



# seaview

practical services for complex lives

## An investigation into access to digital inclusion for healthcare for the homeless population

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## Abstract

*This paper has been commissioned by NHS Digital to support digital inclusion and examines the experience and views of the homeless and insecurely housed population in a South East seaside town, in relation to the use of digital technologies for health purposes along with the barriers and challenges to the take up of digital health services, products, and information by this community. More than just conveying an understanding of their experiences and challenges, participants in the research are also asked to consider means by which they could be best supported in engaging with digital technologies to support access to health and care.*

*Consultations took place on the street with 51 individuals who are currently sleeping rough, insecurely housed, or have a history of homelessness, with an emphasis on hearing from the 'hardest to reach'. Information gathered assisted the research team in arriving at pertinent questions for a focus group of an additional 13 participants at an open access wellbeing centre.*

*The findings reveal that despite 90% of participants report access to a mobile phone, almost a third of mobile phone users do not access to the Internet.*

*The most significant barriers reported are a lack of skill and confidence in using technology, followed by difficulties in accessing a device. Cost was also cited as a barrier along with a lack of correlation to everyday life. Lack of support to encourage the use of digital technologies was considered to be a bigger deterrent to engagement with digital technology than personal levels of motivation.*

*Despite half the British population using the Internet to search for health related information, the report illustrates that in comparison 6% of the interview respondents reported doing so. However, a small number had actively used the Internet to register with a GP, book an appointment and seek relevant health information.*

*More than 50% of those questioned were clear that one to one support would make the greatest difference in helping the homeless community access digital technology for health purposes and there is an interest in not being left behind. At the same time concerns are raised amongst the homeless population in relation to the complexity of the challenge they face in keeping up with the rest of the population digitally. Everyday challenges of meeting basic needs, poor physical and mental health and a lack of trust, given perceptions of stigmatization, can lead to an inability to prioritise health and wellbeing.*

*A particular concern amongst participants in this study relates to the inability to retain personal information as several respondents report problems with memory, which can complicate accessing health services and registration requirements. Although the homeless community experience poverty in many forms, including in relation to how helpful the information accessed is to their situation, the research has revealed the presence of an appetite to learn and engage with digital technology to support health and wellbeing. There are still questions to be asked however, in relation to the design and delivery of support for individuals with complex needs to ensure that the barriers that they already face do not continue to preclude their engagement with digital technology.*

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## Introduction

We live in the age of digital technology with more than 80 % of the population using the internet daily or almost daily<sup>1</sup>. From the comfort of our own home we can now do most things online: work, have hot food delivered to our door, pay our bills, keep in contact with family and friends and while away the hours entertaining ourselves with films and games downloaded in an instant.

With each new technological development, associated concerns are present in relation to risks and categories of people who might be left behind. Certainly the examples given above are relevant based upon fundamental assumptions around housing and digital inclusion. It is likely that the statistics available have not appropriately captured the views of individuals living without a home or without access to digital devices.

Mobiles and smartphones are the most widely used means by adults of accessing the internet<sup>2</sup> and 70% of adults access the internet whilst 'on the go'<sup>3</sup>. Again assumptions are made on the likelihood of the population having mobile phones and smartphones and understanding their potential for accessing the internet.

The Department of Communities and Local Government estimates local authorities counted 4,134 rough sleepers in the autumn of 2016, a rise of 16% on the previous year<sup>4</sup> and likely to be an under-estimate of the homeless population in its entirety given the number of people who may be hidden in hostels, insecure accommodation or staying with family or friends.

In relation to health and wellbeing the outcomes for homeless people can be very poor both physically and mentally. It is estimated that 80% of homeless people have mental health problems<sup>5</sup> and it is widely cited that a homeless person is unlikely to live beyond the age of 47 (on average)<sup>6</sup> for men and 43 for women.

Research on the homeless population and the use of digital technology is limited and recent work published by Lemos and Frankenburg although revealing surprisingly extensive access to mobile devices does not explore use of technologies for health purposes.

The Government, through the appointment of a National Information Board (NIB), is focused on bringing together health and social care information in to a single accessible system by 2020 and has made a firm commitment to using data and technology to improve health outcomes and choices for patients and citizens<sup>7</sup>. Martha Lane Fox, in her report on the mapping out of implementation requirements recommended a focus on the most digitally excluded groups first and the homeless population as one of the 'hardest to reach' has an initial focus<sup>8</sup>, given the barriers and challenges they face. It is in this context that NHS Digital have commissioned this study in order to gather the views of people who are homeless or insecurely housed so that their perspective can be incorporated in solution setting.

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<sup>1</sup> Office for National Statistics 2016 p2

<sup>2</sup> ONS p3

<sup>3</sup> ONS p 2

<sup>4</sup> DCLG statistical release 207

<sup>5</sup> Homeless Links (2014) the unhealthy state of homelessness

<sup>6</sup> The University of Sheffield (2012), Homelessness Kills, Crisis

<sup>7</sup> NIB ref

<sup>8</sup> Martha lane fox ref.

## Research Team

The research was carried out using the facility expertise and outreach capacity of The Seaview Project. Seaview a charity operating in Hastings and St. Leonards on Sea, focused on homelessness and mental health. Seaview provides access to showers, clean clothing and meals, healthcare and healthy activities. Seaview also operates specialist outreach service to rough sleepers and the street community.

Heather Williams Seaview's Development Officer, has a background in assertive outreach, research and development and has led and co-ordinated the research.

Rory Quigley and Fiona Fielding, part of Seaview's RADAR ( Refocus, Assess, Develop, Activate , Recover) a small team of Peer Facilitators offering peer support focussed on encouraging recovery journeys. RADAR were involved in facilitating a workshop consultation.

Annie Whelan Seaview's Chief Officer and also an Independent member of the NIB provided oversight.

This study consists largely of interviews, conducted on the street with a focus on the hardest to reach elements of the homeless community. This research sets out to capture the experience of the homeless population, in a seaside town in the South East, in relation to digital inclusion for health purposes and matrixes views shared in the hope that it might be useful to policymakers in order to increase accessibility for a challenged element of the population; along with recommendations on what might need to be put in place for this population to access and use online health services, products and information.

## Methodology and Participant Demographics

2 approaches were applied in this project to capture the experience and views of homeless, insecurely housed, and individuals with a history of homelessness with regard to the use of digital technology and health.

The first approach involved 51 interviews with individuals on the street guided by a questionnaire and conducted by a Specialist Assertive Outreach researcher, with a history of working with the homeless community in seaside towns, and in collaboration with RADAR lived experience peer facilitators working in the community via Seaview wellbeing centre. The research team felt the need to adopt an assertive outreach approach on the streets to ensure that the 'hardest to reach', element of the homeless community were consulted first and informed discussions at the later focus group. Interviews were found to take up to 30 minutes each and a focus of the information gathering was on recording as much of the detail given by respondents as possible to capture as much context of the individuals experience and thinking in relation to the questions asked.

The second approach was organised and facilitated by the RADAR group in the form of a focus group, attended by 13 rough sleepers and/or service users of the local open access homeless and wellbeing daycentre which assists vulnerable and disadvantaged members of the community locally and with a history of homelessness.

The research took place during the months of February and March and all respondents were provided with a brief synopsis of the focus of the project and were reassured that all information shared was fully anonymised.

A number of respondents of the questionnaires were happy to offer a broader context for their lived experience as a current or historic rough sleeper and the challenges they faced in relation to accessing and communicating

with health services along with their use and understanding of digital technologies. The names have been changed to protect identities.

The profile of the questionnaire respondents and those attending the focus group varied to a degree. On outreach 78% of the respondents were male and 22% female and for the focus group 69% of respondents were male and 31% female.

The experience of the research team indicated that transience amid the homeless population in itself might act as a barrier to prioritising health and accessing primary health services and in relation to the sharing of personalised health information when seeking treatment. A local connection relates to eligibility requirements in accessing local housing services and indicates to a degree whether individuals are new to the area. The report establishes that 76.5 % of respondents reported having a local connection, 15.7% did not have a local connection, 5.9% were unsure and 1.9% did not give an answer.

For the purpose of the report questions were framed to identify:

- The profile of the respondents taking part in relation to current and historic experiences of homelessness (all information is anonymised).
- What digital devices are in use and how easy is it, respectively, to access the internet, within a homeless context?
- To what extent are health applications or online services related to health used and what are the challenges faced by the homeless community in accessing the internet for health purposes.
- What does the homeless population involved in this study believe would be most the most helpful interventions to support and improve access to online services related to health and well-being.

	Age profile interviews		Age profile focus group	
	Male	Female	Male	Female
21 – 30	2	1	0	1
31 – 40	11	3	2	1
41 – 50	18	5	4	1
51 – 60	7	2	1	0
61 – 70	2	0	1	0
70 – 75	0	0	1	1

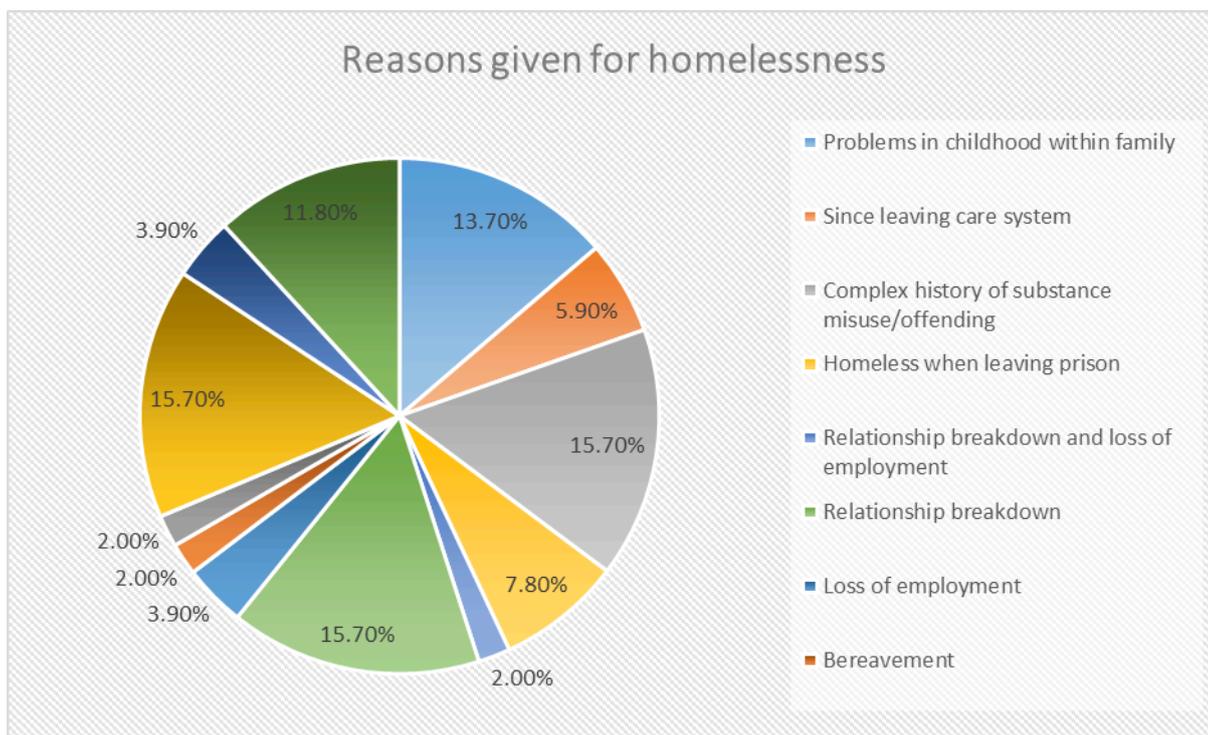
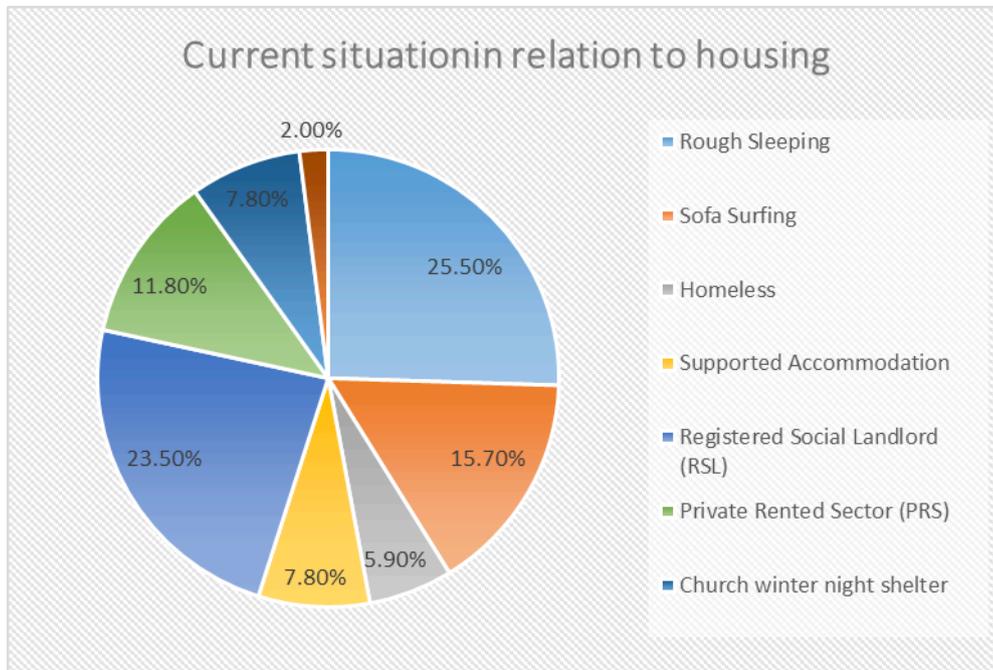
In order to ensure that the individuals consulted have relevant knowledge and understanding of the challenges of homelessness the focus group took place in an open access health and wellbeing centre serving the homeless community along with vulnerable and disadvantaged adults; and questionnaire respondents shared their current situation in relation to housing and any history of homelessness.

Almost 50% of respondents are not in a position where they hold a tenancy or have accommodation established in their own right, whilst others who hold a tenancy warned of the likelihood of eviction due to the complexity of their individual circumstances and the precariousness of the private rented sector for vulnerable individuals and families.

“I live in a small caravan on the seafront and have been homeless for 14 months. Street homeless/sleeping rough this time last year. This is my first spell of homelessness” (male 49, outreach).

“I’m currently in PRS( Private Rented Sector) with my 2 children, 6 and 12 years old, but the roof is falling in and it is not safe for my children. The council have said I might be 10 years on the waiting list for a council flat” (female 32, outreach).

“Being evicted, awaiting bailiffs warrant. Landlord wants to sell...been in property 2 years” (female 48, outreach).



It is important to recognise that simple categorisations do not expose the complexity behind the reasons why people find themselves (and sometimes remain) homeless although certain factors make it more likely, including physical and mental health challenges which respondents did not refer to when interviewed but later shared detail when questioned about challenges and support needs. Reboot UK (literature review 2016) emphasises the links between mental health and homeless and mental health and poverty<sup>9</sup> and draws our attention to research conducted by the Citizens Advice Bureau in 2013 which infers low use of the internet amongst individuals seeking advice who have mental health challenges<sup>10</sup>

## Digital Devices

As discovered in recent research on digital technology and the homeless<sup>11</sup> a low percentage (8%) of the interview participants reported not having access to a digital device although 90% of interview respondents reported owning a mobile phone. 29% of those with a mobile phone reported not using it to access the internet. 4 members of the focus group also reported not going online at all. 28% of respondents found it 'easy' to go online whilst a further 28% found it difficult due to lack of confidence and knowledge. Lack of access to a device also posed problems for 14% of respondents whilst 12% reported having difficulties getting on line due to eyesight /learning difficulties and dyslexia.

It is easy to assume that a high level of smartphone ownership amongst the homeless community is an equaliser in terms of technological engagement. Research conducted in the US, however, on technology and marginalized communities reveals that 'economic poverty' as a consequence of low educational attainment and a lack of economic independence leads to *information poverty*<sup>12</sup>. Although individuals may be able to access information the degree of its usefulness is not guaranteed. The majority of respondents find accessing the internet a challenge for a range of reasons however there are examples of individuals attempting to move forward by approaching public services and centres and eliciting support from family members if there is contact. There are few examples, however, along the lines of Sam's story below where the gift of a device and family support resulted in what Sam describes as a life changing development for him.

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<sup>9</sup> Reboot UK literature review 2016 p2

<sup>10</sup> Advice North Yorkshire and Citizens Advice (2013)p30

<sup>11</sup> Lemos &Frankenburg (2015)

<sup>12</sup> Chatman 1996

## Sam's story... *(name changed to protect identity)*

Sam is a 47 year old male living in supported accommodation where he has resided for 8/9 months. Sam reports having had a stutter as a child and struggling to mix with other children. He has in more recent years identified that he is dyslexic and that this complex set of factors led to a lifetime of feeling isolated and different from others, for which he did not receive any support at the time. Sam has since been diagnosed with a borderline personality disorder and chronic depression; Sam has had 4 suicide attempts

A chaotic adulthood followed and Sam spent 6 years sleeping rough in London and committing acquisitive crimes to support a heroin habit and going in and out of prison. Sam estimates that in the last 30 years he has spent 17 of them in prison and release from custody nearly always led to uncertainty and homelessness, and more crime.

During the last year Sam decided that he needed to change his life and began accepting support from services: homeless and wellbeing centre, the local council housing options, probation and drug and alcohol services. The last 9 months have been the most stable over many years.

3 months ago Sam's father died and he engaged with the family ahead of the death and his mother gave him a smartphone for a Christmas present. Sam believes this device has changed his life as he uses google voice activation to instruct the phone in terms of who to contact and to get online and is not hindered by his dyslexia with this function.

Sam uses public wi-fi hotspots and pay as you go to ensure that he has internet service and he is online every day. Cost is a barrier and initially skill hindered his use of technology but he is excited at what he is learning every day with the new smartphone. Sam's struggle's with anxiety and depression were a barrier to getting online previously but the voice activation has been empowering and Sam is now more capable of contacting friends and family which he reports as good for his mood.

In relation to accessing apps and websites related to health services Sam has only once sought information online relating to abscesses and does not use any online services to make GP appointments or repeat prescriptions.

Sam believes that booking GP appointments and repeat prescriptions online would be very helpful if he doesn't have the funds for bus travel he struggles to get to the surgery.

Dyslexia was always such a hurdle to accessing technology for Sam but with voice activation he is learning new things all the time with his phone and is feeling empowered.

## Accessing the Internet

35% of the homeless population consulted reported never accessing the internet in comparison with 18% of the adult population in Great Britain<sup>13</sup>. Of those that did, the majority, 41% used public buildings such as the Jobcentre, the Library, Homeless/Wellbeing Daycentre and fast food outlet whilst 31% used private wi-fi either in their own home or at a friend or relative's house. Public wi-fi hotspots were also popular, 29%, and only 6% had a 3G contract. Issues recorded in relation to how easy respondents found it to get online:

"I can't use it because I am dyslexic" (male, 49, focus group)

"tried to use the library once but struggled and not helped by library staff" (male 43)

"I am a technophobe...left behind by technology...10 years of catching up" (female 36)

"at first with great difficulty but over time it got easier...but sometimes I still struggle (male 48)

"we usually get a computing person come to the hub to help with computer skills but he is always busy" (male, 42, focus group)

The findings of this study, focusing on the 'hardest to reach' element of the homeless community, differ markedly from recent research on homeless people<sup>14</sup> and National Statistics in relation to the regularity with which the internet is accessed. Lemos and Frankenberg reported 8% of their population rarely accessing the internet and 11% never accessing it<sup>15</sup> whilst amongst this study 12% of respondents reported rarely using the internet and 35% never using it.

"I can't get Wi-fi where I live, can't afford it" (female, 75, focus group)

"I ask other people if I want something googled" (male 44, outreach)

"no phone at present but with it most of the time" (female, 37, outreach)

"much because of my mental health...I suffer social anxiety" (female, 36, outreach)

"I could have access to internet through Daycentre – most likely way I will access it when I need to" (male, 44, outreach)

## Barriers to using digital technologies

The biggest barrier by far was felt to be skill and confidence in using technology, reported by 45% of the outreach community, whilst 41% found accessing a device to be a barrier. 39% respectively found cost and issues with mood, anxiety and mental health to hold challenges in using digital technologies whilst 24% of interview respondents felt that using digital technology was irrelevant to their day to day life. 26% reported lacking support to encourage them to use digital technologies whilst 22% felt that their levels of motivation were low in this regard. 28% had fears around carrying a high value device and 14% found their physical health to be a barrier.

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<sup>13</sup> ONS 2016 p2.

<sup>14</sup> Lemos & Frankenberg 2016 p20

<sup>15</sup> Ibid

“my son would teach me” (female, 32, outreach)

“learning every day with new smartphone” (male, 47, outreach)

“if I had a laptop I would use it more” (male, 47, outreach)

“I use it if I need it...purely as an information resource. I am trained in electronics (I was an electronic engineer) and built computers” (male, 49, outreach)

“I’m old school” (male, 66, outreach)

“want to learn...don’t have somebody to show me”(female, 36, outreach)

“concentration an issue, procrastinating online” (male, 40, outreach)

“don’t like technology...we’ll be chipped like dogs when we are born” (male 51)

### David’s story... *(name has been changed to protect identity).*

David is a 43 year old male who is rough sleeping in central Hastings. David reports that he has been rough sleeping for a year following the loss of his job and relationship breakdown. David has chronic ill-health related to his IV heroin use and although engaged with a number of services locally (drug and alcohol services, Council Housing Options, Probation and Rough Sleepers team) he admits to finding engagement difficult. David has an old style mobile phone and is unable to access the internet currently however when he was housed and running his own business he used a laptop. David finds it difficult to get online and has tried at the local library once but struggled and felt that the library staff didn’t want to help him.

In terms of accessing digital technologies David’s view is:

“It won’t make great changes to my life currently but wouldn’t do any harm”.

When he was running a business David was able to use various websites and applications to pay car insurance and liability insurance online and his daughter supported him with these tasks as she had greater computer literacy. David currently does not go online for any health related support and believes that it would be easy to access information but fears that there is also a lot of bad advice on the internet. David reports that having access to his personal health records would have been helpful when attending DWP medicals and a when in hospital previously he attempted to read his own records when but the staff would not allow him to: “homeless people are discriminated against when they try to access help”.

The kind of support that would make the most difference to David in terms of accessing the internet for health purposes would be: increased availability of digital devices, designing more easy to use health services and less expensive 3G internet access, as he does not prioritise making appointments and struggles to get to his surgery and might be encouraged to make appointments online. David is a reluctant user of health services in person and would be happier obtaining repeat prescriptions and information on health services online.

## Activities and applications accessed via the Internet

This study finds that the greatest divergence from the national population with regard to the homeless population consulted is the use made of the internet when accessed. The research team involved in the study have experience of helping homeless individuals with accessing websites and applications where they may need to register personal details and so these activities were specifically targeted as a source of enquiry.

In 2016 77% of adults in Great Britain reported buying goods and services online in the last 12 months<sup>16</sup>, whilst only 10% of the respondents on outreach reported ever making online purchases. Only 2% report banking online whilst 12% of respondents report having been engaged in online job searches and 10% in engaging with job applications online.

“used to do surveys online for extra money” (male, 39, outreach)

“ID (identification documents) are a problem if you have nowhere to keep stuff...tried to get a credit check online for a tenancy. Couldn't complete it because I didn't have a current credit card/bank card” (male, 49, outreach).

National statistics illustrate that the 5<sup>th</sup> most common activity undertaken online in the broader population is looking for health-related information<sup>17</sup>, (51%), in comparison to 6% of those consulted in outreach interviews.

“Used NHS Choices App to see where to register” (male, 51, outreach)

“I have read online for self-help around health” (female, 42, outreach)

“I am not happy in public places with people looking over my shoulder “ (male, 50, focus group)

78% of interview respondents reported that they do not go online for health purposes. Of those that do 22% report searching online for health related information, 2% for booking GP appointments and 2% for appointment reminders. The ONS confirm that in 2016 15% of respondents to their household and individual survey confirmed that they were making appointments with a doctor or other healthcare practitioner<sup>18</sup>

“they warn you not to go on-line to research health things...there is a lot of mis information” (male, 49, focus group)

“made an GP appointment and ordered a prescription and I didn't have a problem” (female, 36, focus group)

“I tried (an online GP/nurse consultation) and it doesn't work – you fill in what's wrong with you and you have to wait about 30 minutes before you get a reply. The reply refers you top a site that gives you 10 different possible diagnoses based on your symptoms. You never know which one is correct so you may as well go and see your doctor to find out” (male, 47, focus group)

“no...would play with my mind” (male, 44, outreach)

Based upon feedback given during interviews focus group participants were consulted on whether they were aware that they could access health related information and health support services online. 7 of the 13 participants reported that they were unaware but views varied within the group.

<sup>16</sup> ONS 2016 p8

<sup>17</sup> ONS 2016 p7

<sup>18</sup> ONS 2016 p8

“the government don’t want to let you know...they mislead you deliberately” (male, 37, focus group)

“I disagree with you, I think the doctors advertise on the walls what you can do when you go there” (male, 47, focus group)

The general consensus among participants of the focus group who were unaware previously of online health related services and information was positive in regard to whether they would go on to use them:

“I’d have a look...definitely, but you cannot always time internet access” (female, 36, focus group)

“I want to do it, I could do shopping online” (female, 41, focus group)

Of those who would not chose or feel comfortable using online services and information relating to health the main concerns amongst the focus group related to safety, levels of computer literacy and anti-internet sentiment.

“Not everyone wants to jump on the internet bandwagon” (male, 47, focus group)

“I thought the government sold our information a few years ago” (male, 37, focus group)

“I am computer illiterate” (male, 62 & male, 50, focus group)

### Michelle’s story...

Michelle is a 58 year old woman currently living in social housing with a history of homelessness. Michelle has an old style mobile phone and uses a laptop or desktop computer to access the internet daily via a well-being daycentre locally. In relation to skill at using the Internet “I’m not too bad”.

Michelle has used the Internet historically to shop, conduct work searches and complete job applications although she is currently claiming employment support allowances due to ill-health.

In relation to using the internet for health purposes Michelle has sought information on health conditions online but is happy to call her surgery for most health needs however she does see a benefit in applying for repeat prescriptions, appointment reminders and test results online.

Michelle see’s cost as a challenge in accessing the Internet, problems with an injured back and irrelevance to everyday life. “I close myself down and don’t look if it’s going to make me anxious”. In terms of support Michelle sees increased availability of digital devices as a necessary step along with less expensive 3G internet access.

In terms of concerns Michelle feels:

“This is all for the doctors surgeries... to help them speed up. Half the time I can’t get an appointment but some people say they can get an appointment 2 weeks in advance online”

Amongst outreach interview participants who were currently not accessing digital health services the majority felt that the use of some or all the services would be beneficial to them with only 18% reporting that none of the services available on line would be beneficial. 28 % of respondents believed that all the services listed below, with a further breakdown by individual service, would be beneficial:

<b>Finding health information</b>	<b>9%</b>
<b>Booking GP appointments</b>	<b>28%</b>
<b>Appointment reminders</b>	<b>14%</b>
<b>Requesting repeat prescriptions</b>	<b>29%</b>
<b>Accessing test results</b>	<b>8%</b>

“not prioritising health at the moment” (male, 44, outreach)

“had enough trying to get an appointment without going online” (male, 43, outreach)

“if easy to access, bad advice on the internet also” (male, 43, outreach)

“if I knew how to – GP appointments and repeat prescriptions. My medication keeps changing and I keep seeing other doctors who don’t always get my meds. Right” (female, 42, outreach)

“I’m not good with all that...without a shadow of a doubt if access to a device and support I would do it” (male, 52, outreach)

“I would use it when the help is there. I struggle in this area”(male, 44, outreach)

Outreached respondents were asked to reflect on instances when they may have been in a situation where they needed access to personal health records or GP details, for a particular purpose, and had not been able to access them. 24% of respondents reported that such information would have been helpful in a courtroom situation, 39% stated that they would have been helpful in relation to Department of Work and Pensions medical and benefit issues. 22% believed that they would have been helpful when in hospital and 4% in matters relating to probation. 34% did not see a time when access to health records would have helped them.

“DWP medical, couldn’t get access to historic details” (male, 47, outreach)

“when I was in hospital a few years ago I tried to read my own records and they wouldn’t let me” (male, 43, outreach)

“If you want your records you have to pay for them”(male, 52, outreach)

“when I moved to Tonbridge the GP surgery found it difficult to register me because they couldn’t track me down” (male, 34, outreach)

“when I was in prison aged 18 I was told I had a possible personality disorder but I have never managed to get proof. I have googled PD and found out more about it” (male, 49, outreach)

Focus group participants were asked to share their thoughts on the benefits of using online health information and support services. Opinion was split on whether the opportunity to access services on line would lead to

some people being left behind whilst others believed that engagement would allow people to avoid being left behind. Although one participant saw the positive of ensuring the system remained up to date and another with physical health needs suggested for those in pain not having to attend health practices in person would be beneficial; others voiced concern in relation to the accuracy of current online services and the need to engage in person.

“when you go online these days services no-longer exist and phone numbers are out of date” (male,37,focus group)

“I think they are trying to put everything on-line...it’s another cutback...people won’t be able to see anyone face to face” (male, 62, focus group”

## Challenges and Support Needs

The homeless population face many challenges including poor physical and mental health outcomes<sup>19</sup>. Homeless Link’s national health audit of the homeless in 2014 confirmed that 15% of the homeless population involved in their audit with poor physical health were not in receipt of support and 7% of respondents had been refused access to a GP or dentist within the previous year<sup>20</sup>. When asked about support needs that act as a barrier to accessing and using digital technology interviews reveal that the greatest barrier is considered to be a lack of confidence in using technical devices (43%) followed by the lack of access to a device(39%). Fear of invasion of privacy is also of considerable concern (37%) along with mental health challenges (35%). Less concerning, were challenges with physical health (24%), irrelevance due to lifestyle and meeting other needs (22%), and reading and writing skills/dyslexia (20%).

“sometimes issues with basic literacy and maths. I have a laptop but it needs charging” (male, 46, outreach)

“bi-polar, depression and social anxiety” (female, 36, outreach)  
“frustration” (male, 44, outreach)

“Autistic Spectrum Disorder; issues interpreting information, lose concentration” (male 51)

“don’t really know how to find my way around internet, so I don’t bother often” (male 48)

“don’t trust technology” (male 51)

“homeless people are discriminated against when they try to access help” (male 43)

“where I don’t understand being online, that worries me” (male 44)

“I fear identity fraud” (male 49)

“not bothered about privacy; doesn’t make a difference to my life going online” (male 44)

“don’t like people looking over my shoulder” (male 39)

“can’t work it out” (female 44)

<sup>19</sup> The University of Sheffield (2012), Homelessness Kills, Crisis p9

<sup>20</sup> Homeless Link Health Audit results 2014 p4

Following on from a recognition of the challenges respondents face when attempting to access digital technology for health purposes there was clarity in what is needed in relation to the kind of support that might be required by this community. 55% of interviewees believe that one to one support to improve confidence and lessen anxiety around using the internet is a priority whilst 35% believe one to one support given other physical or mental challenges would be beneficial to them. 47% of respondents think that an increase in availability of accessible digital devices would support them to get online and 39% favour an increase in free wi-fi in public spaces and services. 28% respectively believe that less expensive 3G and the designing of more easy to use digital health services will offer relevant support whilst 26% would support training to use digital devices and 24% would chose information around privacy and security of personal information and data use.

Concerns were raised amongst focus group participants in relation to the costs of accessing the internet, the anxiety that develops amongst individuals who have no or little support to engage with the online community along with a degree of cynicism around the quality and up to date-ness of information online relating to services available, as telephone numbers are sometimes found to be out of date, and services merged or terminated given the economic environment of the public sector. The type of training that might be on offer was also questioned and it was acknowledged that one to one support would be most appropriate.

“you need one to one training to get on the system and use it” (female 41, focus group)

“memory is an issue and mental health...don’t trust people I don’t know” (male 44)

“house search support service give you access to internet but only for property searches. Libraries have restricted time access as only on for one hour” (male 49)

“it would be brilliant if devices were made available for personal use so that It can all be explained to you” (male 49)

“essential part of this – making it too difficult will mean people won’t use it. Homeless people should get discounts on everything to subsidise them to Access things that are available day to day for most people” (male 41)

“wi-fi should be free to everyone” (male 40)

“it helps to get more support with health. I would do it all through the Daycentre as I am not motivated to do it myself” (male 57)

“prefer someone to show me than tell me as I often don’t know what they mean” (male 51)

“the support you are given is advice not support. I need people to do things alongside me. Fear and anxiety have always got in the way” (male 35)

## Benefits

When asking interviewees to reflect on their experiences with health services and whether an online service could improve or make their experiences worse a significant number (53%) disclose that due to memory issues they struggle with remembering appointments and see a benefit to viewing appointments online and receiving digital prompts or reminders. 35% confirm that they do not prioritise making appointments and struggle to get to the surgery and would prefer to make an appointment online. 12% report experiencing problems with

registering with GP surgeries and would be more likely to engage if it could be done online, whilst another 18% report a reluctance to access health services in person and a preference for obtaining repeat prescriptions and information on health services online.

Focus group participants were keen to discuss whether an online service would leave people behind or help them to avoid being left behind and reflected the anxiety of those not currently engaging with digital technology and those that were. An element believed that online engagement was a good idea in practice and would keep the system updated but warned that although a good idea it would not be easy to put in to practice for everyone.

“I want to learn how to use the internet” (female 43)

## Concerns

32% have concerns that their lifestyle means that they do not prioritise their health and will continue not to, irrespective of whether there are improvements in digital technology around health. Whilst 18% believe that they would stop engaging if they could get most of their needs met online. 22% of respondents confirm that they do not trust the security of online services with the use of their personal data and as a result they are unlikely to use them. There are also concerns that individuals will not be able to make use on online health services without a lot of one to one support in accessing health services (24%) whilst 26% are afraid of technology and the speed of change in these areas and already feel left behind.

The focus group participants raised cost to a greater extent than outreach participants along with fear of further marginalisation

“at the moment I would never put my personal details online” (male 41)

“I don’t like other people to have access to my information as they can use it against me” (male 51)

“I haven’t had a doctor since I left rehab 4 years ago” (male 44)

“discriminated against in London against registering...didn’t have the right ID (identification). Also have concerns around GPs not liking patients self-diagnosing (male 51)

“struggle with appointments as they advise you to go online and I can’t” (male 49)

“I don’t want to do anything online. I just want to turn up and get an appointment” (female 41)

## Recommendations

The level of ownership of mobile phones amongst the homeless population (90% in this instance) dispels the assumption that all homeless people are isolated both socially and technologically although this research highlights the element of the mobile phone owning homeless population consulted that are yet to consistently access the internet and suffer *information poverty*.

Despite the fact that 40 % report accessing the internet via desktop computers in libraries, daycentres, jobcentres and fast food outlets significant barriers are present in relation to ensuring that this is an easy and

helpful way to build upon technological skill and confidence. Libraries and other services are reported to have limited timeslots for access which will frustrate someone who is learning slowly and unable to progress an online activity swiftly. Respondents also suggest that staff in public buildings do not have the time to assist and homeless people feel stigmatised.

## Increasing Opportunities

Lack of access to a device poses significant problems for those members of the homeless community who are yet to engage with digital technology and for those who have lost or had digital devices stolen. What is clear from the research is that there are limited opportunities for individuals without a smartphone to consistently access the internet due to a dearth of available devices and reliable support.

- An increase in the availability of devices in public buildings for accessing the internet.
- The provision of tablets to be made available to peer support, housing support and outreach workers to ensure that the hardest to reach who do not necessarily engage with services consistently can be supported to access relevant applications and information on the street, necessary.
- Training for frontline workers to be able to pass on basic skills on outreach and at first point of contact in centres.

## Capacity building

By far the greatest barrier, reported throughout the questionnaire interviews and focus group discussions to using digital technologies is skill and confidence, followed by issues with mood, anxiety and mental health challenges. 55% respondents reported that one to one support would be the most beneficial and this was reflected across the age groups.

80% of the homeless population according to the Homeless Link Health Audit 2014 report mental health challenges whether diagnosed or undiagnosed. The complexity of the needs of the homeless population affect all aspects of their lives and will require acknowledgement in relation to digital inclusion for health.

Respondents and focus group participants are specific that:

- Training and support needs to be forthcoming in a one to one arrangement.
- Specialist training needs to be made available for all the individuals in charities, peer support and related public services who will be enlisted to support the move towards increased digital inclusion for health purpose with the homeless population.

## Increasing accessibility

39 % of respondents saw cost as a barrier to using digital technologies and focus group participants also mentioned that they would do more online if they could afford it. Only 6% of respondents report getting online via a 3G contract. Support in this area needs to:

- ensure that those members of the community who could manage a contract have the information available to them from peer support and specialist centre and outreach workers on which contract to take up. Consequently the staff and peer support facilitators involved need to be trained in supporting the homeless population in this regard.
- ensure an increase in the availability of free wi-fi, including through GP surgeries and pharmacies which could have an unforeseen outcome of also increasing access to support with health and wellbeing in person.

## Support and reassurance in design

A concerning statistic that requires acknowledgement relates to reported memory issues and the anticipated benefit of online services in relation to remembering appointments. 53% of respondents reported problems in this area which has knock on effects in relation to registering with online services and primary health care providers such as GP surgeries. Homeless individuals are often unable to register with on and off-line services without an address and there are often issues with lack of photographic identification. The precarious nature of homelessness in relation to sustaining access and security of personal paperwork and a possible inability to recall passwords and identifying information needs to be acknowledged in relation to access:

- multiple forms of verifying identification is required as homeless individuals are often without any identifying paperwork such as passports, driving licences and birth certificates and consideration of these facts, along with memory challenges requires planning at the design stage of any online registration process.

37% of interview respondents report having fear of their privacy being invaded whilst focus group participants discussed online safety in terms of surveillance and hacking. Other participants expressed concerns around their personal information being in view to the public when computers are used in public arenas such as daycentres and libraries.

- increased dissemination of information on the protection of personal data for health purposes online will offer reassurance to both peer support , staff and the homeless community.

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## Appendices

### Appendix 1

#### Digital Inclusion & Homeless People: Questionnaire

The Government is looking to make changes around Personalised Health and Care by 2020. The aim is to bring together health and social care systems and to give individuals greater access to their personal health records and health services online, in the belief that improvements to health and care will be made through better use of information and technology (via the use of computerized devices: applications accessed via smartphones, ipads, lap tops and PCs).

It has been recognised that there are members of the community that may struggle to access information online and research is being undertaken with hard to reach groups on what they might need to improve/increase their use of digital (online) health services and what is likely to get in the way or be problematic.

Seaview is conducting research with people who are homeless or insecurely housed in Hastings to identify whether people are currently using digital technology (devices such as phones and computers to access the internet) and what their thoughts are about accessing health services and what they might need to support them to do so in terms of training, free Wifi, access to devices, or cost saving deals on device contracts.

It would be very useful, as someone with knowledge of services that assist the homeless community in Hastings and St. Leonards, if you would take the time to consider the following questions around accessing health services and technology.

You do not have to answer every question and you can choose not to answer some questions or not to take part at all. The process is completely anonymous and confidential and you will not be identified personally however we will record your gender and age range and the services that you have or are currently making use of locally. This will help us to understand any differences as result of age, gender and service use.

Thank you for your time.

<b>About you</b>				
1) How old are you?				
2) What is your gender?				
Female	Male	Transgender	Transsexual	
3) Do you have a local connection to Hastings?				

4) What is your current situation in relation to housing?

5) If currently housed do you have any experience of homelessness?

6) Are you currently engaging with any services? Please list...

**Digital Devices**

7) What digital devices do you use to access the internet? Please circle all relevant devices:

Mobile phone (old type)

Smart phone

Blackberry

Tablets

Lap tops

Desktop computer

MP3 music players

None of the above, I don't access the internet

8) How easy do you find it to get online?

9) If you don't access the internet at all can you explain why?

10) Where do you go to get online?

At mine or someone else's accommodation which has private wifi

On the street using public wifi hotspots

Through a 3G contract when I have credit

In a public building such as Jobcentre, Library, Seaview Project

All of the above

I don't access the internet

11) How often do you use them?

Every day

1 day a week

2-3 days a week

3-4 days a week

4-5 days a week

Rarely

Never

12) Do you find any of the following a barrier to using digital technologies?

Cost

Skill and/or confidence in using technology

Access to a device

Relevance to your day to day life

Levels of motivation

Lack of support to encourage use of digital technologies

Fear of carrying high value devices

Issues with mood and anxiety, or mental health challenges

Physical health issues as a barrier

13) Do you use any websites/applications on which you need to register your details?

Online banking

Online purchasing

Cashback sites

Online work searches

Job applications online

Online letting agents

Online dating websites

Accessing services for health purposes – making appointments with GP or repeat prescriptions

Any other websites/applications...

14) Do you go online for any support related to your health needs?

Finding health information

Booking GP appointments

Appointment reminders

Requesting repeat prescriptions

Accessing test results

Any other ...

15) If you are not currently accessing digital health services which do you think would be of most benefit to you of the above?

### **Challenges & Support Needs**

16) Have you ever been in a situation where you have needed access to GP details or your personal health records, for a particular purpose and have not been able to access them? Can you describe the circumstances?

17) Do have any support needs that act as barrier to accessing and using digital technology ?

Reading and writing skills

Learning difficulties

Challenges with mental health

Challenges with physical health

Lack of confidence in using technological devices

Lack of access to devices

Fear of invasion of privacy

Irrelevance due to lifestyle and meeting other needs

Any other comments...

18) What kind of support would make the most difference to helping you get online for health purposes?

Training to use digital devices

Increased free wi-fi in public spaces and services areas

Increase in availability of accessible digital devices

Designing more easy to use digital health services

Less expensive 3G internet access

One to one support given other physical or mental challenges

One to one support to improve confidence and lessen anxiety around using the internet

More information around privacy and security of personal information and data use

Any other comments...

19) Have you ever had issues with accessing health services such as GP surgeries and hospital visits that a digital (online) service could improve/or make worse for you? Do you recognise any of these statements as relevant to your experience? Please choose no more than 3.

I have problems with registering with GP surgeries and would be more likely to engage if it could be done online....

I do not prioritise making appointments as I struggle with getting to the surgery and would prefer to make an appointment online...

I am reluctant to access health services in person and would feel happier obtaining repeat prescriptions and information on health services online...

I have memory issues and do not remember appointments and would be more likely to remember if I could view appointments online or receive digital prompts and reminders...

I would stop engaging in person if I could get most of my needs met online...

I want to prioritise my health and will use whatever means available to do so...

My lifestyle means I do not prioritise my health and I will continue to do so irrespective of whether there are improvements in digital technology around health...

I do not trust the security of online services with the use of my personal data and I am unlikely to use them...

I would need a lot of one to one support in accessing health services and information online...

I am afraid of technology and the speed of change in these areas, I already feel left behind...

If you have anything else you would like to add please use this space...

Thank you very much for giving up your time to complete this questionnaire!

## **Appendix 2**

### **Homeless People, Health and the Internet**

The Government is looking to make changes around Personalised Health and Care by 2020. The aim is to bring together health and social care systems and to give individuals greater access to their personal health records and health services online, in the belief that improvements to health and care will be made through better use of information and technology (via the use of computerized devices: applications accessed via smartphones, ipads, lap tops and PCs).

It is recognised that there are members of the community that may struggle to access information online and research is being undertaken with hard to reach groups on what they might need to improve/increase their use of digital (online) health services and what is likely to get in the way or prove difficult.

Seaview's Radar Peer Facilitors are holding a focus group for individuals who are homeless or insecurely housed in Hastings to identify whether people are currently using digital technology (devices such as phones, tablets, laptops and computers to access the internet); what their thoughts are about accessing health services and what they might need to support them to do so in terms of training, free Wifi, access to devices, or cost saving deals on device contracts.

It would be very useful, as someone with knowledge of services that assist the homeless community in Hastings and St. Leonards, if you would take the time to consider the following questions around accessing health services and technology.

Thank you for your time.

- Do you go online (use the internet), and if you do how do you access it? - phone, PC, tablet etc
- Where do you go to get online – library, Seaview, Jobcentre, McDonalds etc
- Do you do any of the following online;
  - Read health information to manage your health
  - Book GP appointments
  - Leave a comment on your health service
  - Order a repeat prescription
  - Look at your health records
  - Use health apps
  - Online GP / nurse consultations
  - Other??
- Did you know you could do these things online?
- If not, would you use them now?
- If not, why?

- Do you have any support needs that make it difficult for you to use the internet with a phone/laptop/computer?
- What do you think the benefits would be to you to do these things online?
- How could the NHS help you access health services online?

### Appendix 3

John's story...

John is a 51 year old man who is sleeping rough and reports being homeless in Hastings for the last 3 years following a relationship breakdown. John spent much of his childhood in the care system and was under the care of a psychiatrist from the age of 10. He reports a number of suicide attempts in the 1980's and one last year through chronic depression.

John has had some contact with Mental Health services in Hastings but is not currently engaging. John has a diagnosis of Autistic Spectrum Disorder (ASD).

John has a smartphone which he uses to keep in touch via emails and facebook. He also accesses the News and Weather apps. John reports being discriminated against in London when trying to register with a GP practice. John used the NHS Choices App to find out which surgery to register at locally having been turned away from one surgery who suggested they were not taking new patients.

John used to use the computer at the local Homeless and Wellbeing Daycentre and when in a relationship he had access to a laptop.

John is currently only able to access the internet if he has data credit on his phone or if the commercial outlet he sleeps outside of share's their wi-fi code with him. When housed John used to bank online and believes that he would book appointments with GPs and request repeat prescriptions if available at his surgery, although his ASD often results in him misinterpreting information because he cannot sustain concentration. John also struggles with his eyesight and inability to hold on to spectacles whilst sleeping rough. John uses the calendar and alarm on his phone to remind him of appointments.

In terms of support around accessing health related services online John suggests that he would prefer someone to show him rather than tell him and he often doesn't follow what people mean. In relation to privacy online John has concerns:

"I don't like other people to have access to my information as they can use it against me" and "GP's don't want you to access information about health conditions yourself as they don't like you to self- diagnose".