Street Sexual Health clinic in Soho has a strong on-line presence. Clients are able to book appointments for their main clinic on-line, and order HIV home sampling kits online to be delivered to their homes. The clinic has a Facebook page for clients, and tweets regularly to clients e.g. about real-time clinic delays, and changes to clinic times. Sexual health education messages are also tweeted, and clients can also tweet in their own questions

(anonymously or publicly). The clinic has also previously undertaken sexual health outreach on-line, and promoted sexual health screening on line in forums where sexual contacts are planned.

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Methodology for study

90 surveys and 5 focus groups were undertaken in February 2017 at 5 sites. These sites were chosen to enable access to a wide variety of people experiencing homelessness. Surveys were undertaken randomly, but with focus group participants there was a degree of selection undertaken, to ensure a range of views and feedback were captured.

The study team comprised one experienced nurse researcher, Pathway's Expert by Experience Project Lead, and three Experts by Experience.

Surveys

The survey was written together by the report authors, and sanctioned by NHS England before the project commenced. The survey can be found in Appendix 1.

90 surveys were undertaken. Assistance was given to fill in the surveys, and fully explain the questions in most cases, although where someone wanted to fill in the survey on their own, this was permitted. A £5 voucher was given for a completed survey.

Surveys were undertaken at the following venues:

Service	Description and Location	Number of surveys	Focus group also undertaken
Camden Health Improvement Practice	GP practice for people experiencing homelessness. Location: Camden	13	Yes
Newham Transitional Practice	GP practice for migrants, people having difficulty registering with a GP, and people experiencing homelessness. Location: Stratford, Newham	8	Yes
The Passage Day Centre	Day centre for rough sleepers, and homeless hostel dwellers. Location: Victoria, Westminster	24	Yes
Deptford Reach Day Centre	Day centre for rough sleepers, and other vulnerable people, particularly those experiencing poverty. Location: Deptford, Lewisham	25	Yes
Camberwell Foyer	Homeless hostel for young people experiencing homelessness under the age of 25. Location: Camberwell, Lambeth	10	Yes
Pathway Experts by Experience Forum	Forum of volunteers with recent or current experience of homelessness who have a desire to give feedback on homeless health issues. Location: Pan London.	10	No

Demographics

Of the 90 respondents:

66% (60 respondents) were male, 33% (30 respondents) were female.

71% (64 respondents) said their first language was English.

58% (52 respondents) said they felt they had some form of disability.

49% (44 respondents) said they had trouble filling in official forms.

Figure 1: Age group of respondents

Age group	Number	%
16-24	14	16%
25-34	10	11%
35-44	19	21%
45-54	26	29%
55-64	15	17%
65+	6	7%

Figure 2: Housing Status of Respondents

Housing status	Number	%
NFA / night shelter / other vulnerably housed	29	32%
Sofa surfing / temp accommodation / B&B	8	9%
Homeless hostel	27	30%
Council / private rent	26	29%

Figure 3. Ethnicity of Survey Respondents

Ethnicity	Number	%
White British	33	37%
White Other	17	19%
Black African	11	12%
Black Caribbean	8	9%
Mixed race	8	9%
Not known, or did not wish to specify	9	10

These demographics were felt to indicate that the surveys had reached a good cross-section of the population of people who experience homelessness.

Focus Groups

The focus group questions were written together by the report authors, and sanctioned by NHS England before the project commenced. The survey can be found in Appendix 2.

Five focus groups were undertaken. Each focus group was led jointly by the Expert by Experience Project Lead and the nurse researcher, with one or two Experts by Experience present (except in the young persons' hostel, where an outreach health care professional known to the young people was present). Sessions were recorded. No names were used in the recordings, and all people gave permission for non-identifiable quotes to be used. 38 people took part in the Focus Groups in total. £10 vouchers were given for attendance.

Camden Health Improvement Practice *– 6 people*

- 4 male, 2 female.
- 4 White British, 2 Black African. 1 limited English.
- 3 had good digital skills, 3 had limited skills. 2 with limited skills were using the net through a TV. The others did not have their own device.

Newham Transitional Practice *– 5 people*

- 4 male, 1 female.
- 1 White British, 1 Black British, 2 Black African, 1 Arabic. 1 limited English.
- 3 out of 5 had used the internet previously. All three used it regularly, through their phones on wifi, or at a hostel or a library.

The Passage Day Centre *– 9 people*

- 7 male, 2 female.
- 7 White British, 1 Black British, 1 Mixed – White and Black Caribbean. 1 limited English.
- 7 out of 9 used the internet. 3 out of 9 accessed the internet using their own device. 1 more had previously done this, but recently lost their phone.

Deptford Reach Day Centre *– 10 people*

- 8 male, 2 female.
- 5 White British, 2 White Other. 2 Black African. 1 Black British. 2 with limited English.
- 6 used the internet, 4 didn't. Only 1 out of 6 had their own device for accessing the internet.

Camberwell Foyer Young Persons hostel *– 8 people*

- 1 male, 7 female.
- 1 White British, 3 Black African, 4 Black British.
- All 8 had good skills and their own device, although some had data / connectivity issues.

Findings

Capability

Respondents to the survey had a broad range of capabilities, with many patients having good skills. 82% (74 respondents) had used the internet, and 78% (70 respondents) had used the internet in the last month. Of the 74 who had used the internet, 44% (32) classed themselves as having 'better than average' or 'expert' skills, 36% (27) considered themselves to have 'average' skills, and 19% (14) 'worse than average' or 'poor skills'. As such however, a total of 33% (30 respondents) had either never used the internet, or felt this was a struggle.

61% (45) of those who used the internet said they went online every day, and these were generally the respondents who classed themselves as having better skills. 15% (10) people who used the internet once a week of less all described themselves as having worse than average skills.

In the third of respondents who did not use the internet, or who were less able, there was a sense that some felt quite frustrated by the expectation that they should be able to understand.

'I don't understand all that jargon' *'I'm just not talented in that area.'*

'Sometimes I get help from library staff, from charity staff [to use the internet] … but everything seems hard these days, even working a microwave.'

'I know you can use it for lots of things… but I just don't know how to do that. They've tried to help me, but I just don't understand'

'I can't read and write that good. I don't even know how to switch one on…. [a computer]'

'I have to get my daughter to help if I need to go on-line… I find it very hard…'

'It's like learning to swim in a small pool, and then having to jump in the ocean.' [referring to the difference between basic computer skills training, and the skills required to do official business on-line]'

'I have access anytime I want… but I don't know that much about actually using a computer'

'I got bullied into reading and writing classes. It's not my fault I can't read and write, I went to a special school. They shouldn't be bullying me.' [drawing a parallel between being forced to read and write, and being forced to use the internet].

'People will always get left behind… don't forget the old school.'

Notably in three survey responses language difficulties were described as a clear barrier to internet usage (as an additional note), and this may have been relevant in other cases. In two cases inability to read and write was described as a clear barrier to internet usage, although in one of the focus groups a person had found ways to overcome this.

'That's where I struggle. My reading and writing is really low. But now I know how to talk to my computer so that helps.'

49% (44 respondents) said they had trouble filling in official forms (in any format, not only online), and 29% (26 respondents) said their first language was not English.

The internet usage described by survey respondents is outlined below. 'Looking things up' was the top usage, suggesting recognition of the internet as a knowledge resource. Only 46% of people said they were filling in forms online.

Figure 4. Usage of the internet

Uses	**Number**	**%**
Looking things up	61	82%
Email	54	73%
Social media	49	66%
YouTube	48	65%
Filling in forms	34	46%
Finding out service information	30	41%
Games	29	39%
Meeting people	14	19%
Other e.g. training	6	8%

Age

Capability challenges were more prevalent in older people. For example, only 1 of the 6 respondents over 65 had used the internet. Of the 13 respondents over 55 that used the internet, 46% (6 respondents) said they had 'worse than average' or 'poor skills', compared to 19% for the whole group.

'I'm the one who is supposed to handle the on-line applications. I'm 75. What email address? When I was a kid I used to read about satellites and space. This feels the same to me.'

'I'm too old for that'

'I wouldn't know where to start from. I don't like the internet. I don't know what's going on in this world – it's getting me down.'

'I was very slow, because I'm not a young man anymore.'

'I don't really trust technology, I'm not really interested'

However, being older didn't put everyone off. One person over 65 described being eager to learn, despite having no current skills.

'If someone could help me. Even for me at my age, I think it would be good for me.'

There was a clear acknowledgement from young and old alike, that nearly all young people did have good capabilities. 86% (12 respondents) out of the 14 respondents under 25 described themselves to have better than average' or 'expert' skills.

'It's a generational thing… Anyone under 25 will able to use all these things. They don't take paper applications for anything anymore.'

Concerns about the digital age

Broadly speaking there was an understanding the digital health solutions were inevitable and not all bad.

'This could save the NHS a lot of money… freeing up staff to attend to more pressing things.'

However, several concerns were expressed about the underlying agenda behind digital healthcare, and what this might eventually lead to.

'Is this eventually going to lead to less Drs? All the hospitals are closing already…'

'I believe that we are getting away from interacting with each other'

'Are they going along the lines that everyone has to do this?'

'Are they doing this to cut jobs. You can't do anything off the internet these days, applying for jobs, doing council applications…'

Access

Access was an issue across all groups, with different groups expressing different issues.

82% (74 respondents) of 90 respondents said they had a phone (this was not precisely the same 74 that reported using the internet). Of these 72% (53 respondents) said their phone was a smart phone, and 73% (54 respondents) said they had credit.

However, on occasion it came out later during the survey that the phone was not currently available, as it had been stolen, lost, broken or sold. This was also true for focus groups. Eliminating respondents without credit and discounting 'stolen, lost broken or sold' devices showed that only around 54% (49 respondents) of the survey and focus group participants had a working phone.

21% (19 respondents) said they had some form of digital device other than a phone available that could the access the internet. A clear majority of these also had a phone. Several said this device also had some issues. 54% (49 respondents) thought they would be able to get a phone contract if they tried, although the study team thought that this might be an overestimate – with not everyone perhaps being clear about what would be required to obtain a contract.

81% (13 respondents) of 16 respondents who had never used the internet said they would like to be able to use it, and 66% (49 respondents) of 74 respondents who had already used it said they would like to use it more, although 61% (45 respondents still said they used it every day).

30% (22 respondents) of 74 respondents who said they used the internet said their only access was via hostel, day centre, library or another public site. Another 8% (6 respondents) said their only access was via friends. As such 62% (46 respondents) of those who accessed

the internet **could** do this via their own device, although as noted before this wasn't necessarily secure.

The responses regarding survey respondent's primary barriers to internet use are outlined in Figure 5. 66% (58 respondents) of 88 respondents to this question described some sort of access issue.

Figure 5. Primary barriers to internet usage

Primary barrier to access	**Number**	**%**
Have SMART phone or another device, but no contract or not enough Wi-Fi	21	24%
No relevant device, and not enough public access	15	17%
No problems with access, but limited skills	11	13%
Problems with access, and limited skills	22	25%
Concerned by internet security issues	3	3%
I do not think I have any barriers	16	18%

It was evident that in some cases where people didn't have their own devices, this significantly limited their access (even though people were aware that public access was available in libraries and day centres).

'I've never used the internet here. I played Atari games in the 80s, but after I came to this country, never… I don't use it because I don't have it.'

'I don't have access now, but I used to… when you haven't got access to a computer you feel like a third-class citizen'

However, even where people had their own devices, there were often associated problems. For example, some people did have their own devices and data contracts, but still struggled.

'Data is so expensive…it just goes like that.'

'I keep running out of data. It's a con. I get 30GB a month. I keep getting charged. It leads to a debt.'

'I try to keep my data for what I need it for.'

Other people had their own devices, but had no data contract, and were using the internet via Wi-Fi only, and understandably this was also causing issues.

'I don't have a data contract, so I have to struggle with public Wi-Fi on my phone to do many things… it can be a nightmare.'

'There's not enough free Wi-Fi.'

'The Wi-Fi here is so slow. I can't access Wi-Fi in my room. We live in a modern society – it's crazy really.'

'My hostel has Wi-Fi, but there's no reception around the hostel really… it doesn't work'

Where people were using public computers, there was visible frustration about limited availability, outdated equipment or slow connections, and lack of support. It was also clear

that not everyone was able to access public computers e.g. problems obtaining a library card to get access.

[Re the hostel computers] 'They are all old, and they are broken. They just don't work.'

'You have to be supervised by the learning team [to use the hostel computers], and the learning team leave at 6pm'

'I went to the library, but I was very slow. I had to ask for help a lot. I felt I was being a nuisance.'

For those using mobiles to access the internet, battery charging was an issue, particularly for those with no permanent address. It was noted several times that day centres provided charging facilities, but there was often competition for use of sockets.

'There's nowhere to charge your phone up.'

'My battery went on me yesterday.'

The final access issue, which is also partially a capability issue, was the problem of passwords. Focus group participants generally understood the importance of passwords, but pointed to how difficult it was to keep track of passwords, particularly when you have no fixed address.

'Passwords? I can't even remember my telephone number.'

'I'm always forgetting passwords'

'It's the email addresses and passwords – I don't know how to do that, and I'm always forgetting anyway…'

Existing use of digital technology for health

A surprising 11% (10 respondents) out of 90 already had some form of GP access on line, and all were positive about this. An equally surprising 23% (21 respondents) said they had previously given health services feedback on-line, although the study team again wondered whether this question had been fully understood.

Otherwise existing use of digital technology for health care was mostly centred around looking things up around their symptoms or health conditions. 39% (35 survey respondents) said they did this. In the focus groups people generally understood the benefits and the risks of this, and enjoyed debating this.

'When my aunt had cancer, based on her research, she could give the nurses and doctors instructions'

'I suffer asthma. I googled it up. It was very useful. I learned more than from the Doctors and Nurses.'

'Looking at a website… helped me to describe exactly how I was feeling. I realised that was exactly what I was experiencing.'

'If you are in pain, you look… but then you worry about getting your leg chopped off.'

'I convinced myself I had cancer this morning.'

4 respondents said they had received test results online, 5 respondents said they had ordered repeat prescriptions online, and 4 respondents had used online health forums.

GP 'Patient Online' access

Again, a surprising 52% (47 respondents) of 90 survey respondents said they were aware that you could get GP access online, although only 11% (10) of these had access. However, in the focus groups, a rather smaller percentage of people seemed to be aware of this access. In the focus groups the different applications were discussed – ranging from just booking appointments, and ordering repeat prescriptions, to receiving test results, viewing ones' own medical history, and seeing all of ones' medical notes.

The concept was generally positively received in the focus groups. In the survey 80% (63 out of 79) of respondents who did not currently have access to their on-line records said they would be interested in this.

'You don't need to use up a professional's busy time.'

'It's a good thing. It saves you time, it saves them time.'

'It's a good thing. It's really fantastic. It could save lots of trips and calls.'

'Yes, that's important. We don't know what is written about us, and we should.'

'I think it's empowering.' *'Wow.'*

'I think it's the quickest way to do things. It will save time.'

'It's definitely better for people who are working.'

'I want to know how I can get a repeat prescription on line. That would be really helpful.'

Some concerns were expressed, sometimes about the concept itself, but mainly about security. These are discussed in more depth in the security section.

'I'm not sure I'd want to read my records. What you don't know can't hurt you.'

'What about if I didn't understand the results, even if they are normal, how does it work?'

'You'd want some proof it was safe.'

'If you've got some kind of personal code, that would be fine.'

'I think it's good but I'd worry about who can access it.'

Sexual health screening on-line

A variety of digital health applications were discussed in the focus groups as a way of engaging people in the topic, and focus group attendees generally engaged in these discussions with a lot of interest. The existence of sexual health screening on-line was only known to a few focus group attendees prior to the groups. This included young people, although one person indicated they had been surveyed about this previously. Many people were surprised that sexual health screening on-line was a possibility.

'Woah… is that true?'

'I didn't feel this would be possible.'

In general, there was a lot of support for the notion of sexual health screening on-line as a way to save people from shame and embarrassment. 31% (28 respondents) said they were interested in learning about this.

'A good idea as an adjunct… because of the shame people feel.'

'I get dodgy looks from young teenagers when I go… it makes me feel like paedophile. I'm just a normal bloke. I think it's a good thing.'

'It's a bit easy. It might encourage people to go more.'

'People don't test themselves, because they are scared to go to the clinics. This is a problem. This would give them a chance.'

'If you are Muslim, Christian, whatever and you are not supposed to sample the fruits of the tree… but you do. This is a way for those people to get help.'

'It might help some people, particularly men.'

'It's better for some people – it depends what kind of person you are.'

'We all feel embarrassed sometimes.'

Some sensible concerns were expressed about whether it might be better to see a real person, but in general this was generally overshadowed by the positive comments.

'I think I'd rather go to a clinic.'

'Are you more likely to avoid treatment this way?'

'They can give you more moral support if you actually go in.'

Mental health support – on-line

Mental health support was discussed – both in terms of what is available now, and what might be available in the future. This discussion focussed around filling in symptom questionnaires online (like the PHQ-9 and GAD-7) as a form of triage prior to accessing

services, being signposted to specific advice or support on-line (like on-line Cognitive Behavioural Therapy courses), through to potential ongoing therapy online.

This concept generated mixed strong feelings – focus group attendants tended to be strongly for or against.

'No. That's definitely wrong isn't it'

'Yeah, this is a good idea. I don't want to be on tablets for the rest of my life. Getting support on the internet when I want it is good.'

Several people had experienced filling in symptom questionnaires online for this purpose previously, and felt this hadn't been helpful, and in general people were not positive about this.

'I've tried to fill in these quizzes and I just give up.'

'Sometimes the questions don't feel relevant. It takes such a long time.'

'That's a nightmare [having to fill in forms about your mental health on-line]. It's stressful and it provides a hurdle.'

'So, you're depressed, and you've got to fill in 101 questions. I don't like that.'

'The forms are going to preclude that need the people that need the services the most.'

'Dehumanising. An algorithm is not a person.'

However, there was a small amount of recognition that these types of symptoms screening tools might help.

'It could help to get you into the right treatment though.'

There was interest in the idea of therapeutic support being provided online via an online link, or video link, and this generated quite a lot of discussion.

'It might be good for some people who are not able to leave their homes, or have trouble getting to places on time'.

'Some people can't get out the door because of panic attacks. I've been like that. It would be good'.

'Could it be provided out of work hours, that would be good.

'Lots of communication is lost when you type. I would not be able to put my thoughts coherently. It would need to be a video link up.'

'Me having to sit there for ages because of my dyslexia. You only have to give me two and a half hours I might just get it done.'

'You need to have a therapist there with you. You need to relate to someone.'

28% (25 respondents) said they would like to know more about the mental health support that was available on-line.

Support groups online

A small number of survey respondents, and focus group attendees had tried online support groups, and there was acknowledgement that they could be helpful. 17% (15 respondents) of survey respondents said they would be interested in finding out about Alcoholics Anonymous online support and 31% (28 respondents) said they would be interested in finding out about other support groups.

'I've tried those, it's helpful. Sometimes. At night…'

'If help was available at different times this might be good.'

'This would be great. Knowing there are other people like you would be helpful.'

However, there were genuine sensible concerns about the risks of these types of forums, and discussions about how the risks could be minimised.

'My mate did that and the person she was talking to made her feel worse.'

'In an internet group is there really a connection. It's not like here – you don't see how they react to you.'

'The problem is you can't type as fast as you can think. Might be good if it was voice activated.'

'What about catfishing?' [1]

'I'd be worried about this. Anyone can make a website.'

'Who is actually monitoring this type of thing.'

'People should be vetted, and they should be monitored.'

What would help to get people on-line more?

66% (59 respondents) said improved access of some sort would help them access the internet more (some people selected more than one response for this question e.g. they wanted their own device, and better public access).

50% (45 respondents) said training would help them access the internet more. This has been divided into those that appeared to be requesting basic training 38% (34 respondents), and those who appeared to be requesting skills development training 12% (11 respondents) based on other survey responses.

69% (62 respondents) said they would be interested in participating in some sort of pilot programme which would help people experiencing homelessness access the internet more.

[1] Catfishing involves the creation of a fake user account on social media or other forum with the sole purpose of engaging and deceiving other internet users, usually for nefarious purposes.

Responses to the question 'What would help you access the internet more are outlined in Figure 6.

Figure 6. What would help you access the internet more?

What would help you access the internet more?	Number	%
Have skills, but I would like my own device	30	33%
I have skills and a device, but I need a contract and/or better Wi-Fi access	29	32%
I would like better public access	25	28%
Access total (all respondents who indicated at least one access related response)	59	66%
I need training	34	38%
I need development training	11	12%
Training total	45	50%
I don't need any help and/or am not interested	18	20%

'If I was given a device I would have time to type, to practice.'

'If someone gave me a contract I would use the internet more, of course I would.'

'Homeless people should have cheaper data…'

'I would be interested. If someone gave me some support, I would.'

'Yes, I might be interested… [in training] I'm signing on. I've got to learn these skills. I don't want to get homeless again.'

Where training was required there was a preference for informal small group or one to one training; this was strongly backed up by focus group responses, where the importance of being able to get individual support was emphasised.

Figure 7. Type of training requested

Type of training	Number	%
Formal classroom training	20	25%
Informal, small group training e.g. drop in	26	33%
1:1 training	23	29%
Other e.g. manuals, on line training etc	20	13%

'In the library, sometimes they are willing to help, but not always. But every time I have to ask for help.'

'I saw the Job Centre and they sanctioned me for not being able to use the internet – they never showed me, or helped. They said it was no excuse not knowing. I went to the library, but I was very slow. I've learned the basics. But I felt I was being a nuisance asking for help.'

'No-one ever showed me how to use it. Every time they want to I'm busy with appointments.'

What digital health applications are people interested in?

Survey respondents were interested in a variety of digital health applications, and these are outline in Figure 8.

Figure 8. What digital health applications were people interested in

Area interested in	Number	%
Overall GP access on-line	63	70%
Booking GP appointments on-line	56	62%
Giving health service feedback on-line	53	58%
Getting repeat prescriptions on-line	50	56%
Getting test results on-line	46	51%
Health advice on line	45	50%
Video consultations	33	37%
Sexual health on-line	28	31%
Health related support groups	28	31%
Mental health support on-line	25	28%
Alcoholic Anonymous or similar	15	17%

Security concerns

There were some concerns expressed about internet security, particularly when talking about access to GP records. It was explained that access to GP records on-line is protected by password and only takes place in real time (i.e. the information does not actually sit on the internet), but this is a complicated area, and there was a lot of debate.

Interestingly both older people and younger people had concerns, with people in the middle age groups having less concerns. This is probably because younger people are more aware of the actual risks that exist. Younger people, for example, had a clear understanding of the risks of saving your access password on a device and then losing the device. 43% (32 respondents) of survey respondents overall said they had concerns about internet security - with the loss of personal information and hacking for other reasons (e.g. theft) being the top concerns. This was followed by concerns about talking to people with false identities on the internet (e.g. in support groups), and issues over the introduction of viruses. 23% (21 respondents said they were interested in training on internet security).

'But how safe is it? You hear so much about scams and whatever. Information is going out everywhere.'

'I had a time when everything was hacked. My social media, my bank account, my everything…'

'There is always a chance your information can be accessed by people who have no right to it. If you put your password in, and lose your phone, you're done for…'

'What if I was a mean person… I might print out someone's notes'

However, there was an acknowledgement that despite these concerns, this wouldn't stop most people using internet based applications that they thought were useful. Only 3% (3 respondents) of 90 respondents said concerns about internet security was their main barrier to internet usage, although even 3 respondents could be considered to be quite high.

'It wouldn't stop me though.'

'I worry more about people hacking my bank account.'

'We should trust, because we are protected by the law.'

Data sharing in the NHS

Lastly there was a specific discussion about the notion of London homeless health services having database links so that GP records can be viewed across these services in real time, with patient consent. The limitations of the project were made clear. Most people felt this was a good idea, and often put this in a context of a desire for wider patient record sharing.

'I think a GP should have access to all our records. It's needed to treat a person.'

'Sometimes I don't have the energy to repeat myself again and again.'

'Once I sat there for 2 hours while they tried to get information, would it help that?'

'It would stop me having to repeat things.'

'If instantly they can have access and see way back, and trace things they can give us the right treatment – this is a good idea.'

'Records should be there for everyone to see. Every national health computer should be linked together.'

'That NHS van – it took a month for the information to get to my Dr, I didn't know what I was given' [with regard to vaccines]'

'I see the [outreach] nurse, but she's got no access to the hospital to my records. Neither does my GP. It's wrong.'

'It's good because it would give the [outreach] nurse more insight into your conditions.'

'What about the Doctors in prisons, they should have access too.'

Many focus group attendees appeared to think their records were linked up already (which was interesting, given there is significant evidence to the contrary, and people experiencing homelessness are often very aware of this).

'Are you telling me he doesn't have authorisation already…?'

'With your NHS number, surely that provides all your history?'

'You mean to tell me that if I had an accident in Birmingham they wouldn't immediately be able to see my notes? Well that's wrong. It's a con.'

'Surely, you're not telling me that our notes are not linked up already… what's an NHS number for?'

'They would already have access to your records, wouldn't they?'

Broadly speaking internet security was viewed as less of a concern where data sharing was taking place within the NHS. Some people fully understood the notion of additional NHS security, although for others this was just assumed. Internet security did still come up, but in this case, it tended to focus on large companies wanting your information.

'Sharing in the NHS is good, it's in the same field.'

'There's a difference between NHS sharing and everything else.'

'I think this is a bit different. This is only actual doctors, actual health professionals that can see this.'

'Loads of information has gone missing. Big companies what your information…'

However, the discussion did reveal some concerns about information sharing, and often after one person had voiced these other attendees concurred. Attendees often asked incisive questions about who can access medical notes within the NHS, and under what circumstances.

'It could be a slippery slope you know. What happens if more and more people have this information.'

'If someone has had a bad time in the last place, it might be worse for them if their notes followed them.'

'So, you are saying that they would only look at this if your life was in danger.' [referring to a clinician looking at someone's notes from another site without consent]

Overall attendee views could be summed up by one young person's comment.

'Overall this is more good than bad.'

Thoughts from the Experts by Experience

Stan Burridge, Expert by Experience Project Lead

I worked on this programme co-ordinating the survey data collection, and managing the input of the Experts by Experience.

A joint decision was made regarding the venues to conduct both the questionnaires and focus groups. These choices were made with a view to covering a wide variety of groups of people experiencing homelessness, and a representative sample in terms of age, gender, and ethnicity. I am happy that we achieved the target of accessing a representative group.

During the focus sessions, I felt there were 4 main groups.

1. Those who could access the internet and use it effectively with little support or training, who also have access to equipment (personal or otherwise) with which to do this.
2. Those facing access barriers, but who, if offered a device and connection to access the internet, would be able to navigate and use the internet without any problems.
3. Those who would be able to access the internet and navigate it if offered support and training, some of this group may also require a device and means of connection.
4. Those who would need extensive ongoing support and training to make use of any digital inclusion programme. This group has given me the most concern, therefore I will base the bulk of my summary on those in the fourth category.

Those in Category 1 said Wi-Fi issues, poor connection speeds or lack of computer time were the main issue. They felt confident they had computer skills which were above average. I have no real concerns about this group. I think they are the most resourceful, and require little additional input, other than knowledge of what is available and where to access it.

Category 2 have similar skill levels, but lack the means to access to the internet, in order to be able to benefit from the full range of on-line health services which are planned. This could be solved by providing free equipment, or financial assistance to purchase smart phones or contracts, or by providing considerably better public access e.g.in libraries and day centres. It might also be possible to source low cost equipment and/or contracts through charities.

The Category 3 group had training needs. Some were already using the internet with a Smart phone, and had a basic knowledge of using internet search engines, but many did not have a device. This group would require some skills training to make full use of the range of on-line health services which are potentially planned by the NHS. As with Category 2, this group would also benefit from more places to access the internet, low cost equipment and/or data contracts.

Category 4. I would be extremely concerned that this group could be left behind, if some services were to become completely digital. In general, the people in this group are older, often having had no previous experience of using the internet, and no financial resources at their disposal to purchase equipment, as well as limited access to training. I observed that several people in this group also had low level literacy and numeracy skills, which would be need to be addressed as part of any skills training provided.

Across all 4 of the categories there were some concerns about internet security.

My Recommendation

There should be an intensive programme of support for everyone regarding getting people to engage with their health on-line. Local libraries, and day centres should be brought up to speed regarding this agenda to be able to provide that support. Introducing health peer advocates to support those with the greatest need (1 to 1) might prove to be a valuable addition to other training avenues (if peer advocates were themselves given adequate training). In addition, a training and support package aimed at service providers must also be created and implemented to speed up the process of on-line NHS services being used across the homelessness sector.

I feel that it would be very useful to run a pilot programme. Several SMART phones or other devices could be issued with contracts. This would be targeted at those on the extreme margins (Category 4), which would need to be done with thought and care. However, these people could potentially be introduced to a whole host of on-line health and other support. Financial costs would potentially be offset by the even greater cost to the NHS of non-engagement with health services.

Failing to provide an intense support programme will result in large numbers of people being left behind in the wider agenda. One person said during a focus session, and I am inclined to agree:

> *'this is coming 20 years too early; in 20 years, everyone would have access to the internet, and the skills to use it…'*

I don't think this is a reason to delay or stop the move towards digital inclusion, but it must be done diligently with appropriate levels of support and equality of access.

Jose Bell

I felt that people from most demographic groups were being excluded for some reason. They were being excluded for different reasons though. However, across all demographics, several people were being excluded because of affordability to proper data packages on portable devices.

Although sometimes starting with a feeling of this not being relevant to them, people became more interested in online health when things were explained to them. People from most demographics when asked whether they would use online services for sexual disease screening, replied that they probably would use the services, which was interesting.

It seemed that several people that would benefit from either group training or 1 on 1 training e.g. that provided by Soulchip at Deptford Reach. This training could be held at places such as Public Library, where there are computers available or even at colleges with similar facilities. One on one training could or should be supplied at Doctors Surgeries. Maybe the least that should be done is for people to be given a flash drive or DVD with walk-through step by step instructions of the health-related services available or accessible on the internet. This could perhaps be used at day centres.

There were mixed feelings about the provision of mental health therapies on line, and this created some interesting discussions. The potential of supplying and offering people access to mental health therapy via the internet (Skype) might make access to specialist therapy and care for people experiencing homelessness much easier. This could possibly be provided by specialist organizations such as the Westminster Homeless Health Team, Central London Community Healthcare NHS Trust.

I felt that some people with disabilities in the homeless community could really benefit from increased internet access, and the potential was huge e.g. appointments with a doctor of other health provider via the internet at a day centre.

www.soulchip.co.uk
Provides at home and classroom based IT training with a particular focus on clients with disabilities, those over 50, and other digitally excluded groups.
Contact: Paul Clayton
Mobile: 07958 251448

Westminster Homeless Health Counselling Service
Contact: John Conolly, Lead Counsellor
Email: **jconolly@nhs.net**

Joe Ellis

Public internet access

During our research, several people stated that they were being excluded from accessing public internet availability at libraries due to a lack of identification (proof of address) preventing them from obtaining a library membership. There were also several people who would have liked to use public Wi-Fi services, and had the skills to do this, but lacked equipment to do this. As such there were people being excluded from using public internet access which seems like a form of social exclusion.

Online health services

When speaking with people about health services online, most respondents were unaware that much of the services were available, with many showing interest in sexual health screening and support groups such as Alcoholics Anonymous and Narcotics Anonymous. This seems like a missed opportunity.

However, there were concerns expressed over mental health support – the main feeling being that the lack of human contact, and the many forms required could be off-putting, and in some cases even distressing. There was talk about such forms being irrelevant. If mental health support on-line is to continue, these forms need to be looked at to make them more user-friendly.

Interest in basic training

During our sessions, I thought that those most likely to require and express a desire for some form of training (whether group or one to one in nature) were those who spoke English as a second language, and those who identified themselves as having a disability. More people in these groups seemed to describe themselves as having below average or poor internet skills.

My Summary

- I would like all people to be able to access public Wi-Fi (which might include giving some people a device)

- I would like to see library policies change regarding proof of address for people experiencing homelessness, and I think library staff could be educated to understand the needs of homeless people more.

- I would like to see Experts by Experience involved in the design of any on-line forms regarding mental health.

- I think any training needs to be able to meet the needs of people who do not speak English as a first language, and those with disabilities.

Lee Snowball

Before starting on this project, I was someone who believed that digital exclusion was more about age. But being an Expert by Experience, and helping on this report has opened my eyes to the fact it's not just the old who could be left out – lots of people have barriers to internet use.

There are many reasons, but the one that I felt I could relate to was where several people said that reading and writing was an issue. I also understood when people said they found big on-line forms difficult, and lacked trust in the internet. Many people didn't have the money to buy a smart phone, or to pay for credit or a contract.

If the aim is to get people using the internet around their health, my thought of how to help people with the training issue, is to offer them training on laptops in Doctors surgeries (or nearby). What is being taught needs to be short and simple, with lots of different types of training (from classes to one on one support) being on offer. The training must be kept simple and fast, so that patients find it easy to keep doing it over and over, until they know it, and feel comfortable with what they're doing. Doctors and nurses could refer patients to the training.

I find it hard to talk to people about what goes on in my life, but for this research we went twice to a place called the Passage, and I had to engage with people in my position and worse, and chat to them about their lives. I did it, and I didn't understand how well we did it, until I heard some feed-back after our time there. Apparently, many people who engaged with us do not normally talk to other new workers. I realise that this is why I was important to the process. The people spoke to me as someone who understands them. One even helped me to read a question, and I helped him with some advice about housing. I can see how it works… people who have lived with homelessness, supporting people who are still homeless.

Conclusion and Recommendations

Conclusion

Enthusiasm for digital health among people experiencing homelessness does exist, but there are significant barriers around access and capability.

Key points:

1. 82% of survey respondents said they had a phone. However, if you eliminated those without credit, and accommodated for 'stolen, lost broken or sold' devices, the reality seemed to be that about 54% overall had a working phone.
2. 82% of survey respondents said the used the internet. Of these 61% said they went on-line every day, and 70% described themselves to have 'average', 'above average' or 'expert' skills. However, 33% of people either did not used the internet at all, or described themselves to have below average or poor skills.
3. Of the 82% that used the internet, only 46% said they had used the internet to fill in official forms.
4. Capability problems exist, although this is more evident in older age groups. The digital exclusion normally experienced by elderly people in the general population is being experienced at younger ages in homeless populations.
5. 50% of survey respondents (45 respondents) said they would benefit from some sort of training to access the internet more. 24% (11) of the 50% appeared to be people seeking developmental rather than basic training.
6. Access problems exist across all age groups. 66% of survey respondents said they had some sort of access issue.
7. Clients are enthusiastic about the idea of gaining on-line access to their GP records. 80% of respondents (63 out of 79) who did not currently have access said they would be interested in this.
8. Study participants were interested in finding out about a variety of health applications on-line, including more contentious services like on-line sexual health screening (the idea of which was generally positively received).
9. Training would be better provided in small groups or in 1 to 1 situations, with 63% of survey respondents preferring this.
10. Internet security was a concern for 43% survey respondents, and came up in focus groups. Training could be provided regarding this. 23% of survey respondents actively requested this.
11. Focus group attendees understood differences between internet security for NHS to NHS sharing, and other situations, and were positive about NHS to NHS sharing with some caveats.
12. 69% of survey respondents said they would be interested in participating in some sort of pilot programme which would help people experiencing homelessness access the internet more.

Recommendations

1. A pilot could be funded focusing on improving the access and capabilities of a small group of people experiencing homeless (from at least two differing types of settings). This might involve giving participants an internet enabled device with a contract, and providing them with one to one or small group support to access targeted applications. A training partner would be required.

   Digital technologies that could be introduced in a pilot to people experiencing homelessness:

   - GP record access via 'Patient on-line'
   - Apps providing signposting to specialist homeless health services
   - Apps providing signposting to other support services within local areas e.g. provided by the Pavement, or Homeless UK
   - Providing feedback on health services on line via NHS Choices
   - Health promotion / education / information advice about health conditions and how to manage them on NHS Choices
   - Rights to health care advice on line
   - Alcoholics Anonymous etc support groups on-line
   - Sexual health screening
   - Increasing Access to Psychological Therapies advice on-line
   - Support sites for sex workers e.g. 'Ugly Mugs'
   - Outpatient Appointments on line / treatment monitoring in TB, HIV, Hep C

2. Public libraries were mentioned a lot during this study, as a key centre for public internet access, but also as a potential site in which to provide training. However, it was noted that an address is needed to register at public libraries, and an issue that came up frequently was that some people were unable to get a library card (on account of not having an address), thus excluding them from public internet access. It is felt that this could be addressed by providing 'internet access' only cards, and that training could be provided to library staff and library networks regarding the challenges people experiencing homelessness face.

3. Better Wi-Fi access could and should be provided in commissioned homeless hostels and day centres. It is felt that Local Authority contracts could require housing providers to provide Wi-Fi that is fit for purpose, with appropriate download speeds, and accessible throughout buildings (boosters can be bought to assist with this).

4. Alongside this commissioned and non-commissioned day centres could be encouraged to provide charging stacks and/or other charging facilities.

5. More public access chargers could be provided like the Strawberry SMART benches now appearing in Islington and Deptford and Canary Wharf.

6. In line with this, a directory of public free Wi-Fi access could be produced and made available at homeless day centres, but also be published in places like Job Centres and

GP surgeries (where this is available outside buildings, and can be accessed e.g. in parks).

7. Wi-Fi could be made available in GP surgeries with directions on how to access certain health related websites, and a menu of useful links for people experiencing homelessness.

8. Focused internet training could be provided regarding health applications within GP surgeries, perhaps 'on prescription' from health professionals.

9. More one-to-one and small group training should be made available in homeless day centres and hostels. Health care professionals working with people experiencing homelessness should know about training opportunities, and should be able to refer their patients to this.

10. A step-by-step training package demonstrating how to use the internet for health purposes could be developed, and distributed on flash drives or DVDs, or placed or published on-line.

    Initiatives that support the recycling of phones / laptops etc to give to homeless people could be more widely publicised, and perhaps a partnership could be developed for fixing broken devices. Health care professionals working with homeless people should be made aware that these initiatives exist, and be able to refer people to them. Current examples include: Thames Reach and Three (used by the Good Things Foundation and others)

11. Advertising of on-line health services e.g. sexual health screening should extend to homeless hostels and day centres.

12. User experience forums being run by NHS England around on-line health applications and forms should include people experiencing homelessness.

13. Certain URLs could be made free to access (regardless of whether someone has available data).

Further research

Further research could be undertaken into:

1. The extent of current public internet access provision and digital inclusion training available within homelessness services across London.

2. The various types of mental health provision that could be made available on-line to people experiencing homelessness, to examine whether any could be of particular benefit. Access to on-lines specialist trauma therapy via Skype could be considered, as well as lower level interventions e.g. providing a guide to the recognition of common symptoms, a rights guide (i.e. what to expect from services), and advice on self-help

techniques where appropriate. On-line resources could be designed to accessible for clients with low literacy, and those with language challenges, and written in a way that was mindful and sensitive to clients with complex trauma histories.

3. The precise nature of the skills deficit of software use difficulties that people have, in order to inform training, and/or software design. E.g. a group of people could be tested out using Patient Online services to identify common difficulties.

4. Further detailed interviews could be undertaken, targeting the people found to be most digitally excluded in this report (e.g. those unable to read and write, or those who speak English as a second language) to better understand their needs.

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Appendix 1

DIGITAL INCLUSION SURVEY

DEMOGRAPHICS

1. Are you male or female? M / F

2. Which age bracket do you fall into?

   - 16-24
   - 25-34
   - 35-44
   - 45-54
   - 55-64
   - 65+

3. Is your first language English? Y / N

4. Do you consider yourself to have a disability? (e.g. visual or hearing impairments, physical disabilities, serious chronic health conditions including mental health conditions or communication impairments including autism, aspergers, dyslexia, dyspraxia or ADHD)

   Y / N

5. Which best describes your current accommodation status? (circle the response which seems most accurate for you)
   a) I have nowhere to stay at the moment
   b) Night shelter
   c) Staying with friends / family (temporarily or permanently)
   d) Homeless hostel
   e) Temporary accommodation e.g B&B
   f) Council accommodation
   g) Private rented sector
   h) Other

PHONE USAGE

6. Do you have a mobile phone? Y/N
7. Is your mobile phone a SMART phone? Y/N
8. Do you currently have credit on your phone? Y/N
9. Have you ever had a phone contract? Y/N
10. Do you think you would be able to get a phone contract if you wanted one? Y/N

INTERNET USAGE

11. Have you ever used the internet for any purpose? Y/N

    (If no, go straight to question 20)

12. If yes, have you used the internet in the last month? Y/N

13. If you do use the internet, approximately how often do you use it? (circle the response which seems most accurate for your use)
    a) Every day
    b) Several days a week
    c) Once a week
    d) Every two weeks
    e) Once a month
    f) Less than once a month

14. How do you currently access the internet? (circle all the responses which apply)
    a) Own SMART phone using a data contract / pay as you go facility
    b) Own SMART phone using free wifi access
    c) Own tablet / laptop using free wifi access
    d) Computer at hostel or day centre
    e) Computer in public place e.g. library, job centre, internet café etc
    f) Other… please specify…….....

15. What do you use the internet for? (circle all the responses which apply)
    a) Official business e.g. benefits, housing applications, job applications
    b) Personal e-mail
    c) Social media (e.g. Facebook, Twitter, Instagram etc)
    d) Playing Games
    e) Looking things up / finding things out e.g. on google
    f) Viewing things on U tube
    g) Meeting people
    h) Finding local health / mental health / addictions / homelessness services
    i) Other, please specify……

16. Do you ever use the internet for health reasons? Y/N

17. If yes what form does this take? (circle all the responses which apply)
    a) Looking up health advice
    b) Looking up medication advice
    c) Booking out-patient appointments
    d) Booking GP appointments
    e) Ordering repeat prescriptions
    f) Finding out test results
    g) Finding local health / mental health / addictions / homelessness services
    h) Checking reviews of services
    i) Checking how to get to services
    j) Talking to others in on-line health related forums
    k) Other…please specify……

18. If you have used the internet for addictions support for you or others can you tell us what form this took? (circle all the responses which apply)
    a) finding out about the dangers of specific alcohol or drugs
    b) finding out about local services
    c) accessing on line support groups like AA
    d) Other…please specify……...

19. If you have never used the internet for health reasons can you tell us why you think that is?

    ……

BARRIERS TO INTERNET USAGE

20. If you have never used the internet would you like to be able to use it? Y/N

21. If you already use the internet would you like to be able to use it more? Y/N

22. How would you rate your skills at using the internet? (circle the response which seems most accurate for your use)
    a) Expert
    b) Better than average
    c) Average
    d) Worse than average ('I can get by, but would sometimes need help')
    e) Poor ('I would need quite a lot of help to do anything')

23. Do you have any concerns about internet safety? Y/N

24. If yes can you let us know briefly what you are worried about?

    ……

25. What barriers, if any, restrict your internet use? (circle the response which seems most accurate for you)
    a) I have an internet enabled device (e.g. SMART phone), but I have no data contract and/or money to pay as you go, and not enough places to access free wifi are available
    b) I do not have an internet enabled device (e.g. SMART phone), and there is not enough computer availability at hostels, day centres, libraries, job centres, internet cafes etc
    c) I have do have potential internet access, but I have limited skills to use the internet – I need training in how to use the internet
    d) I do not have any potential internet access or the skills needed
    e) I am worried about internet security and this puts me off – this is the main thing that limits my usage
    f) Not relevant - I don't think I have any barriers to internet usage

26. What would help you use the internet more? (circle all the responses which apply)
    a) Being given an appropriate device – if I had an appropriate device, I know I would use it
    b) Better access – I have a device, but there needs to be more free wifi that I can access and/or I would need a data contract
    c) Better access – I currently use computers available at hostels, day centres, and in public places e.g. libraries, but there is not enough time available for me to use them
    d) Skills support / training
    e) Not relevant - I currently use the internet as much as I want to

27. Would you be interested in any of the following? (circle all the responses which apply)
    a) Formal class based course (e.g. 8 sessions) on how to use computers
    b) Informal group based training on how to use the internet
    c) Informal group based training on how to stay safe on the internet / internet security
    d) 1:1 support available when using the internet to assist with learning
    e) Other…please specify……

28. Do you ever have any trouble reading official documents or filling in forms?
    Y/N

29. Do you ever ask for any help filling in official documents or forms?
    Y/N

OTHER AND FUTURE USAGE

30. Do you use computers or other digital devices for reasons other than internet use? Y/N

31. If yes, please give examples of what you use computers for e.g. writing stories / letters, drawing pictures, playing off-line games, designing leaflets or posters, taking photos, monitoring fitness etc

    …….

32. Are you aware you can get access to your GP records online? Y/N

33. Do you currently have this access? Y/N

34. If no, would you be interested in getting access to your GP records on the internet?

    Y/N

35. Have you ever given on-line feedback on health services? Y/N

36. If no, would you be interested in learning to do this? Y/N

37. Would you be interested in any of using any of these other following on-line health applications in future (circle all the responses which apply)

    a) Finding out more about your health problems
    b) Booking GP appointments on line
    c) Ordering repeat prescriptions on-line
    d) Getting test results on-line
    e) Sexual health screening online
    f) Psychological therapy support on-line
    g) Alcoholics Anonymous groups or similar support groups
    h) Support groups / forums for medical conditions
    i) Video consultations with GPs or hospital specialists

38. Is there anything else you would like to say that you think might help us understand your use of the internet / computers, and any needs you might have in this area?

    …….

FOLLOW-UP

39. Would you be interested in participating in a pilot project that would help patients gain greater access to the internet? Y/N

40. If yes, are you would be happy to leave your details? We will contact you if a relevant pilot project comes up in your area.

Ethnicity Monitoring

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐

British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Prefer not to say ☐ Any other mixed background, please write in:

Asian/Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab ☐ Prefer not to say ☐ Any other ethnic group, please write in:

Appendix 2

FOCUS GROUP SCHEDULE AND QUESTIONS

1. **Stan Burridge to do ground-rules / talk about recording of group**
2. **All facilitators to introduce themselves (5 mins)**

Samantha Dorney-Smith to lead:

3. **Show of hands on who currently uses the internet? (1 min)**
4. **For those that use the internet – show of hands on who uses a device of their own and who uses a device provided by a hostel, public place etc. (1 min)**
5. **<u>Barriers to internet usage</u>**
   We are interested to find out whether there is anything stops you using the internet as much as you would want to? (10 mins)
6. **<u>Level of knowledge about digital healthcare</u>**
   There are many internet sites or 'apps' that you can access on the internet that relate to your health. Do you use any of them currently? If so which ones? Which do you think are good? (10 mins)
7. **<u>Motivation to use digital healthcare</u>**
   There are many things that you can do on-line that not everyone is aware of e.g. getting access to your GP surgery to book appointments or order repeat prescriptions, ordering sexually transmitted disease screening kits, having therapy for mental health problems, even doing AA groups 24 hours a day. Do you think this is a good idea? Would you be interested in doing this? (10 mins)
8. **<u>Data sharing</u>**
   There is a currently an IT project ongoing that will allow many specialist homeless health services to share information about you with your consent (if you have records at more than one of these services). What do you think about this? (10 mins)

   END AND THANKS – ask people if they want the report. Ask people if they want to leave their details.