

# Digital Inclusion in Herefordshire

November 2022



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# Background.

## Summary

Healthwatch Herefordshire carried out this project in partnership with Fastershire Herefordshire, Community Housing Tech Team (formerly Amica 24) and Community First.

During the last year of the pandemic, it was clear to Healthwatch Herefordshire and colleagues across Healthwatch England and the local statutory services that people who were digitally excluded were struggling to access many of the online services that emerged and were not able to access much of the information and advice that those of us that are digitally connected may take for granted.

Additionally, the isolation from other people that some of us were able to combat by digital video calls and messaging exacerbated difficulties along with access to online forms for benefits, job seeking, and other services that a trip to the library computer resources or job centre could have assisted previously.

Nationally it was reported in 2021 that 2 million families struggled to pay their internet bills between March 2020 and January 2021 (**Ofcom 2021**) and that 61% of adults said that internet access should be recognised as an essential utility (**Ipsos Mori for Good Things Foundation, 2020**).

We can't assume people with the internet and an old device know how to use them. Even when people have access to these things, they may not have the skills to enable them to access vital services and support. For example, downloading an app to have a GP consultation or to speak to their loved ones.

Healthwatch Herefordshire joined the ICS Digital Inclusion Advisory Group for Herefordshire & Worcestershire and attended training at Healthwatch England all of which highlighted concerns in this area.

We received many phone calls for advice and information that is easily accessible online if someone has the knowledge and equipment.

Herefordshire and Worcestershire Inequalities and Prevention Collaborative wrote a paper on Digital Inclusion in January 2021 which highlighted a shift to digital ways of communicating with patients and highlighted access, skills, confidence and motivation as barriers.

At Healthwatch we wished to undertake a similar more current project but in Herefordshire and noted that Community First in Worcestershire, in partnership with Amica24 and the voluntary sector, had set up a project to work with elderly digitally excluded people, using an adapted tabled called My Home Helper.

Rather than start from scratch, we decided to work in partnership. Our project targets people with health inequalities and social inequalities as well as digital inclusion needs. The joint learning will feed into the local providers and networks to increase understanding of what works and what does not.

Finding out whether, given the support, knowledge and equipment can improve the health and wellbeing of people who are currently digitally excluded and living with health issues is especially important when services are moving towards greater and greater degrees of digital delivery models.

The project will support the recruitment, installation, deployment, and evaluation of assistive technologies for up to 20 people who are digitally deprived that support and encourage inclusion within local communities and help prevent social isolation and anxiety.

## Management

### Community First:

- Supervise and support Healthwatch project worker with installations
- Convene, set-up and lead project team meetings
- Write up the evaluation of the project
- Co-ordinate training

### Amica 24:

- Source technology for 20 participants
- Bespoke set-up
- Service user support with operation, connectivity and adoption
- Device administration and management
- Tech support for installations and user

### Fastershire:

- Install and provide free broadband internet for 20 users
- Contribute funding in partnership with Healthwatch Herefordshire

### Healthwatch Herefordshire:

- Supply Healthwatch project worker to recruit and engage with prospective users, completing referrals and carrying out signal testing.
- Arrange and manage the installation of broadband internet with Fastershire.
- Oversee the installation by Amica24 and provide end user support to use the devices.
- Compare and contrast the experiences of 20 people
- In partnership with Community First, feed in findings and learning to strategic bodies of NHS and wider local partnerships about digital inclusion.

## Positive Changes

Engaging groups that are at risk of poor health and helping them to become digitally included has the potential for impact on multiple fronts:

- Being digitally included enables individuals to seek out information online to help them better manage their own health and wellbeing.
- Steering patients towards digital alternatives to traditional face-to-face contact with health services, where appropriate, has the potential to reduce costs for the NHS.
- Digital inclusion efforts also address broader determinants of health such as social inclusion and employment.
- Empowering people with health inequalities to have a greater say in the design and delivery of services by increasing awareness of Healthwatch and channels to have a say.
- Softer skills such as increased confidence, increased connectivity to their community, greater self-reliance, greater independence, and control.

There will also be potential benefits to family and friends, organisations and community links who can be connected to the individual in ways previously not possible. For carers and families of older people especially this benefit could be substantial in terms of reduced anxiety, ease of contact and more empowered relatives.

# Project Timeline.

## September 2021

The project begins roll out, with promotion of the project offer to local statutory, public sector and voluntary services in Herefordshire.

The event was promoted through many avenues and was promoted regularly at the Herefordshire Community Partnership where up to 100 voluntary and statutory sectors are represented.

<https://healthwatchherefordshire.co.uk/community-partnership>

The below graphic demonstrates some examples of where we promoted the project.

## PROMOTION OF THE DIGITAL PROJECT

Statutory Partners	Voluntary Sector Partners	Public/Private Sector Partners
Local Primary Care Networks - GPs	Local Mental Health Charities	Local Housing Associations
Taurus Healthcare	Local Foodbanks	Local Police Services
H&W Health & Care Trust	Local Health & Care Support Charities	Local Fire & Safety Services
Wye Valley Trust	Hard to reach communities	Private Care Agencies
Talk Community Herefordshire Council	Youth Support & Education Charities	Local Food Shops
Herefordshire Council/Care Services	Learning Disability Support Charities	

## **October 2021**

In the October we received our first two referrals for the project, using the two referral forms that had been developed for the project we were able to gather all the participant information required to set them up.

The referral process was kept simple for the referring organisations, once the details of the participant was passed to Healthwatch and we had permission to contact them, we completed the rest of the referral process. We looked at the persons needs and current digital situation, as you will see later through the participant profiles we had a range of participants in age, demographics, ability and understanding, financial needs and on-going support.

### *Appendix 1 – Example referral forms.*

The referral process is key in the longer term of the project, as this is where the relationship with the participant is built. This is key in being able to make friends with them to have a trust built. This is important as the project progresses as you will be with people in their homes for several hours at a time on a regular basis and dealing with personal information and lifestyle choices that you need to understand and connect with before you can move forward to support them.

## **November 2021 – March 2022**

From November onwards we began connecting the referred participants.

Referrals were slower than hoped and fragmented into us, this was due to a number of factors the main factor was that Covid was still a huge risk to many vulnerable residents. The Omicron Variant that came in December to January made many vulnerable concerned about meeting face to face to setup the devices and broadband. Therefore we had to allow a greater period of time for connection so not to put participants off or make them more isolated by not allowing the opportunity.

During November 2021 to March 2022, we connected all 17 referrals that we had received.

## **April 2022 – November 2022**

As a project group we took the decision to allow 2 more referrals that came in April to join the project as their need was high, and it meant we had a larger pool of 19 people to work with on the project to provide a wider range of data and research.

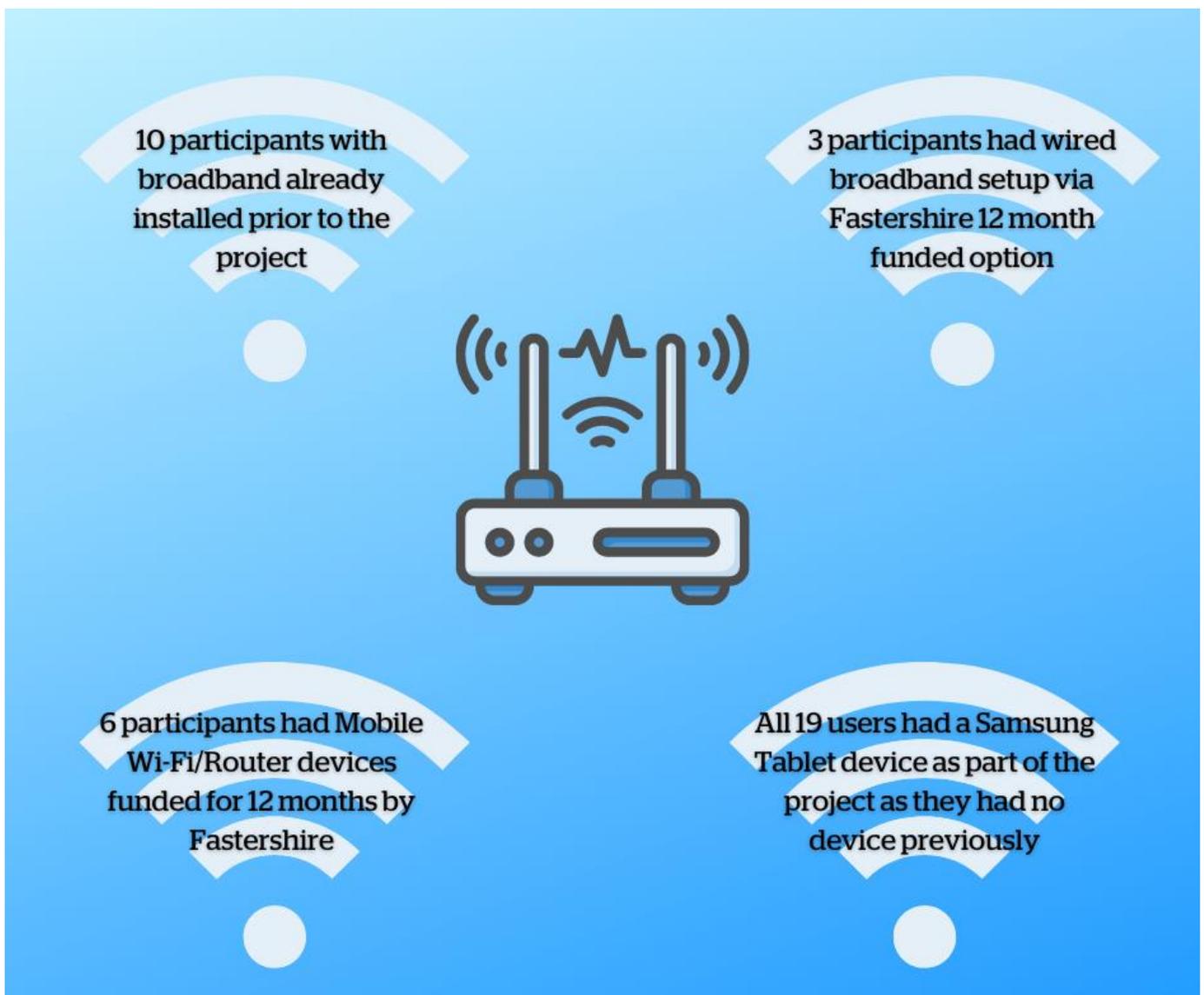
The months from April onwards have been spent providing monthly support to each of the participants.

# What we did

Our project was carried out in Herefordshire only, whilst we did receive some referrals for people in bordering counties, we promoted that one of the qualifying criteria had to be living in Herefordshire/Herefordshire postcode. This ensured we were able to collect relevant data on broadband issues in the county and not bordering areas at this time.

Working as project group we carried out monthly meetings throughout the year to ensure there was an opportunity to discuss any potential issues or barriers to ensuring each participant could get what they needed to get online.

Through our referral and first stage interviews we were able to establish what each person could have in terms of broadband connection the below graphic shows what the breakdown of connections were.



## First stage interviews & introductions

Once a referral had been received from an organisation, we identified that this is a key next step to use the referral/interview phone call to really understand the participant and what their need is. This is really about relationship building and over the course of the last 12 months this has been one of the most significant areas identified, that without a solid relationship with the user it will be much harder for them to trust you and let you support them with personal information and learning.

Many participants were very anxious about getting online for fear of not understanding or getting something wrong but also trusting me to support them with personal and financial information.

In some of the cases with participants, several calls were needed to build a relationship and reassure them before an appointment could be made to setup the device and/or broadband.

Some participants required support for the visits with either family or care services, so this was also co-ordinated at the interview stage.

## Setting up Devices & Internet Connections

Participants that required just a Samsung Tablet had a setup meeting scheduled within one week of their initial introduction and interview. These first appointments allowed us to meet face to face and talk further about their needs and then setup the tablet. All the participants had to setup a Google Account for the first time to activate the tablet in their own name, this is an important factor for long term use and ownership of the device.

Initial visits were always for a minimum of two hours to allow time for the setup and to get the participants orientated with the basics such as turning on and off, charging/battery power, how to access emails and a basic internet search.

Those participants that needed an internet connection and a device setup were visited within two weeks of the initial introduction and interviews, this allowed time for us to research best internet deals and signal strength for those needing mobile Wi-Fi connections. Some of the participants in the group lived in very rural locations so this was slightly longer in these cases ensuring we had the right signal evidence and information to take back to Fastershire.

Fastershire supplied the mobile Wi-Fi units to Healthwatch, we decided for the length of this project and to supply 12 months free internet connection that a pre-paid sim-card router would be best for these participants.

### *Appendix 2 – example of routers used*

Those requiring a hard-wired broadband setup – required more than one initial visit as a visit was needed to establish what broadband package would be most suitable to them and ensuring that after the 12 months of funding from Fastershire that they could afford the continuing contract. We established during this time that there are only two companies that offer a reduced rate broadband

deal for those on low -income or benefits and they are BT or Vodafone, with only Vodafone accepting applications without proof or benefits to qualify for a package under £20.00 per month.

Installations of broadband and mobile Wi-Fi equipment were carried out usually on a second visit where the Samsung Tablet could be set up for the individual at the same time.

For all participants a device equipment log was used for them to sign for what they had, and a confidentiality agreement was also setup as I needed to share personal and financial details with Fastershire for the broadband and mobile Wi-Fi.

*Appendix 3 – example equipment & device log and confidentiality agreement.*

## Continuing support visits

Once all the participants were setup and they could get online, we used the information from the initial referrals and interviews to establish with the participants what type and frequency of support visits that were needed.

In some cases the main factor to a participants digital exclusion was purely affordability – this was reflected in the fact that some participants once setup didn't require on-going face to face visits as their ability to use the devices were established and good. For these participants we supplied monthly or bi-monthly phone call check -ins to ensure all was working ok for them.

Those participants that needed support to learn skills and become digitally included over a longer period had 3 to 4 weekly visits arranged, this allowed time between each visit to practice and become more confident in using the device. Phone call support in between these times was always available.

The visits have continued for everyone for 12 months from their start date on the project, for those participants that joined after the November and through into April they will still receive continuing support from Healthwatch Herefordshire. Where possible the visits over the time have become shorter as the participants become more confident and able without me supporting them.

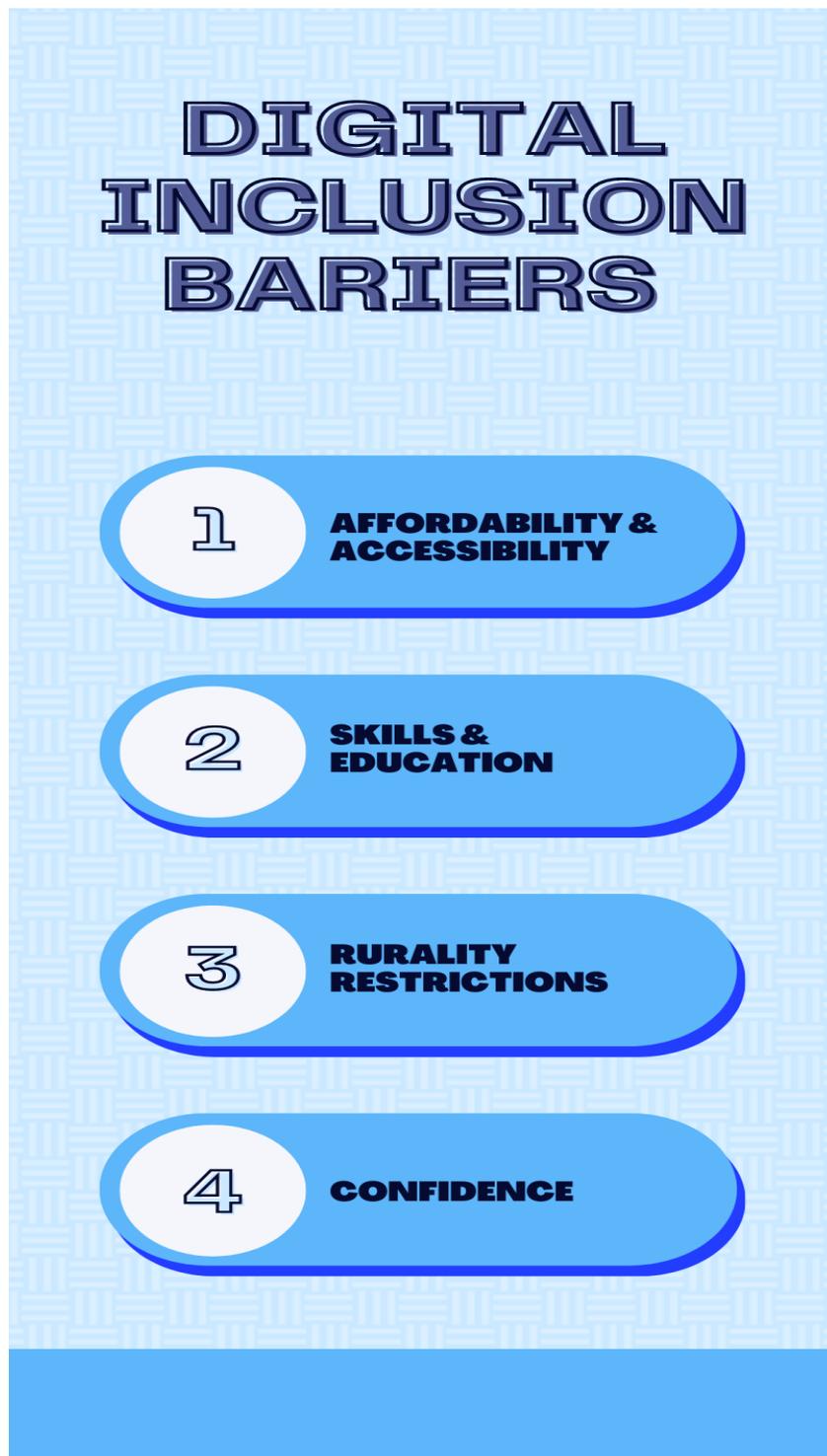
Mobile Wi-Fi equipment that was given to participants as part of the 12 months free internet connection will be collected and returned as each of the 12 months period is up and returned to Fastershire. Healthwatch has gifted the tablet to the users and in all cases, we have worked with the participants to set them up with an affordable internet connection solution for them, these have mainly been internet broadband dongles as show below.



# Barriers

Through the initial interviews, introductions and on-going visits we were able to collate information that demonstrates some of the real barriers that prohibit digital inclusion in Herefordshire, some of these are true for all our participants and in some cases, it may only be one barrier that has prevented them from being digitally included.

There were lots of multi-layered barriers over and above this, which are shown through the individual case studies but the below illustrates the barriers that are being experienced most in Herefordshire in order of most prevalent first.



Challenges	Who is affected & why
 <p>Connection, Reliability &amp; Speed</p>	<p>People who live in areas with poor or no digital connectivity particularly in remote rural areas have difficulty access the online world.</p> <p>Connection &amp; speed issues can also affect people living in; old houses, basement flats, larger households and mobile homes.</p>
 <p>Equipment &amp; Devices</p>	<p>People who lack spare devices for their children to use at home.</p> <p>People who have no device other than a mobile phone.</p> <p>Peoples whose hardware/software is outdated.</p>
 <p>Affordability &amp; Contracts</p>	<p>People who cannot afford cost of devices or any additional equipment to enable them to use it.</p> <p>People who cannot afford broadband or data costs.</p> <p>People who feel they are not getting a satisfactory service from their provider and therefore are not receiving value for money &amp; often providers charge additionally to boost services at home.</p> <p>Those who are financially excluded as they do not or cannot have a debit card to undertake online transactions.</p>
 <p>Digital Skills</p>	<p>People who lack technical &amp; social skills to interact online and/or the critical thinking skills to understand the complex landscape of online information.</p>
 <p>Other types of challenges</p>	<p>People with low literacy or English language proficiency are less able to navigate government or health service or official information websites.</p> <p>Having low literacy or English language proficiency is also a barrier to asking for help and support.</p> <p>Some people with mental health conditions can have lower personal resilience and this can make It difficult to overcome challenges and engage with groups or services.</p>

## What do these barriers tell us?

**Affordability & Accessibility** – for 15 of our 19 participants this was the main barrier to digital inclusion. These are all low-income families or individuals on benefits. In cases of deprivation people are reluctant or cannot invest the money in a device, commit to an internet contract or be able to set one up as they cannot guarantee funds to support this each month. In some cases, we also had participants that were not given permission by their landlords to install wired broadband into a listed property, so affordable options to get an internet connection was limited as accessibility was a barrier.

The project also highlighted that those participants in the project that did already have access to the internet and had setup an existing broadband or mobile Wi-Fi connection experienced financial hardship because of trying to retain the connection they had. Two of the participants with existing connections during the project had two price increases on their tariffs for broadband which applied extra financial pressure which then makes them consider the internet connection to be a luxury and will have to be cancelled if the prices increase more so they can pay more urgent and vital bills.

Finally, the cost of devices was a joint barrier in terms of affordability – whilst most of the project users had mobile phones they can access the internet with these were not suitable for proper internet access to support them in managing their health and wellbeing but also their digital wellbeing long term. All the participants said that they had to have a mobile phone as this was their only form of communication as home phones were not affordable either. So, they chose to have a mobile phone over any other device.

Many participants felt that basic tablet devices were still too expensive to purchase, and laptops and PCs were not even an option. Likewise, the cost of a 'decent' mobile Wi-Fi unit that runs like a pay-as-you-go system are costly and not affordable for many or again they need to be tied into a longer-term contract to get a reduced price on the unit.

**Skills & Education** – after affordability this was the second biggest barrier, with 12 of our 19 participants needing ongoing support throughout the 12 months to gain the skills they need to use the device and internet independently.

Skills & education as a barrier is a vast area and through this project have been shown to be due to age, disabilities, trust, available support, confidence and motivation.

Through the project we can see that age or the generation you are, has an impact on the skills and knowledge a participant has to navigate the online environment safely, knowledgeably and confidently.

Other participants felt that there was no available support that they can easily access or have as one to one in their own homes, which demotivated them to want to learn, many even feeling shame they did not know how to navigate a digital device or understand terminology that is used everywhere now.

A huge piece of the skills and education area that has shone through this project is trust.

All the participants felt that without a level of trust that had been developed with Healthwatch they could not have been able to learn the skills successfully and that many people just want one to one support to achieve their level of skills that enables them to become digital included in a way that is sustainable and comfortable for them.

**Rurality Restrictions** – this comes as no surprise that in Herefordshire rural locations still have a huge impact on the ability to get people digitally included.

Of our 19 participants 5 users lived rurally/in market towns with more significant broadband and signal issues than the remainder in or around the city centre.

Those in the city did also experience issues and those that lived in the north of the city had different signal strengths than those in the south of the city. The south of the city proves to be slightly more advanced in terms of wired broadband speeds and mobile Wi-Fi signal strengths & reliability with more of the networks having 4G/5G signal in the south, whereas in the north of city choices of networks were more limited with less or no 5G signal for mobile Wi-Fi units and lesser speeds on wired broadband.

This part of the project was fairly time consuming establishing best internet providers and signal providers that in the long term after the initial 12 months were also still affordable for the participants.

Several of our participants lived in mobile homes and due to the rural location of their homes, were hugely restricted on broadband connectivity as wired broadband was not an option for them.

The rural nature of Herefordshire and the many connectivity issues is still a huge barrier for many and there is a lot of work still do do locally and nationally to improve signal strength in the rural areas, but also cost and choice of devices that provide a broadband connection still have a long way to go as many are penalised for the rural location often havinf to pay additionally for boosters to enhance any signal they can get. Throughout the county there is a gap of free Wi-Fi that can be accessd in public areas.

Rurality restrictions are also faced when needing support to gain skills and education to use the internet safely and knowledgably as there are no local support networks in rural areas nor organisations that can provide this without travel into Hereford or possibly a market town if this is available.

Technolgical issues are more likely in rural areas, 3 of our participants regulary called during the project after losing internet connection or experiencing slow connections.

**Confidence** – All 19 of our particiapnts faced confidence as a barrier in one way or another. Confidence to ask for help or help to get their need for digital inclusion identified was a theme for all, many still don't see the enablement that being online can bring their health and wellbeing.

There is also a lot around the confidence to tell someone what you need to know, show them how you learn and allow them into your home/perosnal situations to get that support they need.

Thirdly, 8 of our participants had concerns and anxieties about being online safely and worried about online crime & fraud. Again all of the 8 highlighted that it's hard to know where you can go to get this information from a trusted source or speak to a real person to get reassurance and confidence in this area.

Appendix 3 – example of online safety information used with participants.

## Overcoming barriers as part of this project?

With a timescale of a project some of the barriers that were faced had to be dealt with fairly quickly to allow the participant as much time on the project as possible. So in reality and moving forward this is something that more time would need to be dedicated too for some individuals especially around rurality restrictions.

Below are some examples of what we did to overcome barriers;

### Affordability & accessibility;

- Offered a free Samsung tablet device.
- Offered 12 months internet connection & work with them to find a longer term affordable solution for after the 12 months.
- Supported research around the best value broadband packages for low income individuals – such as BT Basics Broadband and Vodafone Basics packages both currently under £20.00 per month – qualifying criterias apply.
- Talk to people and identify locations local to them that they can access free public Wi-Fi.
- Supported those with existing broadband and mobile phone deals to consolidate and get one better more affordable monthly deal to reduce costs.

### Skills & education;

- Provided individual face to face support for 12 months in the form of home and phone support visits.
- Focused on the important requirements to that individual.
- Talked about what a digital world means and what it enables and empowers them to do, talk about quality of life improvements each time we meet.
- Understood their learning styles and only work at a pace suitable to that person.
- Looked at how some tasks can become more convenient and time saving by going online.
- Linked them with other groups that they can encourage their use of online skills with like minded people.

### Rurality restrictions;

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- Had prior knowledge of the areas in the county and what works best.
- Linked them with peers or family members who are local to support them with their digital journey as access to central groups and support is more limited if they can't travel out of their rural areas.
- Being available on the phone to support with any 'tech' issues that arise as this is more likely in rural areas with poor signal and no fibre broadband.
- Be willing to travel and reach people who are isolated both physically and digitally.

### Confidence;

- Prior to any training and support, the focus was to build trust and friendship to work together – focus on befriending more than training.
- Start by looking at the basics not assuming that everyone knows how to switch on charge and switch off a device.
- Focus on what the goals are that the participant wants to achieve and work from there so not to demotivate.
- Talked through any anxieties around internet safety and give out some tips for staying safe online.
- Avoided jargon and be a jargon buster for the participant, create a space that is open and allows questioning.
- Made use of voice assistant such as Google assist is really helpful for participants who struggle with writing or have a learning disability which makes it harder to type online.
- Repetition and practice in between sessions is important to allow them to gain confidence over time and have a go independently.
- Worked at a pace suitable for them – all participants on the project worked differently and at a different pace, recognising that is important as everyone's goal and needs for digital inclusion are different and don't need to be compared.
- Agreed regular times to meet in advance is helpful for the participants to allow them to prepare for this.

# Participant Case Studies

Below is a selection of case studies from participants on the project, these demonstrate the various achievements and outcomes that have happened because of becoming digitally included through this project.

\*All names have been changed for the protection of our participants.



## Katherine \*

Katherine was referred to the project via her community mental health worker, she had recently fled her home after 20 year of domestic violence and is now living alone. She needed to start a new life by herself, something she was very anxious about.

Katherine lacked self confidence in many aspects of her life and was very anxious about meeting new people, going out alone and only wanted female support, Katherines mental health has been badly affected and needed more support and therapy to support her to move on.

Healthwatch spent around 3 weeks initially talking to Katherine on the phone building a friendship and talking about her anxieties and understanding where digital inclusion will help her. Katherine already had hard wired broadband in her home, but firstly due to low income we were able to better the deal she was on saving approximately £5 per month on her internet bill. From the first meeting we had issues with the BT hub, Healthwatch supported Katherine with visits and we were able to request a female BT engineer to put Katherine at ease as they needed to enter the house. From here fortnightly we worked together to get the things Katherine needed online, Katherine was fairly competent in the use of the device but needed support and confidence to setup apps and talk with providers who could help, after one month and emails back and forth to her GP and mental health liaison team we were able to secure Katherine an online DBT therapy course for six months, attending weekly online to support with her mental health. Over the last 12 months together we have further used the tablet to receive support from West Mercia Women's Aid to apply for a divorce and clean break, setup security door bell apps and use online health and wellbeing services to empower her to manage her own needs. Katherine's confidence online and reaching out has grown greatly over the 12 months and now she volunteers twice a week running craft sessions for a local mental health charity . From digital inclusion she has achieved better social inclusion.





## Clive \*

Clive lives in a very rural part of Herefordshire, following the loss of his farm some years ago, he has been forced to live in a mobile home on a small patch of land he had left, as the cost of property and rent have been too great. Clive has only his mobile phone for the internet and following periods of depression, illness and the pandemic he had become very isolated. Cost and rurality were a huge barrier to Clive but also not knowing where to ask for help. Clive had some support through a rural support agency who referred him to the Healthwatch project. After meeting Clive it was clear that his need for digital inclusion would support his social inclusion and help him become part of his community again and get the motivation he needed to find hobbies and activities and meet people.

Clive could use the device fairly well, but needed support in understanding the online world and how to use platforms such as Facebook and WhatsApp to get connected locally. Supporting Clive we were able to get him setup on various social media platforms and in a few weeks he signed up with a local bee keeping group who donated him two hives to give him something to work on. After about 4 months of support Clive began using WhatsApp and Facebook to talk to a local farming charity and has been out with them on their retired veteran days and meet lots of other farmers and friends. Clive's rurality caused lots of issues in getting a strong enough broadband connections and living in a mobile home meant he could only have a sim card based service, which after research with Fastershire we found and setup, Clive's mental health over the last 12 months has changed, the digital inclusion has enable him to reduce isolation and support himself with his health and wellbeing. Clive over recent months has been supporting other farmers with their mental health and support the local farming charity. As the project came to end, together we were able to secure a mobile Wi-Fi unit and a better mobile phone deal for Clive to continue with at an affordable monthly amount.





## Justine\*

Justine is 15 years old and came to the project from our local traveller education liaison team. Justine hadn't been able to stay in main stream school education, she found that her heritage impacted the way she was treated by others and became very anxious and wasn't able to attend school any more. The school had no other ways of supporting Justine, so the traveller education team setup a pathway to home school and work towards getting onto a health and beauty apprenticeship.

Justine's family are on a very low income with only approx. £20 per fortnight left as 'spare' money - they had their internet already setup through the liaison team but Justine had no device she could use to do her work. Justine and her family have experienced real difficulties in getting help and support due to their heritage/background and don't have knowledge or access to organisations that can help and support with only Justine in her family being able to confidently read and write.

Healthwatch supported Justine in setting up her tablet device and getting home school leaning apps, Microsoft and email all setup. Justine has been doing her home learning now for about 7 months and has progressed well, she has signed up to start her health and beauty course in January 2023. Justine has also used her tablet to connect with other home school pupils with a similar heritage to her, Justine said " this has been so helpful to her and has made her feel less anxious and isolated in what she has been doing"





## Louisa\*

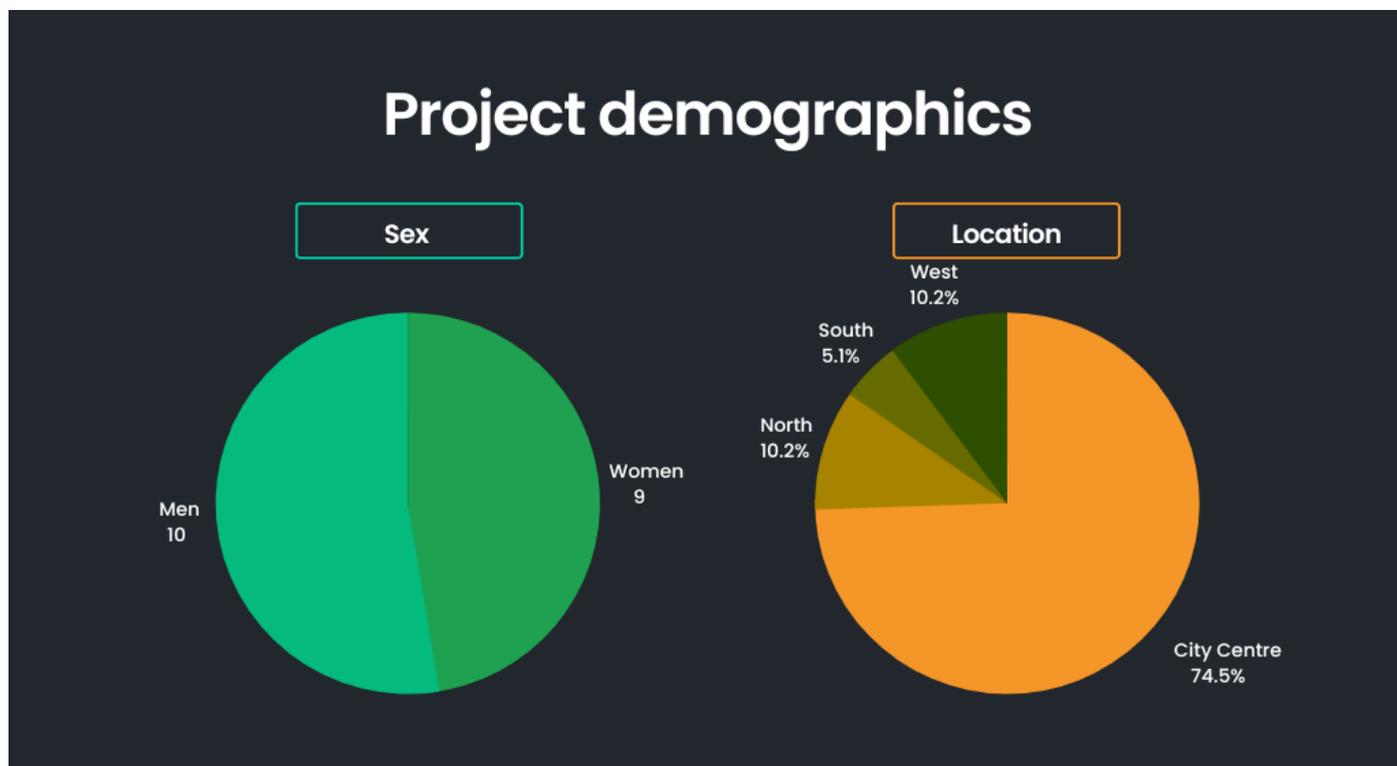
Louisa has agoraphobia and has not been out of her home in over 17 years. A local community support group in her market town made a referral to the Healthwatch project as they had concerns after the pandemic and in the future how Louisa could be more independent and manage online food shopping and general life admin online. Louisa had no experience of using any kind of digital device when we first met and had no broadband connection. Healthwatch spent around two weeks working with Louisa to find the best wired broadband connection for her in terms of value she could afford and then setting this all up, Louisa had no email address of her own so the initial setup was done on her behalf and then later switched over.

Once Louisa had a broadband connection it was a case of going through all the basics and getting to really understand the online world. Over the next few months we were able to setup online grocery shopping and online banking and three months in Louisa made her own independent food order successfully. Louisa also was advised by her GP to use some self help tools online to help with her anxieties about the outside world, with support Louisa installed the Headspace app and also registered online with her GP for online consultations and her prescriptions to be delivered to her home address.

Louisa has become much more independent in her life admin over the last year on the project and continues to self learn with online courses we have setup online.



# Project demographics



All 19 participants had English as first language

None of the 19 were in employment

7 participants had recognised mental health conditions

3 had learning disabilities

# The impact of being included (Quotes...)

**“If it wasn’t for Healthwatch giving me the tablet I wouldn’t have been able to complete my therapy to overcome my anxieties and having a regular friendly face to support me has boosted my confidence and self-esteem allowing me to start getting out and about”**

**“Having the Samsung tablet and being able to go online and have someone to help me understand all this is like the ‘best day of my life. I am able now start helping myself and be more independent in some aspects, which is something I have found very hard without digital access over the two years. I was so pleased when I was accepted onto the project, it’s been great and so simple to get started”**

**“It is very exciting for me to be given this tablet as I have never had one before. So far, I am really enjoying using it, particularly watching YouTube! I have emailed my sister and my cousin; I have never used email before. I hope to learn to Skype my family soon as it will be nice to see them rather than just talk to them on the phone”**

**“ Working with Sam at Healthwatch and Fastershire has been so positive, having the options to have reliable broadband for the 12 months to get me started provided by Fastershire is such a worry off my mind It has allowed me to get online with groups and activities that I can get out and about with to help support my mental health and reduce my isolation that has worsened over the last two years”**

**“Having access to a device to support me with my college work has improved my anxieties hugely – I felt a lot of pressure before not being able to access presentations and documents outside of college and affordability within my family is very limited. It has helped me but my family too as it was a hard position for them to be in, not being to help me with this”**

**“Being part of this project has shown me that having access to the internet is no longer a luxury but a necessity as part of life now”**

Below are some of the main impacts to being digital included we have identified from our 19 participants over the last 12 months.

- ✓ Improved mental & physical health outcomes
- ✓ Reduction in waiting times for access to health services
- ✓ Reduction in social isolation and loneliness
- ✓ Better access to education, jobs and volunteering
- ✓ Allows the opportunity to shop online, so not always paying more for essentials
- ✓ Better financial inclusion
- ✓ Empowers and enables a voice in the modern world where government services and democracy increasingly move online.
- ✓ Its helps to support and lessen the inequalities gaps that exist in our communities between age, income, disability and unemployment.
- ✓ Re-connection with friends and family that was affected during and following the pandemic.

Through working with the participants, we also discussed the importance of recognising personal digital usage to reduce the risk of making individuals excluded from face-to-face activities and daily life and making choices when to do something online or in person, all our participants have felt that the digital inclusion has been an enabler for social inclusion too so far.

Our project has supported three participants aged between 16 & 21 to become digitally included for their education. The project has highlighted the need within Herefordshire to have more support for families struggling to meet the digital needs of schools and education now.

Schools and colleges have a part to play in ensuring our communities are digitally included and that all children have a level access to online learning provisions.

# Conclusions

Over the 12 months of the project, we have been able to develop a real sense of the impact and importance of digital inclusion to a wide variety of people in our communities. Digital inclusion is more than 'just being able to access the internet or your emails' but it is an enabler to so many other aspects of life.

A key message and learning that comes from the project is that to truly close the digital divide and support people to become included you need to become a friend and someone that can spend time and be trusted by the individuals who need the support to make the right steps forward for them in an environment they feel safe and enabled in.

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.

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 and this is a key starting point for any organisation looking to support individuals and communities with digital inclusion.

Showing people, the benefits is important – show them that you can connect with friends; do the things they enjoy; and make your life easier. By getting to know the individuals and really working with what they are interested in to get them motivated. You must give value to the little steps they are making and the achievements and help people to understand that it is not as complicated as they make think.

The project has identified that a county we have huge gaps in befriending and support services that support with 'life admin' which digital inclusion sits within. Services such as these are vital to help close the gap of the digital divide and connect communities and help reduce health inequalities. There is an opportunity to establish a minimum standard locally, for the recycling and deployment of refurbished devices, so schools and vulnerable communities could have access to these, such co-ordination could be offered through our local Talk Community networks across the county.

On a wider scale there is more work to be done nationally around quality of signal both for wired and data based connections and also the affordability of broadband connections as these are expensive and rigid creating barriers to not only those who are in areas of deprivation in our county but even more so with the 'working well' who are affected by the on-going cost of living crisis.

Opportunities within voluntary organisations could be sought to offer support to people within local communities to get online and share knowledge together of using the internet and registering for services. Tied into this ensuring that traditional models of care engagement alongside the remote methods still exist

not everyone will want to use the internet just to get a GP appointment but maybe motivated to use it for prescriptions or mental health services, but having both options available are key and this needs to be supported by primary and secondary care services across the county.

The project has also highlighted the importance of children having access to digital devices and internet access at a younger age now, this has been driven partly by the pandemic but also the advances in teaching which means that without access to getting online for some children the gap in digital literacy widens when children are not able to safely explore the internet, complete homework online, play games or connect with friends digitally. The project has shown that is particularly true for children from traveller heritage backgrounds in our county and those being home-schooled.

# Recommendations & next steps

Some of the recommendations from this report need to be achieved nationally to enable digital inclusion but it is important to highlight these also when we reflect on the national statistics for digital exclusion and how they hugely impact Herefordshire residents becoming digitally included.

## Access to Equipment & a quality connection

1. Provide funding for more digital loan schemes or 'gifting' of devices
2. Provide and co-ordinate a device recycle and refurbish scheme within our county
3. Provide free broadband in rural areas and other settings like social housing shared properties/supported living.
4. Create more free public access wi-fi working with local business, shops, charities and council buildings with public access – talk community hubs are an ideal opportunity to do this throughout our market towns
5. Collect data within our county around 'true' poor signal areas, work with data providers to better this for those in remote rural area, if people are paying for a service it needs to be reliable and stable otherwise motivation to get online will be lost.
6. Promote the use of public computer devices more through primary healthcare services.

7. Provide simple, low-cost options for those who are socially and economically excluded to get online.

### **Building skills, confidence & motivation to get online**

1. Create a service locally (utilising Talk Community in Herefordshire) that provides digital champions around our county to provide the human element of digital learning and access that can be provided as one to one support or small groups but keeping it simple and start with the users' needs not our needs first. Building trust and motivation to sustain this.
2. Need to understand that motivation is one of the biggest barriers to digital exclusion, so it is critical to encourage people to initially see the potential benefits in areas in which they are interested.
3. Invest in the potential for peer support to reduce digital exclusion, involving friends, families, carers, intergenerational initiatives (younger to older people), and Social Prescribers – this needs to be done as part of a central statutory service such as Talk Community in Herefordshire, so it has accountability and ownership for the co-ordination.
4. Increase learning resources for a wider range of people – most of what is available through organisations that is 1-2-1 or group sessions are aimed for the over 50s, whereas more needs to be provided to all ages wanting to become digitally included.
5. GP surgery staff, dentists, pharmacists and other healthcare professionals need to be able to embed digital access as part of their interactions with patients and not just signpost.
6. Increase resources to support those that can encourage and enable people to become more digitally included. This can support the training of frontline staff (e.g., GPs, GP Receptionists, Practice Nurses, Practice Managers, and Pharmacists) to embed digital into their day-to-day interactions with patients.

### **Maintaining and sustaining Digital Inclusion into the future**

1. Establish a central evaluation portal that can bring together and monitor the range of services that are available to support digital inclusion across Herefordshire, this will longer term help to identify the gaps that are required to sustain digital inclusion for our residents and in turn positively impact better health outcomes for many.

2. Provide resources to local organisations moving towards digital to make sure people are not excluded as part of the process.
3. Working with schools and families to understand the digital divide from a younger age group and work with these groups as a priority so this doesn't move over into adult digital poverty.

# Appreciations

Thank you too all the wonderful participants of this project their motivation to succeed and become digitally included has been really inspiring and has reinforce the important need of working together as county to support digital inclusion.

Secondly, thank you to the referring organisations who connected us with the participants and utilising the project or those they support and to Community Housing Tech Team, Community First and Fastershire Herefordshire for they support and dedication to the 12-month project.





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