

From Digital Exclusion to Inclusion



Introduction

This report is a summary of the learning from Healthwatch Islington and Diverse Communities Health Voices's digital inclusion work (a series of small projects funded through both local and national charitable trusts) covering the last four years. We draw on learning from the evolution of the model of support, including moving to remote support during the pandemic, and include outcomes for local people who took part.

In addition, we report on a specific research project commissioned by Islington Clinical Commissioning Group (CCG) in 2020. These findings are set out in the chapter entitled CCG Research.

We know that there is a huge digital divide in Islington, and that this is likely to exacerbate existing inequality, including health inequality if we don't take joined up action. We want to improve statutory service providers' understanding of the causes of digital exclusion and how to overcome these barriers. We want to support residents to access health and well-being information and access well-being support and mainstream services online where this makes services more accessible to them.

If you know an Islington resident who would benefit from support, but could not afford to pay for it put them in touch:

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Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

We gather local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

<https://www.healthwatchislington.co.uk>

Digital exclusion

Residents may be digitally excluded because they can't afford equipment, a connection, or because they don't have the skills, confidence or motivation to get online. We will explore this in more detail.

We noted that many residents are able to use WhatsApp. However, even though they are technically using the internet, they may not be able to apply these skills to other online tasks such as; sending email (with or without attachments), surfing the web safely, or interacting with services and online forms. In addition, throughout our work we find residents are not always able to distinguish reliable sources of information.

In addition, the infrastructure across the country and across the borough is inconsistent. For those using Wi-Fi, decent supply is not always available even for those who can afford it. For those using a 4G connection to access the internet, phone signals can be very weak or intermittent in some areas. As some residents are using old devices they are in some cases relying on 3G.

Why digital exclusion matters

The Good Things Foundation, working on issues around social exclusion, highlight that “a lack of digital skills and access can have a huge negative impact on a person's life, leading to poorer health outcomes and a lower life expectancy, increased loneliness and social isolation, and less access to jobs and education. It can mean paying more for essentials, financial exclusion and an increased risk of falling into poverty”. These are all key issues to Islington's Fairer Together Borough Partnership and North Central London's Integrated Care System. The Good Things Foundation note that “Digitally excluded people also lack a voice and visibility in the modern world, as government services and democracy increasingly move online”. Healthwatch Islington know from our work with local community organisations that this places an additional burden on the organisations supporting residents with applications for benefits, housing, council tax, parking permits.

“In an increasingly digital age... technological change means that digital skills are increasingly important for connecting with others, accessing information and services and meeting the changing demands of the workplace and economy. This is leading to a digital divide between those who have access to information and communications technology and those who do not, giving rise to inequalities in access to opportunities, knowledge, services and goods”. [The Office for National Statistics]

The government's Long-Term Plan for healthcare advocates a digital first approach to providing healthcare. Whilst there are numerous benefits to using technology to support access to care, in this context, those who are digitally excluded could have less or worse access. NHS Digital reports show that one in ten UK citizens are digitally excluded. ONS data shows that those most likely to be digitally excluded are generally older, living with a disability or from communities whose first language is not English, therefore this could further exacerbate health inequalities. We note that the budget for this huge-scale project is limited which may impact on choices of platforms, and their accessibility.

In the context of the Coronavirus pandemic

With the need to socially distance to slow the spread of the Coronavirus, many services had to offer support remotely (by phone or internet) with a reliance on web-sites and social media for sharing information. In Healthwatch Islington's September 2020 report “The Impact of Covid-19” we spoke to 200 Islington residents about their experience of the pandemic so far. Of 200 respondents 83 had not gone online to access services in the previous two months 38 didn't know how to and 14 had no access to either internet or a device. One didn't access because of a perceived language barrier, one because they were homeless with no recourse to public funds and one because they ‘don't need to, Arachne provided me with clear information in Greek and I could ask questions to clarify my understanding , which is better than any online service’.

On a scale of 1 to 10 for how confident they felt using services online 41 stated ‘1 to 3’ with 1 being not at all confident. 75 respondents rated themselves 4 to 7 in confidence and 70 rated their confidence 8 to 10 (this group were more likely to be working age).

Barriers that people cited:

- ▶ Financial
- ▶ Knowledge
- ▶ Fear (of scams/ spirally costs/ how data may be shared)
- ▶ Health conditions making the technology harder to use (or hard to learn)

We will further explore barriers to getting online in our research findings, beginning on page 7.

The Local Government Association highlights digital exclusion as a key driver of social isolation during the pandemic. Reference: [www.local.gov.uk/sites/default/files/documents/Loneliness social isolation and COVID-19 WEB.pdf](http://www.local.gov.uk/sites/default/files/documents/Loneliness%20social%20isolation%20and%20COVID-19%20WEB.pdf)

The Local Government Association (LGA) and Association of Directors of Public Health (ADPH) have jointly produced this advice for Directors of Public Health and others leading the response to the loneliness and social isolation issues arising from the Covid-19 pandemic.

Healthwatch Islington believes that digital can be for anyone and that online services can help us to be more inclusive. However, as many residents face barriers to accessing services in this way service providers must make sure that there are a number of options available to residents. From an equalities perspective services must be pro-active in offering and advertising reasonable adjustments. There is a worrying lack of consideration given to this at national level with the Department of Work and Pensions moving benefits online, [government consultations, public health information] and we will want the Integrated Care System and local providers to avoid this on a local level. Digital has a cost to the resident, and connectivity varies from street to street because of the inconsistent quality of the UK's digital infrastructure.

What we've learned so far

From research Healthwatch Islington carried out with our Diverse Communities Health Voice partners in 2015 and 2016, we knew that residents wanted to take better care of their health. However, the same residents were unaware of the wide range of free and low-cost activities available in the borough despite this information being available to residents on the internet. Residents had also reported that it is difficult to get a GP appointment, yet the borough had already introduced online booking which at some practices was making it easier to get an appointment.

We wanted to enable people to use technology that they already have access to (either their own smartphones or through computers at libraries). Islington Council had identified that take up of their digital offer, at that time, was lower amongst older residents on low income and particularly those with English as a Second Language with older residents more likely to be nervous about using apps and online services.

From April 2017 to March 2021 we have engaged 700 local people in our digital support programme, Log-On. Target audiences have changed over time to reflect local need, and funder requirements. We have delivered support in partnership with Arachne, Eritrean Community in the UK, Community Language Support Services, Islington Bangladesh Association, Islington Somali Community, Jannaty, Digital Unite and Clarion Housing. We have particularly targeted residents from the following backgrounds; Arabic speakers from Africa and the Middle East, Bangladeshi, Eritrean, Greek/ Greek Cypriot, and Somali as well as those living in Clarion Housing supported accommodation, and people with Long-Term Conditions. Our work with residents in Clarion Housing supported accommodation was funded by Clarion Digital Futures and included in-kind support giving us access to Digital Unite online training materials.

Partners noted how difficult clients can find accessing the internet at first, and how some residents think the internet is 'not for them' but once you show them that it makes it easier to speak to grandchildren, look up recipes, listen to music or see the news in their mother tongue they become more motivated. Residents enjoy supporting each other, one man was so pleased to learn he could switch the language of his mobile device he recruited four more friends to attend the workshops. Some of those older residents who find spelling in the English alphabet difficult or who had reduced dexterity loved being able to use voice activation to use their device and search the internet.

Residents used what they learned to look up information about their health conditions, bookmark their GP practice website, access GP appointments online. One group set up a WhatsApp Walking Group and challenged each other to count their steps and post results in the chat. Another group of older men used a WhatsApp group to support each other when coming out of hospital, so friends could make sure there was food in. One participant stated that "digital is no longer a no-go area".

We recognise that digital technology and social media is not without problems in the wrong hands including spreading mis-information, cyber-bullying, grooming, and that over-use of social media can have a negative impact on people's well-being. However, our focus is about making sure that people have equitable access to the benefits of these new technologies.

CCG Research Project

During the pandemic, with the need for social distancing, health services have moved some support online. Appointments have been offered remotely, either over the phone or by videolink. E-consult has been introduced to GP websites. E-consult allows patients to complete an online form to describe their symptoms and be signposted to an appropriate treatment pathway without needing to speak to a health professional in the first instance.

We expect that many of the changes we've seen to the way we access health services over the past year will be here to stay. We wanted to learn more about whether people were comfortable using health services in this way. We wanted to understand the strengths of remote and online appointments, as well as the weaknesses. Feedback from patients will help commissioners understand how online and remote health services can be offered most effectively, and ensure that no one gets left behind.

Digital exclusion makes online services inaccessible. For residents that didn't use the internet at all, we wanted to understand what the barriers were. For residents who were more digitally confident, we wanted to understand how they used the internet, social media and apps, and how their online behaviours have changed as a result of the pandemic. We also hoped to learn what has helped people to become more confident online, as this could help us to help people who don't feel confident.

We surveyed 60 internet users and 59 non-internet users. We complemented this core activity with an online survey, and a survey we designed specifically for carers. Additionally, we interviewed voluntary and community sector partners to benefit from their perspectives on digital exclusion, and to learn how accessing services online has impacted on local residents and their advocates.

What we did

Healthwatch Islington worked with four Diverse Community Health Voice partners Arachne Greek Cypriot Women's Group, Community Language Support Services, Islington Bangladesh Association, and Jannaty to develop and deliver the survey 'Using digital technology for everyday activities and for health care'. The partner organisations spoke to residents using their support services. We also used the survey with residents participating in the Healthwatch digital support programme. Survey participants were all Islington residents.

The survey was in fact two surveys, one for non-internet users about the barriers they face, and one for users about how they use the internet. Both versions of the survey included questions about remote access to health services. We asked both groups about their experiences of phone consultations. We asked internet users about their experiences of online consultations as well. We asked both groups about their willingness to use online services in the future, and about their digital support needs.

In order to determine if somebody was an internet user for the purposes of the CCG digital exclusion research, we asked participants whether they were able to search for information on the internet. Those that said no were given the survey for non-internet users, and those that said yes the survey for internet users.

if somebody used applications like Whatsapp, YouTube, or Facebook messenger (perhaps because a family member had downloaded the apps to their phone, or these have been built in into their phone) but didn't know how to search for information on the internet by themselves, they were given the survey for non-internet users.

Digital support for research participants

Everyone who took part in the CCG research and completed the survey was offered support with digital from Diverse Communities partners or Healthwatch. 117 participants were supported.

Impact of digital support:

- ▶ 110 said they felt more confident when using their device
- ▶ 87 said they understand more about keeping safe when using the internet
- ▶ 83 said they knew more about local health services
- ▶ 107 said they were more likely to use technology in the future

Complementary activities

We ran a survey on our website asking for qualitative feedback on people's experiences of online services. We also asked carers about their experiences of accessing health services during the pandemic. The findings are shared later in this report. We also carried out an audit of GP practice websites in Islington to see whether they had clear and consistent information, were regularly updated, and were easy to navigate. We will publish a report on this piece of work separately.

Who we spoke to

Phone-based surveys on digital technology

	Non-internet user	Internet user	Total
Female	55	51	106
Male	4	9	13
Total	59	60	119

Age 25-49	17	41	58
Age 50-64	14	11	25
Age 65-79	26	7	33
Age 80+	2	1	3
Identifies as disabled	30	16	46
Has long term health condition	45	28	73
Identifies as a carer	8	10	18

Afghan	1	3	4
African	2	4	6
Arab	5	7	12
Asian/Asian British	2	0	2
Bangladeshi	6	12	18
Black British	0	4	4
Eritrean	8	6	14
Ethiopian	2	0	2
Greek/ Greek Cypriot	23	2	25
Somali	1	4	5
Sudanese	0	2	2
Syrian	0	2	2
White British	6	5	11
Yemeni	0	2	2
Other	3	7	10

Phone-based surveys

Online survey

Gender

Female	Male	Non-binary	No answer	Total
20	5	1	2	28

Age

25-49	50-64	65-79	No answer	Total
3	10	13	2	28

Ethnicity

Asian or Asian British	1	White British	17	No answer	5
Black or Black British	2	White Irish	1	Total	28
Chinese	1	White Any Other	1		

11 online survey respondents identified as disabled.

Carers survey

Gender

Female	Male	Total
36	8	44

Age

18-24	25-49	50-64	65-79	Total
1	23	12	8	44

Ethnicity

Arab	9	Greek/ Greek Cypriot	11	Turkish	3
Bangladeshi	8	Kurdish	2	White British	2
Eritrean	1	Somali	8	Total	44

17 carers identified as disabled. 16 had a long term health condition.

The barriers to getting online

We asked non-internet users a series of questions designed to find out more about the barriers to getting online. 59 people completed the survey.

Do you have the equipment to access the internet to go online? (tick all that apply)

No equipment	Laptop/ computer	Tablet	Smartphone
12	13	16	43

Do you have a connection to the internet?

Yes	No
49	10

If yes, please state whether you have access to Wi-Fi or mobile data?

Wi-Fi or wired internet connection	Data from a smartphone/tablet contract
38	10

Only 12 of the 59 respondents who didn't go online said they lacked appropriate equipment. The majority of respondents (49) also said they had an internet connection. The respondents who lacked equipment tended to be the same ones who lacked an internet connection.

Lack of equipment or lack of a connection to the internet were barriers to getting online. We also heard from partner organisations that equipment was sometimes shared and internet connections could be unreliable. However, lack of digital skills was a bigger barrier for our respondents.

What else is stopping you from going online? (pick the one reason you feel is most important)

I don't know how	I don't want to	Disability	Other
39	5	1	13

Lack of digital skills was the main factor stopping respondents from getting online. 30 respondents identified it as the single most significant barrier and nine respondents who also lacked equipment and an internet connection said it was the main additional barrier stopping them from getting online.

Disability, fear of technology, lack of confidence, worry about online fraud, and language/literacy issues were other barriers identified by respondents.

Since the pandemic I felt left behind and missed out by not using the internet when my friends talked about using online services.

Non-internet user, Community Language Support Services

I would need a lot of support because I am confused easily and have some difficulty learning and remembering things. But if I could learn at my own pace at somewhere like Arachne, then I would certainly give it a try.

Non-internet user, Arachne Greek Cypriot Womens Group

I would like to be able to book my own appointments online if it was a simple process. I think it would be easier for everyone at home if I could also join exercise classes by myself and I would like to be able to talk to my friends and family online whenever I want, even if there is no one at home to help me.

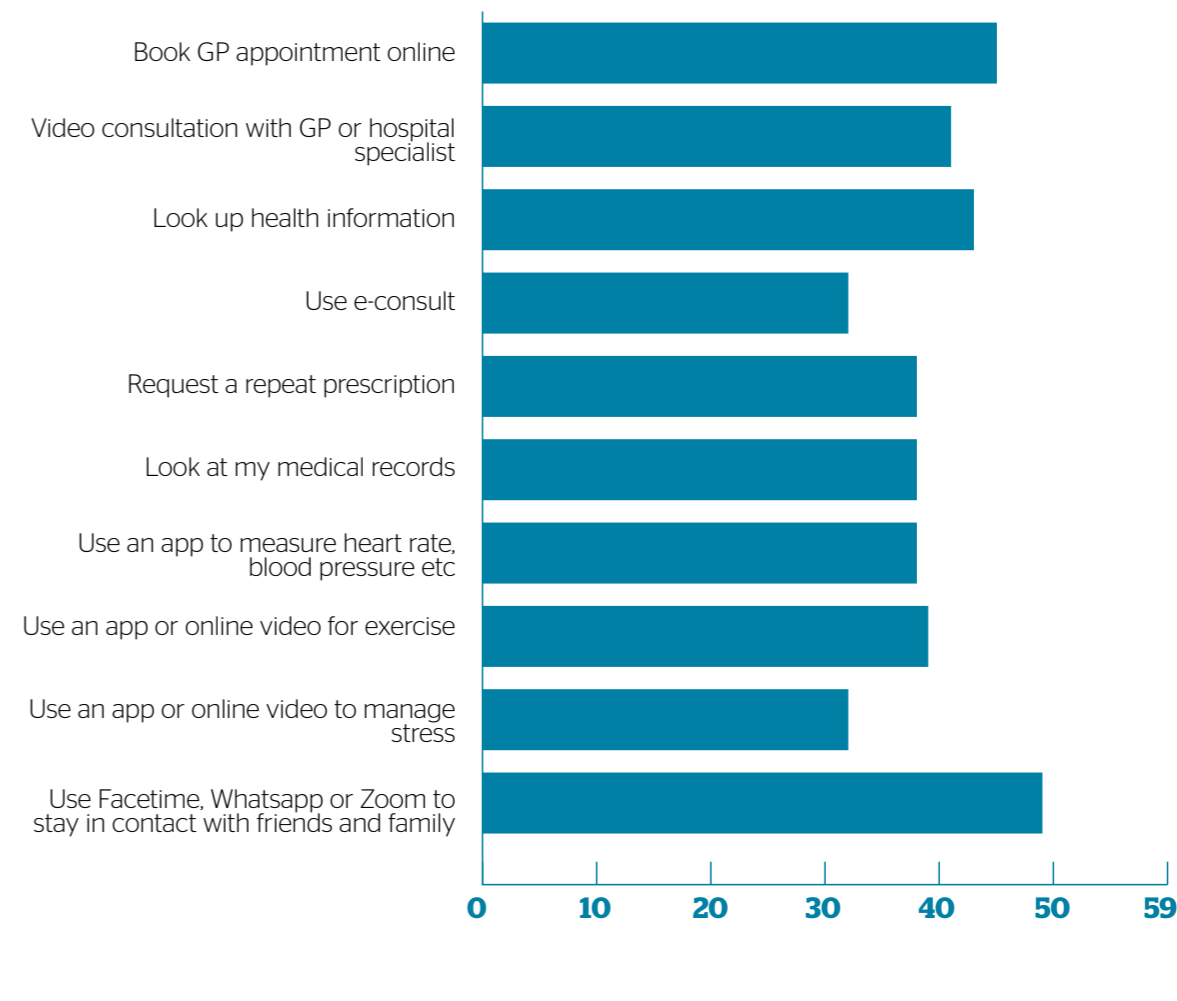
Non-internet user, Islington Bangladesh Association

Attitudes of non-internet users towards online services

Of the 59 survey respondents, most demonstrated an appetite for online services and a willingness to learn new digital skills though many felt they would need support. For most, the pandemic appears to have ended any debate about the value of being able to get online, "I feel I have to bite the bullet and do this."

Due to social distancing requirements, many services transitioned to online delivery models. The support organisations on which respondents from migrant communities depend have also moved activities online. As a result many respondents have already had positive experiences with digital platforms. They have been supported to use platforms such as Zoom to take part in online exercise classes, sewing groups, and social activities. Trustworthy information on Covid-19 has been shared by support organisations via Whatsapp. These activities have been greatly valued. As a natural next step, many respondents expressed a desire to be able to access online services independently, without needing to rely on another family member.

Graph 1. If you had the equipment/support would you be happy to use these online services?



Graph 1 shows how many of the 59 respondents stated they would be willing to undertake specified activities online providing they had the equipment and support. Many respondents were happy to carry out many of these tasks. Using video conferencing platforms to keep in touch with friends and family was the task that most people felt happy to undertake online, with 49 of the 59 respondents answering positively. Booking a GP appointment online was the next most popular activity, with 45 respondents saying that this was something they would be happy to do. Using e-consult and managing stress via a phone app/online video were the two least popular activities, both with 32 positive responses.

Respondents who said they were unwilling to undertake some or all of the activities were asked to give their reasons. These included language barriers and illiteracy. "I wish I could have learned how to read and write, so that I could be independent and use the internet on my own", "I would feel very embarrassed at my lack of reading skills." Language barriers were an issue in relation to e-consult, as medical vocabulary was seen as particularly challenging. Other reasons given included lack of/poor internet connection, lack of skills/knowledge/equipment, stress/anxiety and other mental health issues, and concerns about online safety. Some digital tasks were viewed as unnecessary, "I don't think it is a good idea for health checks like heart and blood pressure to become DIY jobs. I prefer the professionally trained person to use the correct equipment for an accurate result. I think maybe I'm old-fashioned."

Although many respondents had expressed a desire to be less dependent on their children when accessing online services, others who relied on their children were happy to do so. One respondent who felt isolated made the point that it was important for her to have a reason to leave the house which, combined with a dislike of being on camera, explained her preference for face-to-face interaction. Of the nine respondents who were potentially most digitally excluded, lacking both equipment and an internet connection, six were not interested in doing any of the online activities.

Experiences of phone-based healthcare appointments

We asked non-internet users whether they'd had a phone-based appointment during the pandemic and if so how it compared to a face-to-face appointment.

In the main, respondents who had had a phone-based appointment had found it an inferior experience to a face-to-face-appointment. Language issues were a big barrier and these were exacerbated because you cannot point or use gestures to communicate. Feedback suggested that professional interpreting support had not always been offered or available. Phone appointments felt rushed, and diagnosis was felt to be more difficult/less convincing. Some complained of not being called within the agreed timeframe. Others felt that phone consultations were highly effective for minor conditions but not right for someone with a complex long term health issue. They were also felt to be more effective if there was an existing relationship with a doctor who knew your medical history but if the phone consultation was with a random doctor they were not so good. Some felt that phone consultations were impersonal, or that waiting for the call could be stressful. Respondents missed the reassurance of a face-to-face appointment. "So impersonal. Made me cross. I forgot what to say to the consultant. I'm a people person and really struggled. I don't want phone consultations."

Those who made positive comments said phone consultations felt safer during the pandemic, and were helpful for children with behavioural issues who can be hard to manage in a waiting room.

Would you be willing to have a phone-based appointment if you haven't had one already? If, yes what support would you need for this?

Yes	No
28	5

We asked respondents who were yet to have a phone consultation whether they would be willing to have one, and what support they would need. Of those who felt this question applied to them 28 said yes and five said no. For those who answered yes, sometimes this was conditional on the severity of their condition, with phone consultation seen as better suited to more minor conditions.

With regard to the support needed, respondents told us that the language barrier was the biggest issue. Interpreting was essential both for comprehension and for privacy, as it meant respondents wouldn't have to rely on a family member. "I would be willing to try a phone-based interview, but with a professional interpreter, as my husband does the translation for me and I want my appointment to be private in regard to my health issues."

Support from community organisations was also suggested, 'Someone to explain things if I become confused or to help if I feel very unwell.' Digital support was mentioned but was not generally seen as an important factor for phone-based appointments.

Online activity of internet users during the pandemic

We asked internet users about their online behaviour. 60 people completed the survey.

What device do you use to connect to the internet? (you can select more than one)

Laptop/ computer	Tablet	Smartphone	A family member does it for me
33	25	56	2

How do you connect to the internet?

Wi-Fi or ethernet cable at home	Wi-Fi but not at home*	mobile data allowance
60	7	45

*a friend or family member's Wi-Fi, Wi-Fi in public places, and using the internet at work.

All respondents indicated that they had internet access at home, and most (three quarters) had a mobile data allowance as well.

Use of online services during the pandemic

We asked internet users to tell us if they had been online to carry out various activities since March 2020. We were interested in learning which services they felt they were able to access online, and whether there were services that they did not know about. Amongst this cohort, awareness of online services, certainly with regard to the services they had need of, was very high. There were language barriers for some completing online forms.

- ▶ Most respondents shopped online, especially during the pandemic. Some of those who couldn't were happy to rely on family members who could shop online, others wanted to gain the confidence to do it themselves, "Something I am keen to learn, as well as online banking".
- ▶ 41 respondents were taking part in online exercise. Support organisations were offering classes online, and respondents were also using YouTube. Participants knew well the value of exercise and linked it to weight loss and recovery from health conditions. "I participated in online exercises on YouTube, even though I prefer to do a live stream, but it is not convenient for me as they start very early in the morning."

Information about Coronavirus, through news and social media
Online shopping
Healthcare website (NHS, GP, hospital, public health)
Physical activities online (exercise videos, virtual exercise classes)
Information on council or housing services
Information on welfare/ benefits including application
My child's school for homeschooling
Had a health care appointment (virtual appointment or used email to send pictures)
Use Facetime, Whatsapp, Zoom or other platforms to stay in contact with friends and family

- ▶ Respondents used online council or housing services for reporting faults, to register and bid for housing, pay bills and rent, and apply for nursery places. Some prefer to use the website to get phone numbers and contact details rather than complete the entire process online. "I look for useful numbers and emails I can contact for support because it's faster to talk on the phone about emergencies rather than using online forms to ask for help."
- ▶ One respondent said they had difficulties typing accurately, especially when using the small keyboards on smartphones. This makes online services difficult to use. "But when trying to book my flu jab appointment, I couldn't do it. When you have to type something in like a password, I make mistakes because I can't type things in accurately, so it locked me out. They said I could go online to book an appointment for my flu jab at my GP but I couldn't do it all."
- ▶ 58 of the 60 respondents used Whatsapp and/or phone and internet based video-conferencing platforms to keep in touch with friends and family. "It's easy with my family because we have that Whatsapp thing on the mobile. Zoom, I learnt how to use it because all the meetings with my church are on Zoom. I am not the host so it is easy to join."

Yes	I can't do this	Didn't know this was online	Didn't need this
54	2	0	4
48	10	1	1
47	6	1	6
41	7	1	11
44	5	0	11
30	7	1	22
35	2	0	23
37	6	0	17
58	2	0	0

I am very confident when it comes to using online services, but I worry that my information may fall in the wrong hands.

Internet user, Community Language Support Services

They are forcing us to go with these media and these methods to communicate with each other. So I feel I need to learn to be able to keep up, to access services.

Internet user, Healthwatch digital support service

For prescriptions and medical records, if the GP shows me how to use the code I am sure I can use it on my own. I tried to use the code the GP gave me before, but an error kept occurring [so I phoned instead].

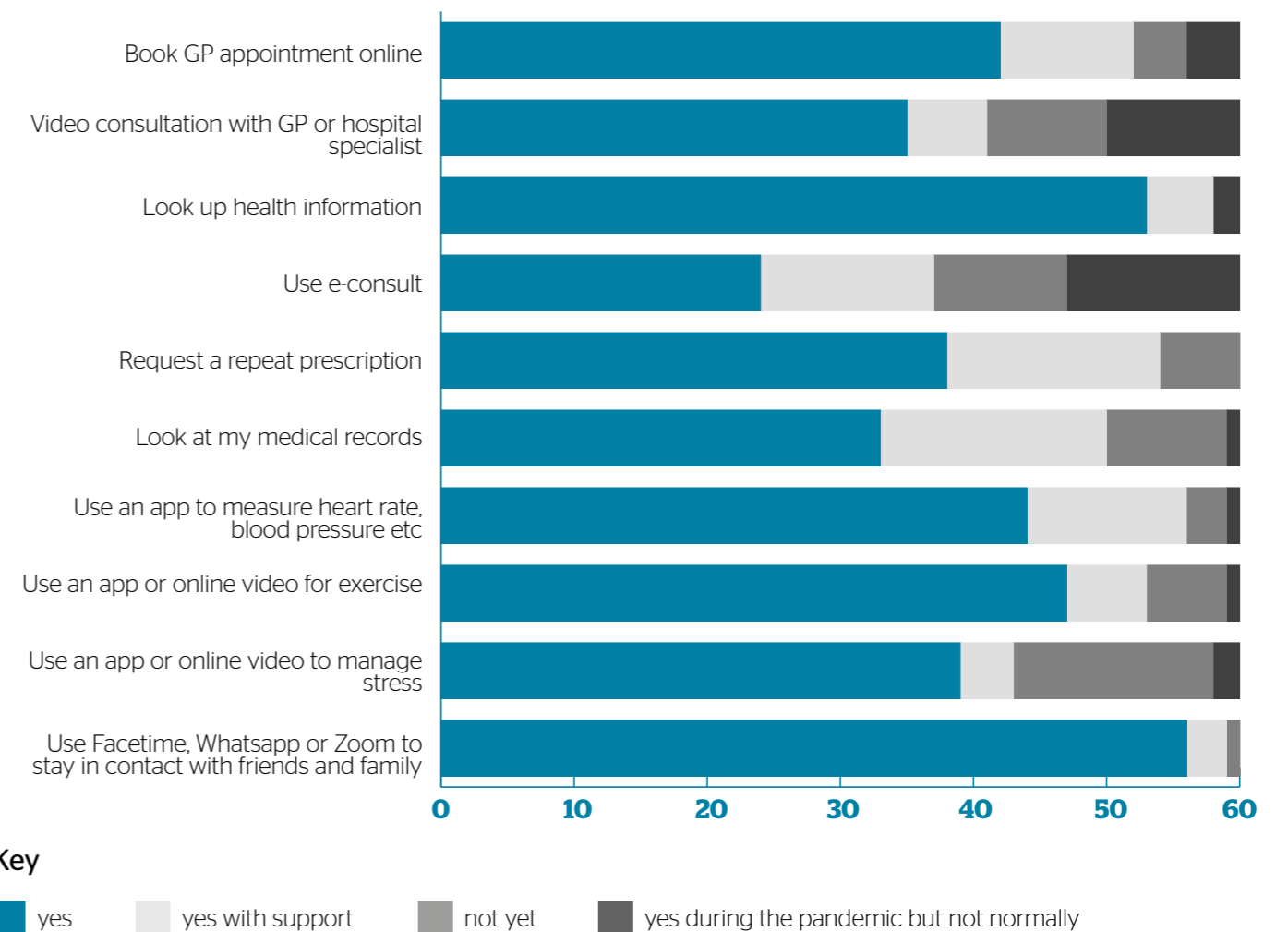
Internet user, Jannaty

Attitudes of internet users towards online services

Graph 2 shows the attitude of respondents towards undertaking specified activities online. There was a choice of four answers for each activity, which enabled respondents to indicate whether or not they would need support to carry out each task, and whether it was something they were willing to do in general, or just during the pandemic. Just as with the non-internet using group, using video conferencing platforms to keep in touch with friends and family was the task most felt happy to undertake, and using e-consult was the task seen as the most problematic or challenging.

Broadly speaking, many respondents were happy to undertake many of these tasks (the blue bars indicate those respondents who would not need any support to undertake these tasks, and the off white bars those that would be happy to do them if they were given appropriate support). e-consult and video consultations drew the highest number of respondents saying they would be unwilling to perform this activity once the pandemic had ended (13 and 10 respondents respectively).

Graph 2. Would you be happy to use these online services?



I had to position my phone in funny places so that the doctor could actually see what I was doing and assess me. The image was so tiny – if you are on the phone you only have a small box on the corner so that they can see you and you can see them – so we managed it in the end, but it took time.

Internet user, Community Language Support Services

I really liked the online appointment because I could do it from the safety of my own house. My phone-based appointment wasn't as great because I couldn't see my doctor and it made me feel uncomfortable. Also, I can't express myself well so I couldn't show my doctor what I meant.

Internet user, Islington Bangladesh Association

I found it easy to use in terms of speed, but it's nothing like a face-to-face appointment.

Internet user, Jannaty, on her phone-based appointment

Experiences of online (video-based) healthcare appointments

We asked internet users taking the survey whether they had had an online healthcare appointment during the pandemic and if so, how it compared to a face-to-face appointment. 36 respondents gave their views, though some of these appeared to be speculative rather than being based on direct experience. 18 of these respondents spoke positively about online appointments. 15 respondents made comments indicating that online appointments did not meet their needs, and 3 respondents either had mixed feelings or their sentiments were unclear.

It is worth bearing in mind that where a remote consultation produces the outcome that the patient is looking for, for example a referral to a specialist, that patient may view remote appointments more favourably, especially if they'd found it difficult to get a referral prior to the pandemic. The medium becomes associated with the outcome (be it positive or negative) and it is not always easy to separate the two. However, some of the positives identified were not outcome dependent.

"I had a video-call appointment because I was suffering from a dry cough and severe pain. [During the] video interaction I actually felt more connected and that my concern was listened to, because the doctor referred me to hospital immediately and I was given an antibiotic. More importantly, I can comfortably access the health service from my home or anywhere else. I don't need to make an unnecessary journey to the GP practice, and I don't have to drag my three children with me. It is very convenient." [Internet user, Community Language Support Services]

Experiences of phone-based healthcare appointments

We also asked internet users whether they'd had a phone-based appointment during the pandemic and if so how it compared to a face-to-face appointment. Feedback on phone-based appointments was less enthusiastic than it had been for video appointments, "The phone-based appointment we had with the doctor was not as helpful as the online appointment." 48 respondents gave feedback. 14 comments had some positive content and 23 were negative. The fact that you can't see or be seen has an additional impact, when compared with video appointments. A number of people told us that not being able to see the doctor made them uneasy. It can also exacerbate communication difficulties caused by language barriers, and complicate diagnosis. Some respondents expressed concern that phone consultations weren't sufficiently private, others that they were too short. However, just as with video appointments, some respondents said they valued being able to speak to the doctor from home, particularly if there were children to watch over.

"I had phone-based and I found it very difficult to understand the doctor's accent and they provided an interpreter. Whereas face-to-face, I never need an interpreter because the doctor can see your emotion and will try to understand despite having language barriers."

"The appointment on the phone was short, I didn't feel 10 minutes was enough to explain my problems. Sometimes I had to ask the doctor to repeat what they said."

"You just have to work within the restrictions of a telephone conversation. I think the phone appointment worked within reason."

Online survey

28 people completed our web based survey which ran during February and March 2021. We asked for qualitative feedback on accessing health services remotely. Respondents had to be internet users to complete the survey. Equality monitoring data showed that respondents tended to be older than the internet using cohort that completed the phone-based digital survey. 18 respondents were White British or White Irish and none of the feedback suggested that any respondents had language support needs.

Which methods have you used to access health services remotely?

e-consult	Phone consultation	Video consultation
12	24	4

The number of respondents is small so it is not possible to draw conclusions from the quantitative data on remote services accessed, but it is clear that many more people had accessed a phone consultation than had accessed a video consultation. This is to be expected as video consultations require a good internet connection, are not suitable for every patient, and sometimes aren't necessary. However anecdotal feedback suggests that video consultations were not always offered/available.

Experiences of e-consult

Sentiments were mixed. Some respondents really liked it and found it more convenient, "The e-consult was very straight forward and meant the phone consult afterwards had useful context information to start the appointment with", "Helpful, easy to use", "excellent use of my time and the doctor's time." Others were less enthusiastic. It was felt that there was a high bar to entry for those lacking digital confidence and there were concerns about privacy. Feedback from one patient with communication support needs was particularly negative. "Absolutely horrible. I am an autistic person with long-term conditions. The form was long and it was traumatic for me to complete".

Feedback suggested that the e-consult tool was poorly designed. Not all parts of the form are relevant for all appointments, and this can be confusing. It might be helpful if the form was redesigned to be context-sensitive, so that questions that are not relevant for the type of support that is being requested are hidden from view. "There were many questions about symptoms that were not relevant to my request for an appointment to discuss the blood test result. I had to complete them to be able to submit the form. I instructed the GP to ignore my responses." Others complained the e-consult form asked for information that their GP already knew. "When I filled out e-consult it took so long. The form asks about medication details that the GP practice has already. It took about an hour for a simple request. I'm still waiting for the GP to ring back." The logic e-consult uses to decide how to respond to the appointment request was frustrating, "I knew I needed a particular prescription and as I filled in the e-consult I had to keep altering my answers, otherwise I was told to phone 111 so I found it frustrating". Phone-based survey respondents had made similar observations, "I didn't think it was easy, because they sometimes take you in a route and I end up doing the whole thing again and start from the beginning."

It would also be helpful if the form included specific questions relating to communication preferences of the patient (for example, if there are times of day when it is easier for the patient to answer their phone).

Our volunteer digital champions explained that when online platforms are poorly designed people who are less confident with the internet can blame themselves and feel they have done something wrong.

"Something as simple as e-consult, in theory it's simple but it's very tedious as it's repetitive and asks a lot of what feel like the same questions. That kind of tool is just overwhelming for a lot of the clients. The people we are supporting often have a real anxiety around technology, and bad design of NHS IT platforms doesn't help. Some of this is exacerbated by living alone and not having someone else around to ask, no on-hand support." [Digital Exclusion: Perspectives from Digital Champions, 18 March 2021]

Phone consultations

These were much more frequently accessed than video consultations. Again, some people liked them and found them more convenient, saving on travel time and waiting around at the health centre/GP surgery. However, if a complex diagnosis was needed phone consultations were seen as less helpful than a face-to-face meeting despite the convenience. 'it is very difficult to diagnose anything over the phone'. Some respondents reported difficulties making themselves understood over the phone.

One person made the point that the communication skills of health professionals are even more important when appointments are held remotely.

"It depends on the communication skills of the health worker. I had two brilliant Zoom appointments with a respiratory physio at UCH. These lasted for 45 minutes and 30 minutes and were really beneficial. I also had a phone conversation with my GP about something I was concerned about and she decided I needed to go to the practice to be examined which worked very well (and felt very safe). Not so useful was a phone call with an orthopaedic consultant at UCL instead of a regular appointment. He didn't probe much and the 'appointment' lasted about four minutes. It was just a case of 'how are you' and 'we hope to see you in six months'."

Phone consultation, and the predominance of remote access more broadly, can be an added barrier for patients who were struggling with their mental health.

"I really found it awkward having a telephone appointment. I don't feel comfortable trying out e-consult as I'm not sure if it will keep my information confidential. I wouldn't mind having a video consultation for some problems but I didn't get the impression that I would have a choice. I don't like speaking on the telephone. I had a bad problem that I had let linger on for ages. I was so stressed out about it. Every time I rang the GP surgery they said there were no appointments left and that I needed to call at 8.30am the next day. I explained that I'm quite unwell in the mornings and couldn't get enough clarity of mind until around mid-day and asked if there were any other options for booking appointments and they said no, that I could only book by calling early or use e-consult. I explained again that I was having difficulties doing that and I had been trying to book an appointment for ages and they said that they couldn't help me. I was afraid if I did get an appointment with a GP it would be a telephone one again and I couldn't cope with that so I went to a private doctor and paid with my credit card. I had to have a follow-up appointment too so it was very expensive. I don't think the new system is suitable for people who are not well."

Carers survey

Video consultations

"It was fine and convenient too as it worked around my normal working day."

Four respondents had experienced a video consultation. Two reported positive experiences and two were less enthusiastic. One respondent with communication support needs pointed out that remote platforms provide less sensory information, so tend to exclude patients like her.

"Very difficult for deafness because I mostly lip read. No audio device is good enough for clear words and I am afraid of giving wrong answers to my GP's questions. Facial vibrations are helpful, so I very much like to access services face-to-face. Texts are subject to Wi-Fi availability and keeping an appointment may not be possible in my home. I am not happy about lost privacy if other people have to help in a phone or video conversation."

Video consultations appear to be less widely available, particularly in primary care. There is also evidence that video consultations have not always been offered, "I would use the video consultation facility if it was available - it was not offered at my surgery", "I didn't get the impression I would have a choice". This is a concern as a significant number of people we have spoken to about digital appointments have expressed a preference for video consultation. Some have felt that phone-based appointments can feel cursory. Being able to see and be seen can also be helpful for diagnosis, and for patients trying to make themselves understood in a second language. Wherever possible, patients should be offered a choice so they can select the medium with which they feel most comfortable, and which is best suited to their needs.

Healthwatch Islington worked with Arachne, Community Language Support Services, Imece, Islington Bangladesh Association, Islington Somali Community, Jannaty and the Kurdish and Middle Eastern Women's Organisation to speak to local carers over the phone about their experiences of accessing healthcare services during the pandemic. During January and February 2021, we spoke to 44 carers.

Respondents were very understanding of the pressure on the system during the pandemic and many had been satisfied with services. One commented on how safety standards had been excellent during this time. Some felt that services were more attentive to needs. "It has been harder to get appointments even digital ones, but when I get one, I feel like the doctors are much more attentive and careful with our issues."

Some carers were less satisfied with their experiences. Some of the key issues were as follows:

- ▶ The pandemic has been especially difficult for carers
Feedback from carers echoed many of the concerns expressed by other respondents. However, carers' difficulties could feel compounded due to the high levels of need of the people they cared for. "I am very displeased with the healthcare my son received in the pandemic. Many appointments were either cancelled or postponed, which was upsetting as my son needed urgent care." Carers also highlighted how lockdown had made things more difficult as there was less access to the usual kind of activities that benefit both the cared-for person and the carer. "It has been very frustrating and depressing due to lockdown, being stuck indoors with all the problems, especially as my husband who I care for is extremely demanding and not an easy person to take care of."
- ▶ Continuity of care has suffered in the shift to remote appointments.
"Each time I get different doctor, they don't know my mother's problem."
- ▶ Phone-based consultations can feel unsatisfying.
"It has been difficult to access the health services of the GP and physiotherapist during the pandemic because it has been phone based and not really helpful", "through the phone they just don't have enough time to listen to you as they are so busy and under pressure."
- ▶ The cared-for person can find it challenging to adjust to remote appointments.
"my daughter didn't understand what was going on and was frightened by it, and couldn't engage properly." "In regards to the video call with the 404 centre, I noticed that my son was not engaging as he would with the face-to-face session."
- ▶ Language barriers had sometimes been exacerbated with face-to-face appointments not being offered. "Unfortunately, we had a poor experience with the hospital. We were scheduled to have an appointment with a mental health consultant at St Pancras Hospital in November 2020, about my husband's mental health issues. Sadly, when the appointment began, I explained to the consultant that my English is poor, and an interpreter was needed for this appointment. Unexpectedly, the consultant ended the telephone interview and to this day we have had no contact from the hospital. This was shocking as I have not experienced this type of service and I felt discriminated."

Interviews with our partners

To complement our survey activity we interviewed staff at the following organisations:

Arachne Greek Cypriot Women's Group, Community Language Support Services, Disability Action in Islington, Community Language Support Services, Eritrean Community in the UK, IMECE, Islington Bangladesh Association, Islington Somali Community, Jannaty, Kurdish and Middle Eastern Women's Organisation, Jannaty, Latin American Women's Rights Service.

We prepared a short set of questions. Partners were invited to share their perspectives on two subjects:

1. Digital Exclusion and its causes
2. Accessing services online and the impact this has had on residents and their advocates

Digital Exclusion and its causes

- ▶ Services moving online has left some people behind. Some services (Central Government Departments seem to be the worst offenders) are digital by default and assume we have the necessary skills and ready access to computers, Wi-Fi and printers. Sometimes vouchers need to be printed or lengthy forms need to be completed and this can be hard to do on a smart-phone, with an inconsistent connection and no access to printing. This makes services inaccessible and causes clients stress.
- ▶ Navigating the internet and online forms is particularly hard for those who have English as a second language (as reflected in ONS data) or with lower literacy. Islington Somali Community particularly highlighted literacy as an issue for some of their clients. Form-filling is hard for those who are less confident online, or have English as a second language. It also doesn't feel fair to expect people to complete lengthy forms on a smartphone.
- ▶ Delivering services online may save the provider costs, but small community organisations are having to fill the gaps. This means supporting residents to complete these tasks and set up emails etc. Even something like setting up an email can take several sessions with a client as they may struggle to set secure but memorable passwords. Many residents may have an email but may not check it regularly, some don't have the confidence to check it and then those that don't use it regularly are more likely to forget how to use it.
- ▶ People are genuinely concerned about internet safety. Those who don't use the internet are often a bit scared of it. They are worried about scams, losing their money, running up huge bills, how their data is being used, whether they can be spied on/tracked and it takes a lot of support to change people's minds. The pandemic did make some clients feel like they would like to get online.

Delivering services online may save costs for the provider but small community organisations are having to fill the gaps



Local hospitals send texts and emails to let you know to attend your appointments. But in the hospital they don't consider that my clients don't have the skills. The hospitals draw a line, 'We will send the app to everyone and that's that.' ...the patients would like a hard copy of their appointment and details. Psychologically they like to have it so they know when to go and feel they have proof when they arrive that they have an appointment. The exclusion is hard on these senior citizens. The hospitals say that because of the pandemic they can't do much else...It's very time-consuming for DAII [Disability Action in Islington] to offer the support to people to bridge that gap.

Council services are often online, council tax and other services. But you need to keep some customer care available for those who can't get online...If clients need help, we offer some support to access online services. But you never know what issues they'll come with, and staff confidence varies.

Disability Action in Islington

▶ Getting started can be daunting.

WhatsApp can be a good way to start getting people to think about getting online, but though you download it from the internet and use it over the internet the skills used on WhatsApp are mainly those of text messaging, so there's a lot for people to learn to progress from only using WhatsApp to comfortably, safely surfing the internet. For some residents, even WhatsApp is complicated and they need support to download it and get used to it, the same with Zoom, apps are updated and they need to re-familiarise themselves all over again

▶ Getting connected to the internet is costly and coverage can be poor.

Those relying on smartphones are often tied in to contracts with networks that give them poor coverage at home, and so are unable to access 3G/4G/5G. Clients were sometimes still on 3G contracts as these were cheaper. In one group (Imece) only around half of their 3,500 clients have Wi-Fi at home (they support people in Islington and the surrounding area). Many can't afford Wi-Fi, but using phone data is much poorer value for money. Across groups, those with limited data want to save it for 'emergencies' and won't necessarily use it for well-being activities that you can more easily access if you have decent Wi-Fi.

Those who have an internet connection usually have standard broadband (not fibre-optic) and it is very slow, there's lagging, with everyone at home it's been even slower, no-one gets the broadband speeds that companies advertise and the infrastructure is not good enough.

Some clients at Islington Bangladesh Association didn't have a bank account which made it impossible to set up a Wi-Fi contract.

▶ Limited access to equipment and internet/4G or 5G.

Some residents are still on old phones with no internet capability (and also don't have a home internet connection) this tends to be because they cannot afford it. The pandemic had cut off those who rely on library computers for their internet access. For some, they may have access to a smartphone, but not their own phone (they share it with someone else). "A lot of the time the children are attending lessons on their parents' phones or on one laptop. The ones who have children have given them their phone/tablet."

▶ Having to get to grips with so many different platforms can also be challenging.

Many of the parents didn't know how to support their children to access their school's online learning/lessons. Google classroom was really difficult for parents.

"They understand WhatsApp. It is simple, there is only one place where you can type words but in Google Classroom there was too much text on the screen, and they didn't know what a cursor was (when the cursor is flashing it means that you can edit the text in that box and then submit the work). I had to do a video to show some of them. Eventually the school started making YouTube videos helping parents how to edit and submit work on googleclassroom. And on a phone it is so difficult to use Google Classroom. The moment you touch something it jumps from one icon to another. To edit and submit work is really difficult."

▶ People with disabilities

For those who are newly disabled it's a bigger problem for a year or more until you find your feet and get used to the mobile and emails with this. Even if you knew how to use these things before you have to re-learn them. There is a transition period both for the psychological impact and then for the learning of the new tool. The length of time depends on the accident and the psychological impact.

Anecdotally, from conversations with our Deaf community, digital literacy is fairly low amongst British Sign Language users, and English may be hard to read. For those with sensory impairment there are methods of adapting technology to make it more accessible but some platforms are still difficult to navigate.

▶ Non-statutory provision

As well as supporting residents to access statutory services online during the pandemic, partners from the voluntary and community sector have moved their own services online. They've been able to support some previously digitally excluded residents to get online and be able to access these regular activities so they are bit less isolated. However, for some residents it's too much for them to learn something new during a time they are already finding everything very stressful.

"I have an elderly lady - she refuses to use any technology at all. 'I don't like going online - I don't like to put their details online' she says. She gets too paranoid, language is not a barrier for her, it is a matter of habit and attitude. When I prompted her about using digital to book an appointment with the doctor she says 'I will just use the phone and call 111 if it's urgent.'"

Age came up in most groups. "The older services users are struggling a bit more to reach us - I think that is the case. Other than that I think that the rest of the team have adapted well. Our work with young women has continued very well. They are very proficient with these tools - it is second nature for them."

What helps/ would help?

- ▶ One to one support, delivered at the residents' pace (as recommended by Digital Unite)
- ▶ Social sessions that include digital inclusion: "for example when elderly people come together [at Islington Somali Community] it helps improve their overall confidence, they communicate with one another, they text each other"
- ▶ YouTube tutorials in community languages
- ▶ Support which gives information broken down in to stages and gives people plenty of time to understand
- ▶ Free internet for those who we know can't afford it. Is there something that internet providers could do? "I wish everyone could have free internet access. I don't know if the council or the government could do something like this - free internet/Wi-Fi for all"
- ▶ Access to the kit, for some of our clients
- ▶ Sending people direct links, rather than telling them to 'find it on the web-site' as these can be very difficult to navigate.

Accessing services online and the impact this has had on residents and their advocates

Partners gave an overview of experiences for their clients. Generally clients had been having their appointments by phone rather than virtually, many accessing services via 111 because they can access an interpreter. Virtual appointments can be difficult, even if the residents know how to use technology there are challenges in using technology they are not very familiar with, and new platforms they need to get used to.

For some residents, not having to go to the service is much more convenient as they don't need to take time off work (or not as much time) and don't need to worry about caring arrangements. Some residents had gone for operations during the lockdown but been able to have their pre-operative appointments virtually. Whilst this may not work for everyone, this was reported to have been helpful.

► Language barriers

Some partners felt the language barrier was worse for phone and online appointments because they felt rushed, "you don't have time to think about/process the information that you are given - also it takes a long time to get to the root of the problem, the GP has to ask the same questions many times but in different ways to get to the bottom of the matter".

Examples were given of statutory services being able to include interpreters/advocates over the phone. Partners found that "three way conference calls work very well when the professionals/health providers arrange it from their side". One client had been really pleased to be offered Language Line support, in a three-way appointment. One mentioned using a translation app to help her prepare the medical language for her consultation.

► Children as a source of support

In some communities children and young people were able to support parents to get online to access healthcare during the lockdowns. "When they have hospital appointments they have this kind of Zoom - the interpreter the client, the doctor, and in most of these cases the children are helping the parents with joining the meeting, how to focus the camera etc". This works when we're all locked down together, but when children are back in school, this creates another barrier.

One partner felt that that children were sometimes not doing enough to support their parents. "What shocked me the most when I was doing the survey, they have teenagers that are capable of helping their parents but why they are not supporting them I don't know, the young people are not really giving enough time for their parents."

► Prescriptions

Generally, people were still able to then access prescriptions following their consultations. There were some cases where prescriptions didn't turn up, but it wasn't suggested that this was a result of being seen remotely.

► Reasonable adjustments

Healthcare professionals made adjustments for those whose care didn't suit remote support, inviting them in for face-to-face care, or visiting them at home. One resident had been able to access home-based support for their Learning Disabled daughter, and home-based counselling for themselves and was really pleased not to have to go out in the pandemic.

► Technical and practical limitations

Partners spoke of technical problems when accessing services remotely: "The network went down and the phone battery went down in the middle of a video consultation, and our client got told off and they said that she needed to make sure she was prepared for next time. This was an appointment with the speech and language therapist for her child. So she went out and bought a phone for £400 to be prepared for the next time - she was sold a higher spec and contract than she needed (she wanted a longer lasting battery). The thing is that when you do video calling your battery runs out so quickly, even with a good phone with a good battery."

Some had experienced phone-based physiotherapy and found it "really bad" because they couldn't understand the exercises being described over the phone, partly because of language barriers and partly because it's hard to explain. In one case the GP insisted that they must do the physiotherapy but couldn't confirm whether the phone-based appointment would be interpreted. Residents can also struggle to manage their phone cameras for video appointments. "We had one client who couldn't manage to show the part of their body where she had the allergy so the doctor invited her in the end to the GP surgery for a face to face examination and she got the medication she needed." Another resident really struggled with directing the camera for a video-based physiotherapy appointment. "She kept on zooming in and zooming out!"

► Impact on advocates

The move to digital-by-default for many services puts additional strain on small, grass-roots organisations trusted by residents. "clients are contacting us to access benefits, passports, paying rent and council tax payments - council tax support. I think they are using mainly WhatsApp -most people are confident and able to use WhatsApp"

Some services needed to go further to adapt their approach. Partners are often supporting residents with welfare and housing issues but these services seemed to be harder to work with [have less understanding of the barriers] than healthcare. "When we have been supporting clients with their benefits or housing issues. Seeking consent from the client so that the council etc can talk to us has been challenging. They insist on written consent, I have to meet up on one to one, and sometimes I do this because the client is vulnerable and not 'local'. If they knew how to write/provide this consent they wouldn't need our support. Or in some cases the client has to send an email to the council saying that we can speak on their behalf (and mention the specific worker's name) but the client doesn't have the email, or they don't know how to use email or don't have the language."

"If the council call us and then they call the client it [the three-way call] works. But if it is us who set up the call it doesn't work. We think it might be because their telephone systems don't allow it."

A shift in attitude

Many of the residents we have worked with are very new to the technology, they need support to understand their device before they can gain the confidence to use it to engage online. But with support they can make progress. Our partners and our Digital Champions have been key in encouraging people to take the next step.

It felt like we were scratching at the tip of an iceberg... there was definitely a shift in the attitude of the participants. It was no longer a blank 'No' to digital technology... they are definitely more open to it... the project has brought small but hugely significant changes. A few learnt how to reply to text messages using their phone, previously they were only able to receive SMS but couldn't reply. We are now promoting signing up to online booking for any clients who come to us especially when they voice difficulties about booking GP appointments. They [the residents] enjoyed the power of the internet in their hands. Whether it was for simple things like searching for a GP or more complex things, such as price comparisons on shopping, looking at reviews and getting healthy.

Arachne Greek Cypriot Women's Group

A model for digital inclusion

Before the pandemic, Healthwatch Islington and our partners used the following model. We ran 'drop-in' sessions in local venues (clients didn't need to book) that included a presentation on a key skill and then one-to-one support from a Digital Champion, face-to-face. We also ran bookable one-to-one sessions with a Digital Champion. We recruited additional Digital Champions to meet demand. All Digital Champions take part in Healthwatch in-house training on Equality, Diversity and Inclusion, Safeguarding, and Data Protection. We're introducing virtual coffee mornings for Digital Champions to share ideas and support each other.

We worked with partners at six local organisations supporting Islington residents in Arabic, Amharric, Bengali, Greek, Tigryna and Somali in community venues that were known to them. We ran an initial workshop with partners covering key skills, internet safety, getting familiar with different devices, understanding commonly-used apps and web-sites, book-marking useful web-pages and identifying reliable sources of information on health advice (nhs.uk) and GP appointment booking platforms.

We run practical sessions to help learner confidence covering key skills such as using the internet, safe shopping online, making space on your device, deleting unwanted apps/ messages/ photos. These give learners the chance to ask questions, learn and practice.

The pandemic meant that many services had to move their delivery online, supporting staff and clients to interact in this way. For some this was an acceleration of existing plans but for others it was completely new. Online capability of organisations varies a great deal. Some of our Diverse Communities partners for example, needed to set up online banking and move to web-based IT systems during this time. Others were able to move to online classes and workshops very quickly. Healthwatch offered workshops for our existing partners (using funding from Awards for All) to support them and their clients to get more comfortable online.

We adapted our model for remote delivery providing SIM cards for our Digital Champion volunteers, re-training volunteers on the new ways of working and recruiting additional Digital Champions as demand grew, but also because offering support in this way is more time-consuming. The support from the Digital Champions is rated very highly by participants. They value the empathy and patience the Digital Champion volunteers show them, and this helps them to make progress when they may have struggled before.

It's important to be able to capture small steps in people's progress. We complement the one-to-one offer with specific workshops on issues that learners raise. For example; creating space on your laptop, or deleting old messages to free up space. This is all done at the learners' pace, to avoid anxiety and confusion.

Partners Digital Unite, who have been delivering digital inclusion support nationally for 25 years, approached us to present at a 'Safeguarding' webinar held on 23rd March 2021, to share our "great practical experience and insight on safeguarding when helping someone with digital skills remotely". 50 organisations attended including councils, housing providers, NHS libraries and charities about safeguarding in the context of remote digital skills support. Digital Unite are now writing an article about Healthwatch Islington's Digital Champion and safeguarding approach over the past year for their website and newsletter, so that people who couldn't make the webinar are able to access the learning from our experience.

The impact of being included

Feedback from Healthwatch Digital Champions

"You have to show people the benefits: you can connect with friends; do the things you love; and make your life easier... You need to really work with what they are interested in to get them motivated. You have to give value to the little steps they are making and the achievements... The other message to get across to people is: it's not as complicated as you think".

"People who come to us lack either skills, confidence or motivation, finding digital irrelevant. Many can be really afraid of something like adding an attachment to an email. It's quite a skill, and for those of us who use technology daily we've learned this over time. But it all feels like a massive leap for someone new to it all."

"Using the internet is a key life skill and can give them access to so many other things that can make their quality of life better. There's much more to it than just accessing healthcare services, a small part of people's lives. They can improve their well-being by having greater contact with friends, hobbies and all sorts of information".

The impact can be life-changing:

"I was supporting a participant who didn't want to talk to friends by phone because it was so painful for her shoulder, with her arthritis, but now she can talk to her friends by phone comfortably and enjoy it. The participant didn't know what headphones were, but the Digital Champion explained it to her and she realised that she had some, they came with the phone. She was so delighted to be able to make calls without pain."

"Zoom is a real game changer for lonely people. I was working with another resident who couldn't get Zoom working in our first session. But then in the second session, they could, and by the time I spoke to them in the third session, they were using it with their kids. It was beautiful, they had such a sense of pride of having learned it, and achieved something, and they had a much better sense of connectivity with their family."

"But offering support remotely comes with additional challenges for beginners. Our aim is to get people on to Zoom. It's useful for them as it's widely used. And once they are on it and the Digital Champion can show them things on screen, it makes explanations a bit easier."

"It's been really hard doing this over the phone and trying to get complete beginners on to Zoom. Downloading an app and setting up a password and log-in and then getting in to a Zoom meeting isn't beginner level, it involves a lot of complexity for someone new to navigating their device. And of course, you can't see what they are looking at and all phones have everything in different places".

"We want to teach them simple things but as we're working remotely the starting point is like a mid-way through task. It's more daunting and many can't get on to it in an hour. But the accessibility to other activities once they are on Zoom is great. We can direct them to those."

Digital Champions also noted that for many companies and services (beyond health and care) they've had a step change during the pandemic and will be focusing on cost savings and a lot of their business will stay off-line so it's important that residents can use digital.

People learn best when they want to learn

If someone has never used the internet before, using it for a health appointment may not be their priority. Often people are more interested in social connectivity, online shopping, or getting on WhatsApp and YouTube. Learning needs to be relevant.

I am getting a bit brave, because now when I need to go somewhere new I just enter the address and press Maps, and there it is! Now I know how to use the map tab to do a search, I am able to get anywhere with my eyes closed. And can I share something with you? Tomorrow I am due to have the Covid vaccine, and thanks to the help I have received I will be able to drive to the site to get the jab, and not have to go by cab or on public transport which would be a risk for me as I am shielding.

[Feedback given to Healthwatch Digital Champion, January 2021]

I learned how to keep my children safe when they are using online games. I never had any idea about age appropriate games and I am glad I attended the session. I didn't know how to change my password to lock the screen. We learned how to change it, and now I've changed it so my children will get a shock when they get mum's device again.

[Feedback from digital project aimed at parents]

Healthy Generations

Healthy Generations were very responsive in moving services online at the start of the pandemic, and in supporting their existing service users to access the new format. Their service users now include people who hadn't used their services before because they find online more accessible. And those who used to attend in person, are currently still keen to continue online until the pandemic settles down. It's also meant their service has become international, with the occasional attendee from outside the UK. For services that charge a nominal fee, this can help their viability.

Jannaty

Healthwatch provided some digital training and support to local voluntary organisations. We are pleased to say that all partner organisations felt more confident to deliver support online, found the move to online beneficial for their future ways of working, and felt more able to support their clients to get online. It was great to be able to learn together and support each other through a challenging year.

Majida Sayam is the Chair of charity Jannaty, on Seven Sisters Road. Jannaty's mission is to empower women and girls particularly those from disadvantaged, black and minority ethnic backgrounds. Many belong to Arabic speaking communities. We've helped Majida and a group of her volunteers to get to grips with the video conferencing tool Zoom. As a result she's been able to continue to run high quality activities during lockdown, supporting the health and wellbeing of local people. Jannaty held an Eid celebration online and then moved their sewing group online too. "It was a very good experience for us to do the Eid party on Zoom", reflects Majida. "It was very nice and we learnt a lot. For example, letting people into the Zoom meeting actually takes a long time. So we used that learning when we started the sewing classes... the digital skills allow us to share these festive events with people who could not normally be part of them because they live far away". The sewing group sewed thousands of masks to give away to local care staff and residents. Residents supported to get online by Jannaty were also able to attend Healthwatch workshops on Covid vaccination, the importance of the flu vaccination and keeping physically and mentally well during the pandemic.

<https://www.jannaty.co.uk/>

Working with Mental Health Champions

In addition to running workshops for our Diverse Communities partners, our Volunteer and Projects Manager ran a session for local Mental Health Champions. The group had a wide range of abilities. In person, you can pair learners together to help each other and manage the pace of the sessions. This is harder when delivering remotely, so sessions need to be more level specific and with one-to-one support available (by phone or in a breakout room). But it does work well training a group who are in the same role in the same organisation, who will be applying their learning in the same way as others in the session.

Video testimonies

In these videos, residents talk about their experiences:

- ▶ Islington Bangladesh Association: <https://www.youtube.com/watch?v=TO2Y6udlDsM>
- ▶ Islington Somali Community: https://www.youtube.com/watch?v=XcES-Jqk_ts

Maya Centre

The Maya Centre is a small community-based charity providing a free counselling service for women who have experienced mental health issues, trauma and gender-based violence. It is a multi-ethnic women-only counselling service, managed and governed by a team of professional women. In 2018 started to develop a virtual counselling service for women who may struggle to attend appointments for health, financial or childcare reasons. This meant they could continue to support most service users during the pandemic. Healthwatch Islington was commissioned by the Maya Centre to undertake an evaluation of the virtual counselling service, which took place from January to March 2021

Staff noted that running online and offline services in parallel has resource implications. Staff were offered specific training on data protection for working in this way. Whilst remote support wasn't everyone's first choice (and they may not have chosen it if not for the pandemic) service users and staff had been reassured by how effective it can be. For some service users, they would not have been able to access support offline, so the service was more accessible for some audiences.

<https://www.mayacentre.org.uk/>

The evaluation report 'Developing a virtual model of counselling support' is on our website <https://www.healthwatchislington.co.uk/report/2021-04-20/developing-virtual-model-counselling-support>

Next steps

What's needed to make Islington a digitally inclusive borough?

1. Access to equipment and a decent connection:

- ▶ For residents that don't have access to equipment or connectivity there is support available within the voluntary sector and residents could be directed to this. This offer needs to be reviewed and articulated to those most likely to be signposting (this could be social prescribers, but presumably not always).
- ▶ There is a need to establish minimum standards for refurbished/upcycled devices, so schools and organisations that are working with vulnerable residents can confidently allocate repurposed desktops and laptops.
- ▶ Encourage users to keep their own devices, which are often outdated and slow, by upgrading them. This enables users to keep their own data and extends the life of electronics. Provide regular borough-wide free computer repair workshops and courses (face-to-face once this becomes possible again), so users have a space to learn and get their computers repaired for free.
- ▶ The quality and pricing of connections varies widely. This is beyond the scope of the borough, but more needs to be done to ensure that mobile networks and fibre-optic broadband are readily available and affordable. Could companies be persuaded to offer a better deal to local residents by a scheme such as that used to create more affordable energy prices through London Power. Could providers be persuaded to provide free services to those households most in need, particularly given how well they are likely to have done during the Coronavirus pandemic.
- ▶ Further to the last point, there is a need for quality and affordable, monthly rolling, broadband contracts. Users can find it difficult to commit to cheaper long-term contracts, but rolling monthly contracts normally start at £30 per month.
- ▶ When health care access is remote, this potentially introduces a charge for some residents. At the heart of the NHS is the principle that it is free at the point of access. Could healthcare service providers offer support with access for those most in need to keep the playing field level?

2. Building skills and confidence to get online:

- ▶ Learning how to use the internet from scratch takes time. For example, if you are not a regular user, it can take several sessions to set up an e-mail with a memorable password (something that regular users take for granted)
- ▶ 'The human element' having a person that can empathise with learners, show patience, and explain things clearly, is fundamental to the success of the model.

- ▶ People learn best when they want to learn. If someone has never used the internet before, using it for a health-based appointment may not be their priority. Often people are more interested in social connectivity, online shopping, or accessing specific apps like WhatsApp and YouTube. Learning needs to be relevant.
- ▶ Learning needs to be regularly reinforced, participants need the opportunity to keep practising their new skills. Group-based, peer support can help learning, but initial one-to-one instruction is a real benefit.
- ▶ There are many levels of internet use: Using WhatsApp which often comes installed on mobile devices, you may use the internet to access, but may be unaware and wouldn't necessarily find it easy to do other internet-based tasks. When we talk about digital inclusion, 'getting online' do we mean enabling people to get on to healthcare platforms or are we supporting them to access wider services, support and activities to enable them to save money, keep in touch with others.
- ▶ People are worried about how their data will be used, in particular in relation to finances and healthcare. We need to safeguard their anonymity and articulate how we do that.
- ▶ Voluntary and community sector partners needed guidance to be able to support their clients. Ongoing support would be even better (like a digital forum/call centre).
- ▶ Residents need time to develop the skills and confidence, and they need the opportunity to keep practising those skills.
- ▶ "We need to show people that this can help them do things they enjoy, connect with others and make their lives easier" (Digital Champion)
- ▶ It is important to ensure that children have their own devices from an early age, as even with digital access at school, the gap in digital literacy only widens when children are not able to explore the digital world on their own, be this through online research, gaming, or talking with friends.

3. Improving the online environment:

- ▶ Thorough user testing of new IT platforms for public services. We won't have control over all of these locally, but for those that we purchase this is important. The user-testing should include some less confident users.
- ▶ Regularly updated websites, with clear and consistent information. As services move online, their website is their shop-front. Sites should be easier to navigate, have better search functionality and be more regularly updated. It's very confusing when sites have conflicting information within different pages. For GP websites some consistency across sites would also be a positive thing, to make it easier for local partners supporting residents to access support.
- ▶ Online information should be written in Plain English so it is clear and easy to understand.

- ▶ All public services have a duty to make their services accessible, this must be the same for online support. For those who cannot access support online, other options available to them should be made clear. For those who need support to access online, more consideration needs to be given to consolidating and resourcing the borough's offer to help with signposting. Currently provision is via numerous small-scale, short-term projects. Healthwatch is liaising with voluntary and community sector colleagues including social prescribers about this.
- ▶ The sheer number of apps for everything is a bit overwhelming. Some consistency across North Central London might help, or advice on what's best for a patient to download: Patient Access, MyGP, the NHS app, the NHS Covid-19 app.

4. Coordinating the provision of support:

- ▶ Social prescribers could direct local people to support, but not everyone qualifies for a social prescription. It would be good to bring system leaders together to think through how we highlight the digital offer in the borough. The council did work on this in April and November 2020, but it is likely to need a refresh.
- ▶ Complete beginners need one-to-one support and then opportunities to practice safely with others. Most support is limited to a few hours. For those with some skills/confidence already, group sessions on particular platforms can help. Of course, this isn't needed for everyone. People who use the internet a lot already can just be sent a link and work things out.
- ▶ Residents have legitimate concerns about the safety of their data and how it is stored and used. As such accessing healthcare online may be too worrisome for some residents, but support should be offered to get them online and over time, as their confidence and knowledge grows, they may be less fearful of accessing healthcare, payment systems/online banking. The pandemic has increased people's interest in using online services.
- ▶ Some residents may never be willing/ able to use the internet to access healthcare and this should also be considered when planning services. Similarly, their ability to use the tools could vary over time depending on deteriorations in physical health/acquiring a disability.
- ▶ There is a wide range of current provision, but some coordination of this, to ensure residents are well signposted, and so that the organisations supporting them can highlight the offers available.
- ▶ Small voluntary and community sector organisations may also benefit from ongoing support around 'digital' and engaging clients online. A borough-wide skills-sharing forum would help this.