



Community Research Findings Health Mini Enquiries

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Dove Service



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Introduction

The Dove Service was a partner in the exciting Discover project based in Stoke-on-Trent. Discover Digital was a partnership of organisations funded through the UK Community Renewal Fund, set up to help people in Stoke-on-Trent to discover the things they need if they want to use digital and online services.

The Discover project aimed to increase digital inclusion through:

- Digital Skills training programme
- Get Connected Grants – *providing the equipment and connectivity needed for people to be able to get online.*
- Digital Access Fund – *helping people overcome the barriers to digital access, including travel or childcare to be able to attend courses / specific software to improve accessibility.*
- Digital Innovation Grants – *for community organisations to lead small digital projects in the community.*
- Community Connector Programme – *training and supporting members of the community to find out the everyday barriers to digital access and what is needed to overcome them.*
- Digital Champions Programme – *people who have come through the programme or are interested in digital technologies can support others less confident than themselves.*

As the overall aim of the project was to increase access to digital services and technologies, it was identified in the early stages of this initiative that to be able to improve digital outcomes for the Stoke-on-Trent Community, a greater understanding of the barriers was to be researched and understood.

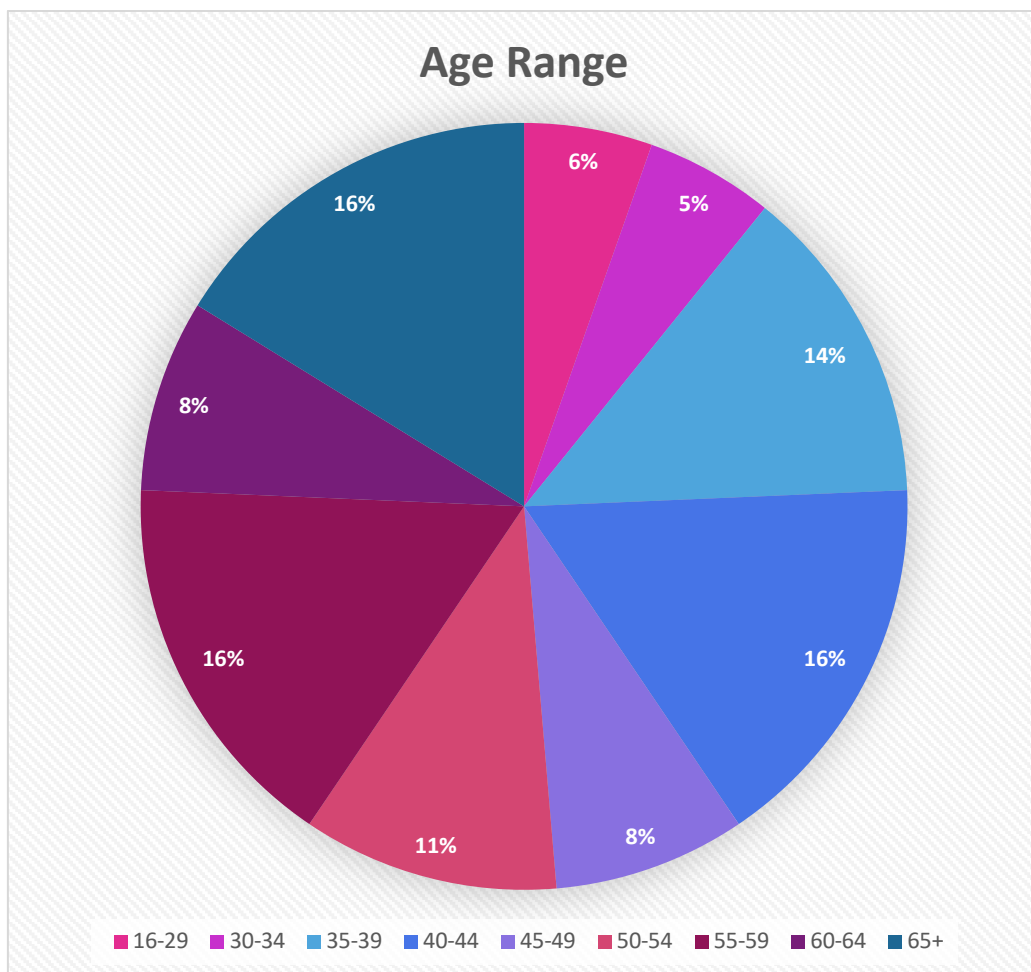
This report focuses on the Health Mini Enquiries carried out by the Dove Service as part of the Community Connector Programme.

The Dove Service conducted research to find out how individuals were able to access health services online, what went well, what didn't go well, and any barriers to digital access for the purpose of healthcare, feeding findings back to the Community Connector Programme.

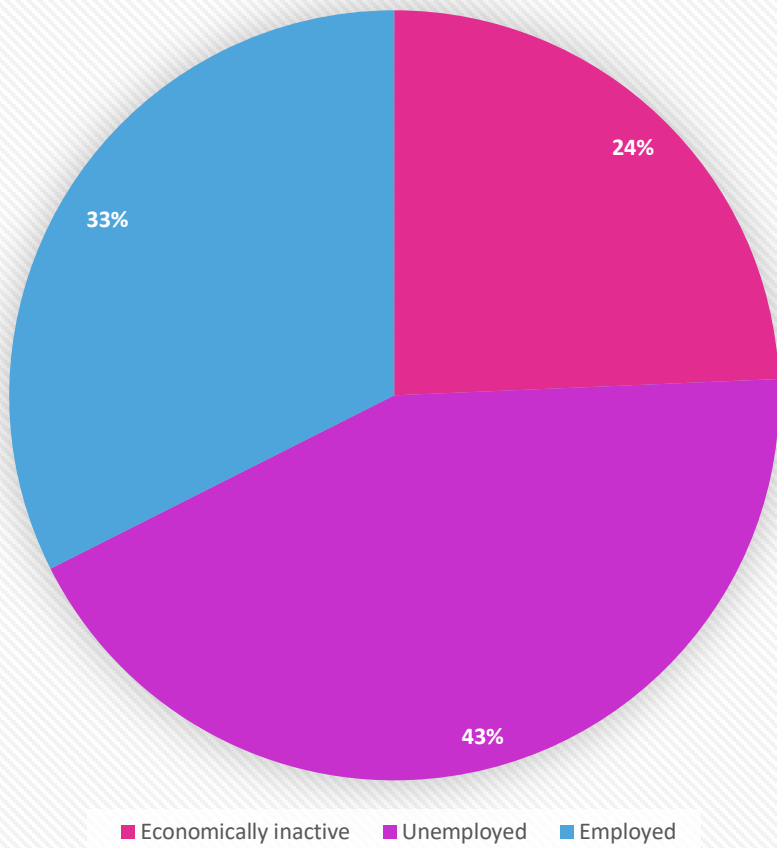
The Dove Service first focused on the adaptations of their organisation that had to rapidly switch over to remote services during the Covid 19 pandemic lockdowns, looking at the impact on Staff, Volunteers and Clients, then expanding to the wider Stoke-on-Trent Community.



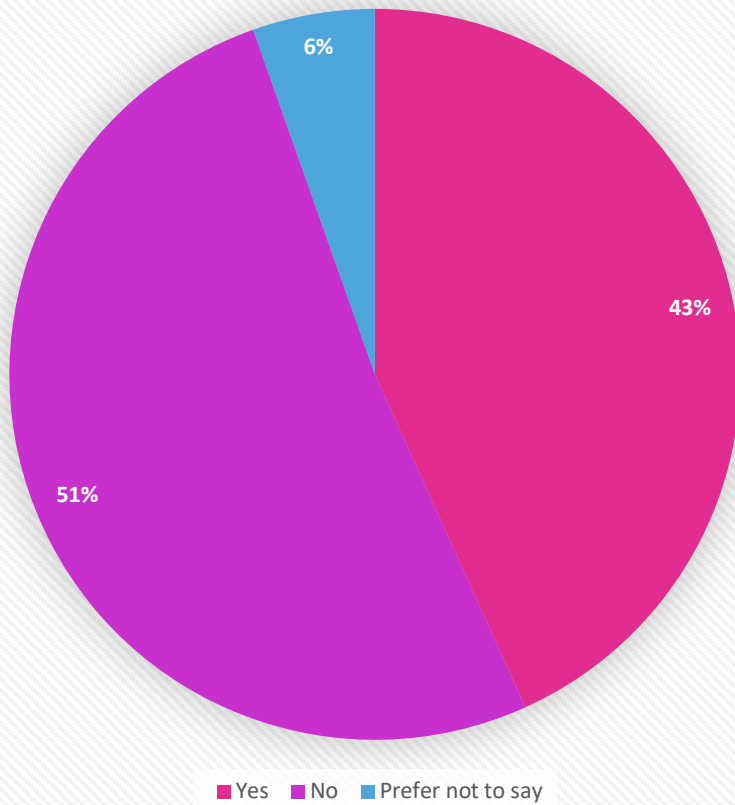
Research Participants



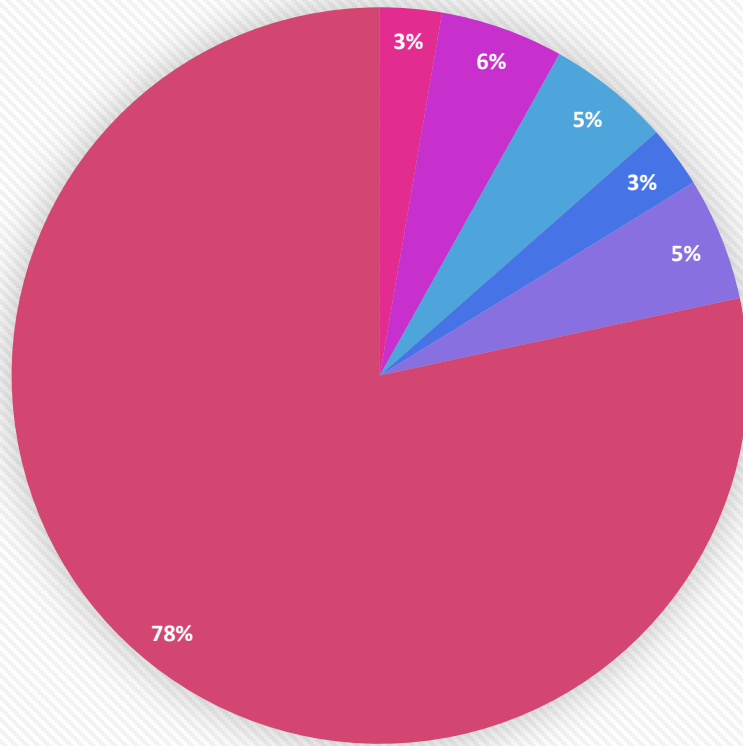
Economic Status



Disability Declared

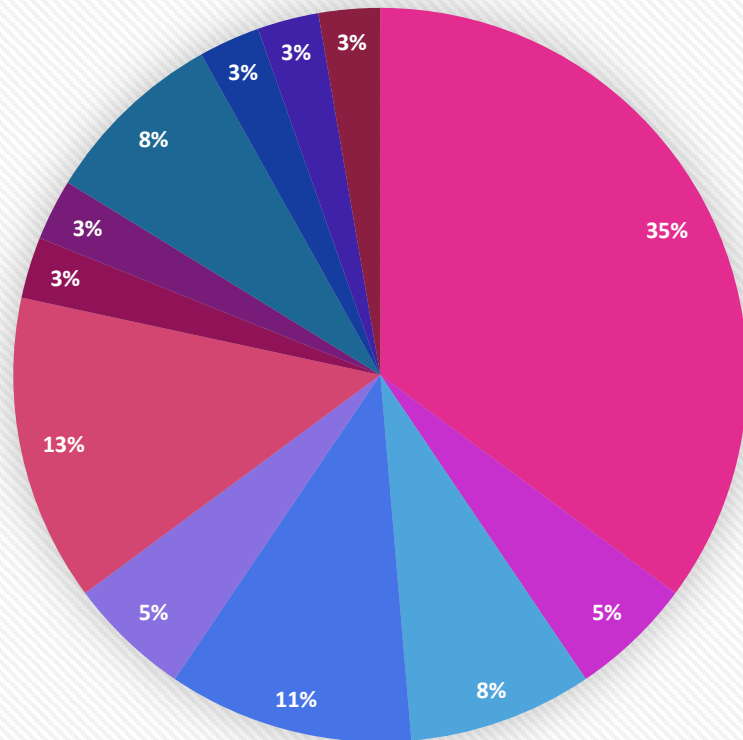


Ethnicity



■ African ■ Asian ■ Black British ■ Caribbean ■ Mixed ■ White

Postcode



■ ST1 ■ ST2 ■ ST3 ■ ST4 ■ ST5 ■ ST6 ■ ST7 ■ ST8 ■ ST9 ■ ST10 ■ CW1 ■ CW2



Health Mini Enquiries

The Dove Service wanted to build up a better picture about the availability of digital services that were for the purpose of healthcare, to find out how accessible they were and whether there were any barriers for those that were offered them.

There was a focused discussion based around the following questions:

Question 1. What digital health services and/ or appointments have you been offered and/ or used?

Question 2. For the services that you were able to engage with digitally, can you confirm how you accessed the service?

Question 3. Please describe your experience of engaging with the services online?

For each service:

- What did you engage with?
- What went well?
- What didn't go well?

Question 4. If you did not accept the online appointment, can you tell us why?

Question 5. Do you feel that you were able to get the health support needed during periods of lockdown, when some face-to-face services were suspended?

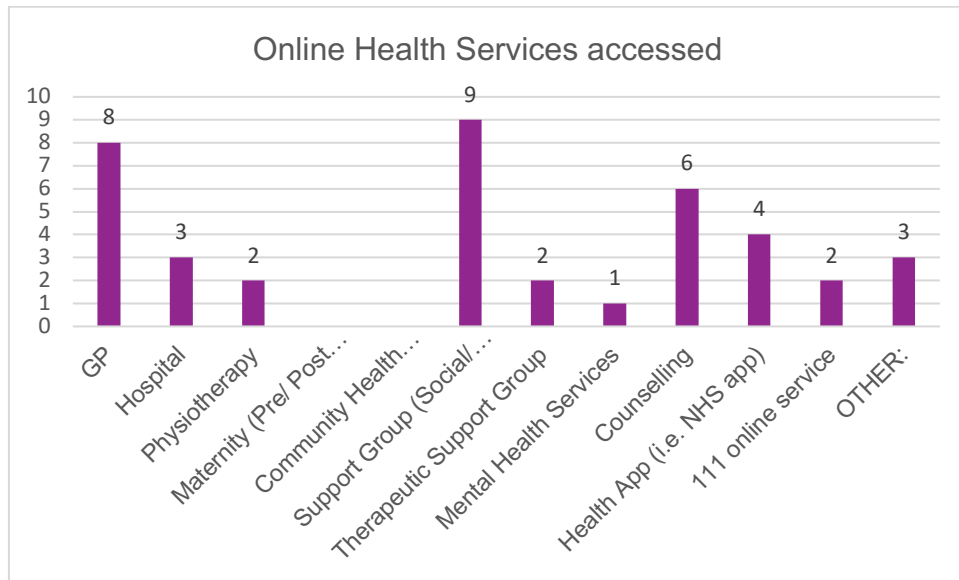
- Did the service you required offer an alternative service (like online or telephone)?
- Did you avoid accessing help, if so, why?
- Did you feel that the online support was helpful?
- Did you get the same service as you would have expected to receive face to face?

Question 6. Is there a particular health service that you think would be useful to be able to access online?

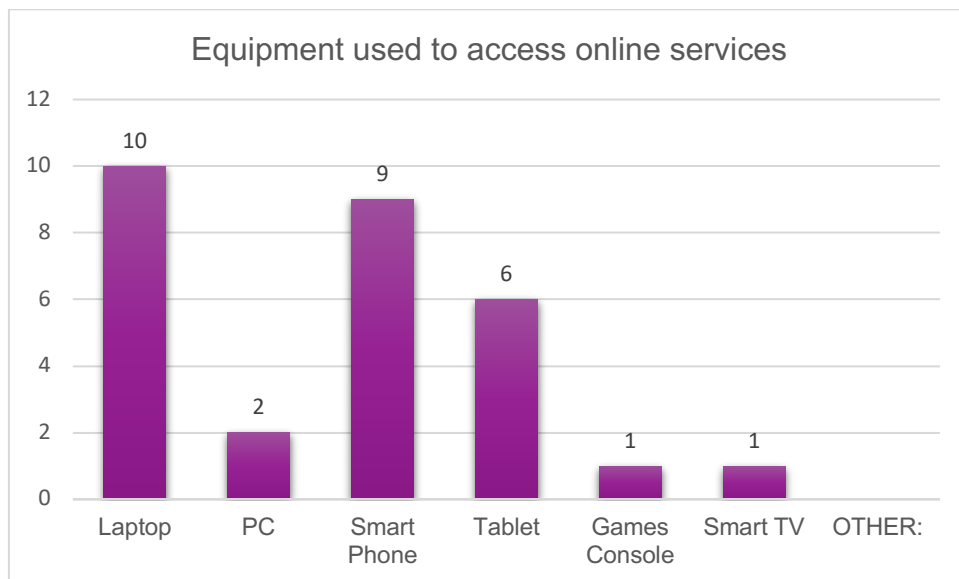
Question 7. What support would you need to be able to access health services online?

Feedback received

Question 1.



Question 2.



Question 3.

Experience of engaging with services online.

“Laptop would not open up or was slow to start. Broadband unreliable and dipping out when using Zoom. Laptop Becoming outdated - Windows (10)”

“Remote counselling did not work for me”

“Only could do it with family present”

“Able to access medical records online. I was able to see my health notes, with the option to book appointments online. Struggled with passwords though”

“Difficulty doing picture of skin problem”

“Is not the same need face to face”

“After accident could not walk or speak, had anxiety and was housebound. Getting out is important, to the GP/ chemist, sometime need a reason. Online services stopped that”

“Would not have coped without teenage daughter – needed help and no one offers help with technology, they just expect you to be able to do it”

“Submit pics – difficult to take pic of own shoulder, picture of knee even though the problem on the inside? Does not make sense. Very difficult when on own”

“Zoom Sessions helpful, more helpful than formal support, actually led to getting out of the house after lockdown”

“Zoom. Counselling (Mind) not appropriate for mental health – better to seen face to face. Better feel of emotions, felt cold”

“Online easier – does not cost anything / comfortable environment / less anxiety”

“CBT does not work, need to get to know someone properly- need a feel for someone pick up on body language”

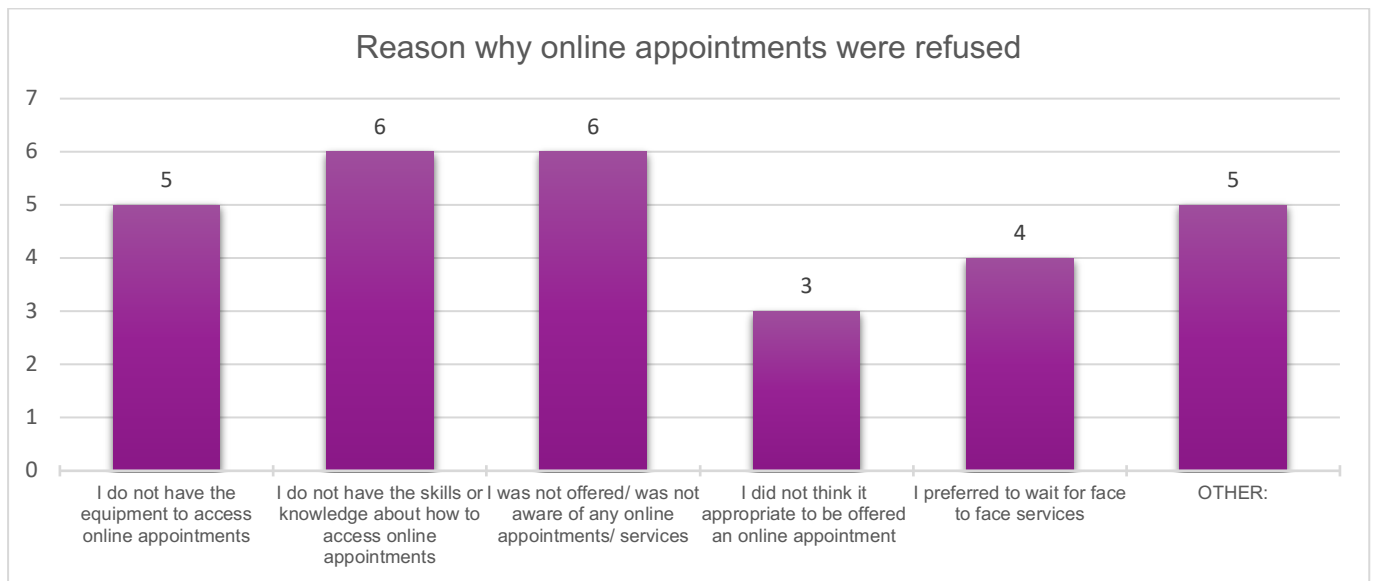
“Prescriptions much easier”

“If I was offered therapeutic online services 2 years before would have no – not comfortable with own image – but took it because nothing available and found it so useful”

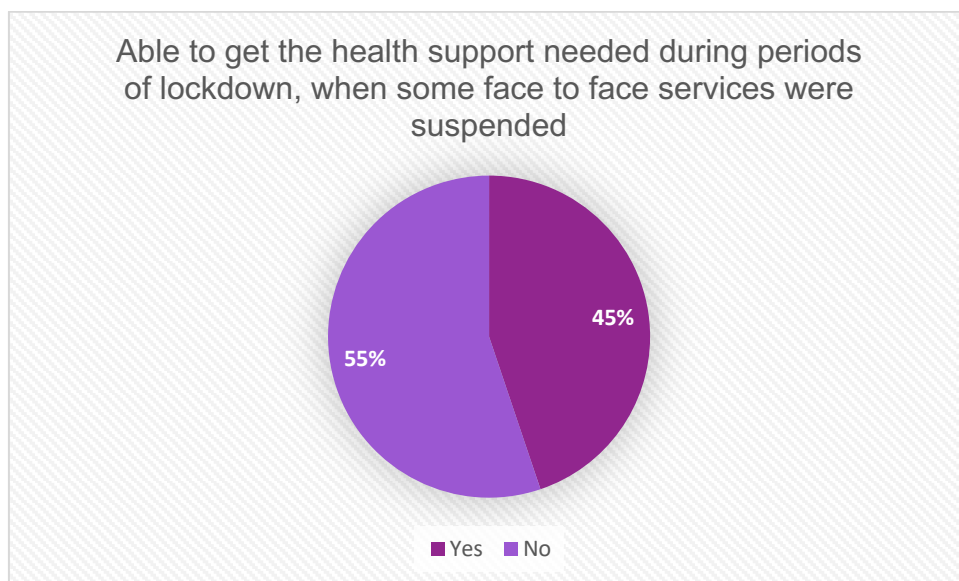
“COVID app - intrusive, updating on the phone without permission”

“Avoided getting help, self-medicated”

Question 4.



Question 5.



Question 6.

Health Services that are useful online.

“NHS 111 for self-help guidance”

“Mental health services great, physical not really”

“With the right technology and support, I would prefer have all health appointments online, as I do not like to travel and have health anxiety”

“Repeat Prescription services”

“None, digitally excluded due to fear of online security”

“Initial triage service to check you are getting the right support/ appointment”

“Counselling and mental health because of the stigma, not being face to face will help people get the support – breaking down the barriers. When pregnant I failed to get help due to fear of judgment, which had a huge impact on my mental health”

“Support Groups & Counselling”

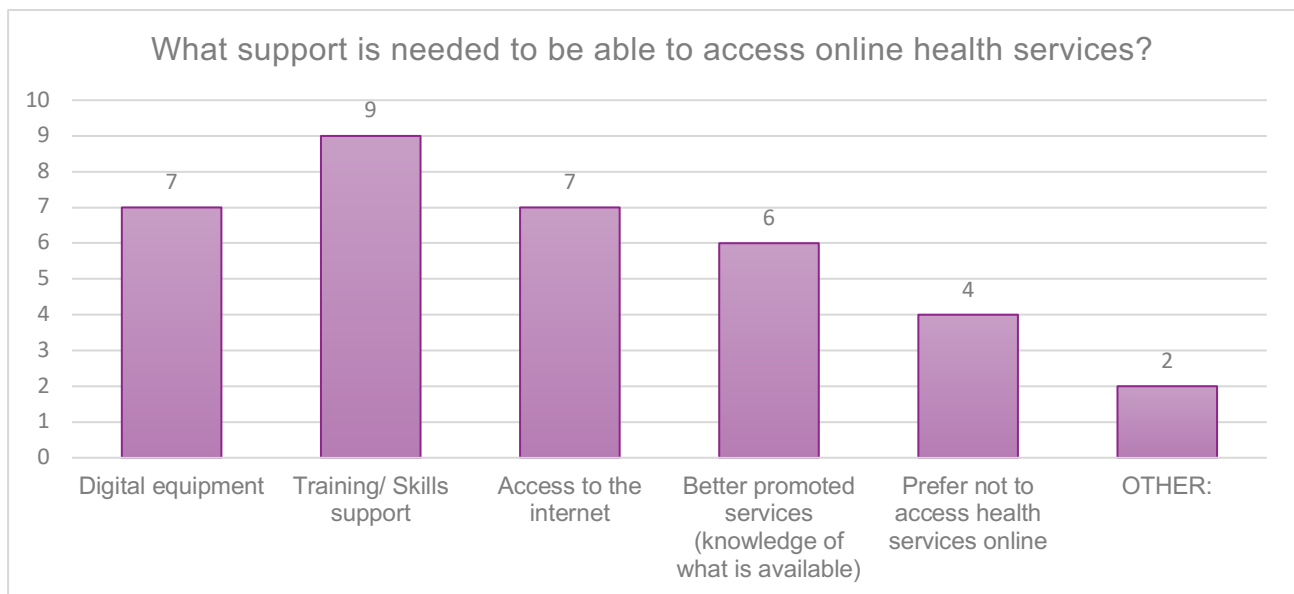
“Fitness Tracking Apps. Dance and Yoga via Facebook for general fitness and wellbeing, can also link up with others to help with loneliness – chat and support each other”

“I like online services, but it has got to get the right balance, fear is that if it is accepted, face to face will reduce and that is still important”

"Not aware of online GP availability, but would use it if I could get online safely. I would probably actually follow up on health concerns more than I do now if available, rather than waiting and things getting worse"

"The technology available for managing diabetes is life-changing; it is just a shame that it is not available free of charge for all."

Question 7.







Case Studies

The Dove Service

The Dove Service is a Grief Specialist Charity based in Staffordshire, who provide Counselling, Support, Training and Education in relation the Bereavement, Life-Changing Illness and Significant Loss.

Prior to the pandemic all work was face to face with occasional telephone counselling, there were many concerns around security of online connections and how to integrate that into therapy. Ways in which we could introduce online counselling had always been explored, however the pandemic forced our hand and made us take the leap.

The BACP (British Association for Counselling and Psychotherapy) gave all registered therapists access to an Open University online therapy training course, which was useful in identifying the pros and cons of this way of working. The Dove Service have since encouraged all of our Therapists to undertake a diploma in online and telephone counselling to ensure that they have the appropriate qualifications to be able to continue working in a hybrid way.

The only group that the organisation did not engage with online was very young children for whom it would have been inappropriate.

The Dove Service have had far higher attendance rates and fewer DNA sessions since working in a hybrid way, we are far more accessible to people and we fit into their lives better. Coming for a 50 minute session now only takes 50 minutes, whereas before, if people were travelling 45 minutes to their session, it could take an entire afternoon.

The organisation has had positive feedback from the majority of our clients, and if someone has struggled with online work, face to face can be offered as an alternative.

The organisation is continuing to see an increasing demand for online services since the lockdown periods have ended:

April 2019 - March 2020

<u>Sessions:</u>		Kept	Kept %	DNA	DNA %	Late Cancellation	LC %
Total	9311	6636	71%	687	7%	1067	11%
Telephone	277	205	74%	32	12%	15	5%
Tel %	3%						
Online %	0%						

April 2020 - March 2021

<u>Sessions:</u>		Kept	Kept %	DNA	DNA %	Late Cancellation	LC %
Total	4450	3582	80%	310	7%	299	7%
Telephone	2301	1910	83%	148	6%	155	7%
Tel %	52%						
Online	639	489	77%	46	7%	49	8%
Online %	14%						

April 2021 - March 2022

<u>Sessions:</u>		Kept	Kept %	DNA	DNA %	Late Cancellation	LC %
Total	4550	3477	76%	370	8%	396	9%
Telephone	2461	1968	80%	151	6%	177	7%
Tel %	54%						
Online	717	546	76%	61	9%	70	10%
Online %	16%						

April 2022 - June 2022

Sessions:		Kept	Kept %	DNA	DNA %	Late Cancellation	LC %
Total	1114	792	71%	97	9%	101	9%
Telephone	471	350	74%	40	8%	43	9%
Tel %	42%						
Online	229	158	69%	24	10%	21	9%
Online %	21%						

The Dove Service will continue to work in a hybrid way offering face to face, online or telephone therapy to people depending on their accessibility needs. For some people accessing remotely is the only way they are able to engage with services, finance, medical conditions, transport etc. are all factors that affect whether or not someone presents for face to face counselling. The greatest benefits to young people are that they are not reliant on an adult to bring them, and they do not have to leave school if that is where they feel comfortable.

The only reason the Dove Service would stop offering remote services now is if there was a real security issue or some reason why the technology could not be adapted for service needs.

Barriers and issues that have presented in online therapy:

Professionals

Despite all Dove Service therapists using technology in their everyday work, confidence in delivering therapy online was low to begin with. However, with additional training, careful planning of what to do if there is a problem and a review on safety, from both safeguarding individuals to online security, confidence has significantly improved and most now work confidently online.

Technical issues such as poor connection, loss of sound can sometimes affect a therapy session; however, it is always agreed with the client what would happen in the event of technical issue.

Service Users

Access to appropriate technology, the skills to use the technology and a safe confidential setting at home or work where you can use that technology is not always a given for people.

There has also been concerns about online security and confidentiality for clients, a lot of emphasis has to be placed on reassuring clients that the space is safe and confidential.

Dove Service Counsellor Case Study (when online has not been appropriate)

Case Study Katie* F13

During the later stages of the pandemic, I commenced work with Katie online using zoom. In her first session, she joined with her mum, her mum then stayed in the session with both of them sitting on Katie's bed. I felt as if in this first session Katie was struggling with the concept of counselling or did not want to be in the session at all, she talked openly but her body language was uncomfortable. She fidgeted constantly, lying back on the bed or out of sight of the camera. Her mum kept saying to her to sit up and talk to the computer but the audio was dreadful because she kept moving away. At the end of this session I checked in with Katie and asked her if she really wanted counselling or not and to have a think about it during the week, I explained that I wouldn't be offended if she decided she hadn't clicked with me or if it just wasn't the right time for her. I had an email from her mum during the week to say she wanted to keep coming so we confirmed her 2nd session.

At the second session Katie's engagement with the computer and therefore me was even worse, she sat out of sight, moved constantly, and on a couple of occasions turned her back to the computer altogether. At that point I asked if she wanted to end the session or if it was working online that she was having problems with, Katie said that she didn't like the online stuff because she felt like I wasn't real. Mum was in the session again and I was able to ask her if it was possible for her to come to our offices so that we could work face to face. We agreed a time and a day in the week when that would be possible and agreed to start face to face the next week.

When I met Katie in the office she was an entirely different child, she was clearly anxious but she came to the counselling room with me and she was engaged, talked with intelligence, was open about how she was feeling, and had a wicked sense of humour.

Katie continued her sessions face to face and each week I saw a change in her, she came to her sessions alone leaving mum in reception, she initiated conversation and led the sessions. She seemed to gain in confidence every time we met and did not want her sessions to end, though she recognised that she was feeling much better.

I was really pleased that we had switched from online to face to face and clearly this was the better way of working for this particular teenager.

Ultimately, being able to come into the office to work with me face to face enabled this client to build an effective counselling relationship and meant that she had a positive experience of her sessions. Had this not been an option for her, I believe that she would have disengaged from her counselling after session 2 and would potentially still be struggling. This could have had a long-term negative effect because we have heard anecdotally from other clients that a poor experience of therapy in childhood makes people less likely to engage with support in adulthood.

** Name has been changed to protect identity*

MPFT Child Aged Vaccinations Team insight from the Community Health Champions Project

Vast's Community Health Champions project aims to help people better understand health issues and to share clear and accurate health information in their communities.

Attending the Community Health Champions online meeting offered insight to the challenges faced by MPFT's School Aged Children's' Vaccination service, following the digitalisation of the school aged childhood vaccinations programme.

The decision was made to electronically gain parental permission for children to have their vaccines at school, moving away from the more traditional letter that was issued to children to take home.

This has seen a significant reduction in uptake of vaccines, up to 84% in some areas of the city.

The biggest concerns were that:

- The digitalised process was not accessible for all, given that Stoke-on-Trent is an area of significant deprivation and not all families have the skills, equipment and/or can afford to get online, alongside known literacy/ language barriers.
- Permission forms were identified as 'tricky to use'.
- Autonomy was taken away from the children; permission went directly to the parents, meaning that they had no opportunity to encourage parents to agree to the vaccines.
- The support role of the teaching staff was lost, as they were cut out of the process and therefore could not follow up with families.

Moving forward changes were required to actively promote the availability of paper forms for those communities that were facing the most significant barriers to health equality and digital inclusion.

Mini Health Enquiry Case Studies

Case Study 1

This lady was suffering with long covid and had to make significant adjustments to everyday activities, such as working flexibly/ from home and reducing traveling.

She had hugely benefited from the availability of online health appointments. This allowed her to fit in medical appointments without worrying about getting out of the house. It also better fitted in with her work commitments. She now recognises that she will follow up more quickly on any medical issues, whereas before would leave it as she would struggle to get out of the house.

The only difficulty that she has faced is that some of the online platforms are a little confusing; the NHS do not seem to have a standardised system, meaning you have to use different apps and software for different services, she believes accessibility would significantly improve if all online appointments use the same app/ software.

This person connected with the Discover Digital programme to help promote the project throughout her network, as her work supported those impacted by deprivation and inequality.



Case Study 2

This lady is managing her Type 1 Diabetes on app that connects to a disc on the arm, it is called Libre. This lady did not consider herself to have digital skills and was not confident with technology, however recognises that she can comfortably use this system and it vastly improved her quality of life.

She is able to scan a disc attached to her arm that reads blood sugar and it connects to her designated health centre, so that her diabetic nurse can see blood sugars. This was helpful during covid lockdowns. Having the disc fitted is a comfortable procedure.

This way of managing her diabetes is much more comfortable than finger pricking and allows her to better manage blood sugar by noticing patterns and having that open communication with her nurse.

The only limitation is that it is not available on prescription for all diabetics, costing up to £96.00 per month for those choosing to self-fund. This lady had to self-fund this for 18 months before she was able to have it on prescription.

This person connected with the Discover Digital programme via the Community Health Champions project.

Case Study 3

This lady was suffering with long-term mental health conditions, including anxiety (general and health) and OCD she has always avoided attending the GP practice, mainly due to her health anxiety.

She had many barriers to attending health appointments including fear around travelling, the medical professionals finding something else wrong and/ or another person she encounters upsetting her. She has a current medical concern but does not intend on booking to see her GP.

She had engaged with mental health appointments over the telephone, which really worked for her.

She believed that online GP appointments, if set up and people were aware and able to access them (skills/ equipment), would be hugely beneficial, as it would break down significant barriers.

To be able to engage from the safety of her own home and have a short manageable appointment that she was able to control, would enable her to deal health conditions that she is not currently accessing support for.

However, although she did have a tablet with data packaged, she is very fearful of being online, due to concerns about security and privacy.

She did receive support from the Pop-Up Shop to help her gain the skills, confidence and understanding of online safety and security.

The only additional thing that would help her to access online health services is better promoted services, so that she has knowledge of what is available.

Case Study 4

This university educated professional runs her own business and is a very confident user of technology. However, she refused to access medical support online due to preferring face-to-face appointments. She felt unable to connect with a person online.

Reflecting on psychiatric support that she did engage with online, she felt that even though she could see the professional, she felt unable to build a connection, therefore did not say everything she wanted or needed to say due to the lack of human connection. She reflected on feeling a space between her and the professional, due to her being in her own physical space and the professional in theirs, resulting in a lack of physical presence leading to poor interactions.

In order to build up a trusting relationship with a professional she felt that being in person/ face to face means you can better read a person and therefore safely connect. Personal cues and body language were identified as important factors for her when accessing health care and she felt that they were not available when working online.

This person was affected by extreme isolation during the pandemic. She didn't access the support she required because she was frightened to ask for that help when face to face contact was not available. She reported her anxiety became much worse, leading to her being scared to walk out of the door, and therefore only leaving the house once a week to go to the shop.

The extreme isolation led to the loss of self-worth and both physical and mental health suffered. They felt that there were significant barriers to access for healthcare services during the pandemic, including actively encouraging people not to ask for help, long waiting lists, alongside the lack of face-to-face support.

Overall, they felt that they did not have a reason to live, they just existed and remote/ digital services were not suitable for people with disabilities and mental health problems.

Case Study 5

This family of asylum seekers had been in the UK for 2 years; they had very limited money and support and were not permitted to work. They were looking to be able to get hold of a laptop, with internet access and a Microsoft package through the Discover Digital Get Connected grant fund.

They had 2 children and were desperately hoping to be able to improve their own skills and education and that of their children, including but not limited to being able to enrol on to essential college courses that will help them read and write, but also to help their children's language development, reading and digital skills. The children were attending school and doing really well, but access to digital equipment would really assist with their development and enable them to complete homework.

The family had no other equipment or TV available to them and made effort to travel to the Pop-Up Shop to get the support they required. They were completely digitally excluded; the opportunity to get online would provide essential activities for the children to get involved with that would significantly improve their quality of life, therefore impacting positively on their overall wellbeing.

Case Study 6

This 79-year-old female worked as a Volunteer supporting isolated older people and got involved with Discover Digital, via the Pop-Up Shop, to improve her digital skills. She needed to be able to log on to a CRM system to gather information about the individuals that she was supporting and also identified that she would benefit from being able to type notes, using a touch screen tablet, rather than writing, due to chronic arthritis in her hands that made holding a pen and writing very difficult. She also wanted to improve her skills in sending and receiving emails. She had family abroad and wanted to better connect with them and felt that a tablet would definitely help with this.

She had free internet to use at home, but was unable to access it.

This lady had been waiting for a hip operation for 3 years and also wanted to access to online health programmes to help her do gentle exercises to improve her mobility, but did not have a device to enable her to do this.

During one of the lockdowns, she caught covid and was unable to shop online to purchase groceries, leaving her with only dry porridge oats to eat during her 14-day isolation period. This person described herself as very independent and she did not like to ask for help. She identified that she really would benefit from a tablet that would mean she could do things for herself without relying on others, like shopping and paying bills online.

Being a valued volunteer since April 2009, this lady was concerned that without a tablet to help she may have needed to give up her role, leading to her being further impacted by isolation. A tablet would help her to develop digital skills, such as emails and online shopping and would help maintain her independence and alleviate isolation by enabling her to better connect with her family who live abroad. In addition, it would mean that she would never be stuck in a situation again where she was without food due to not being able to get out. Overall, it was identified that enabling this person to have a tablet and gain digital skills would have significant health benefits and improve overall wellbeing.

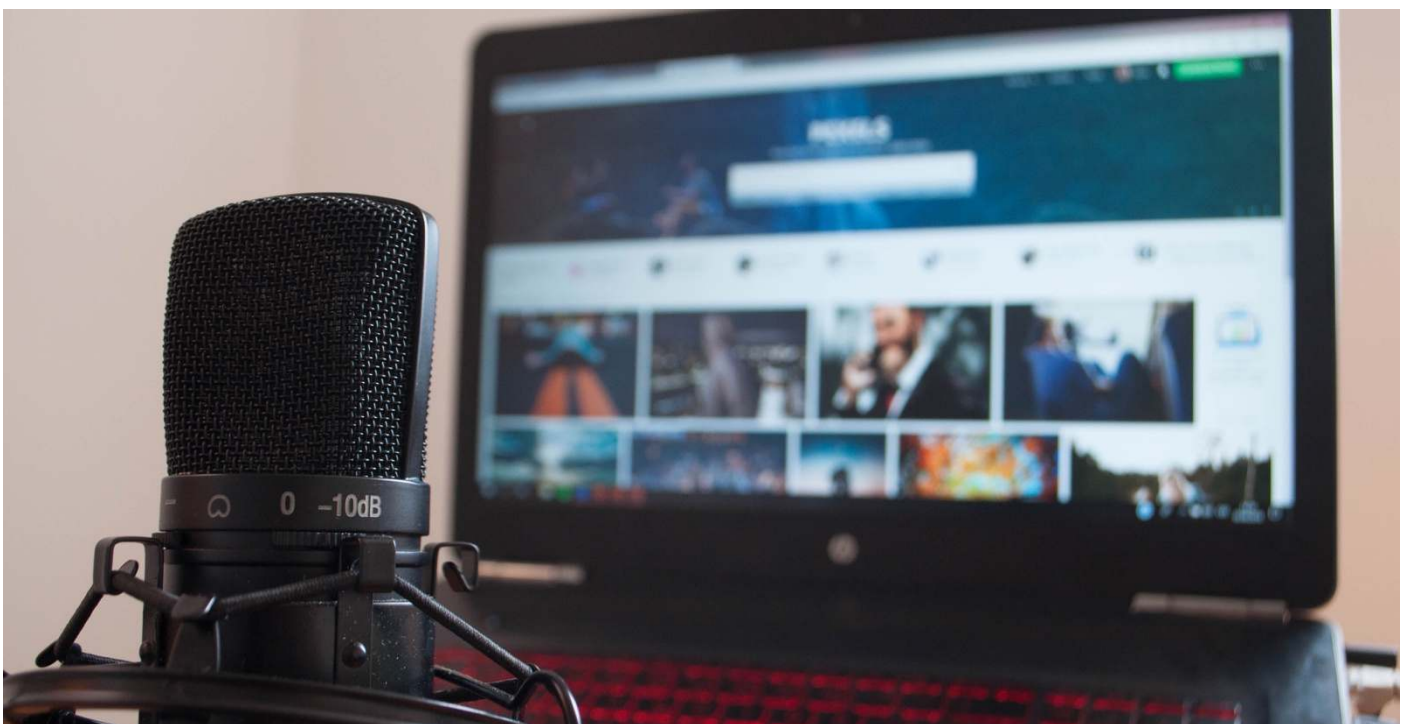
Case Study 7

This male was currently unfit to work, due to struggling with severe PTSD. He had medication from the GP that he felt was not working, as it has exacerbated his mental health problems. He came out of prison after serving a 10-year sentence and 1 year prior to going to prison, spent a long time in hospital, which has led him to feel institutionalised. He was desperately looking to restart his life and would very much like to establish a career in music, with his overall goal being to set up a music label. He also wanted to use his life experience and start awareness raising about the impact prescription drugs can have. He felt like the medication prescribed to him after coming out of prison made him unwell and what he had really needed was a sick note to help him while he was adjusting to life outside of prison and maybe some talking therapy, all of which was harder to access during periods of lockdown. Due to his inability to work, leading him to struggle financially, he was digitally excluded and needed an opportunity to restart his life and build a career.

He was already working hard to rebuild his life, accessing family and marriage awareness courses to help with family life, and was also well connected and has started to develop a positive support network, helping him work through what he has experienced since childhood, gaining digital skills and getting online would only further enhance this.

Music was a creative output that was helping him with his recovery; it gave him a new sense of purpose, allowing him to turn something negative into positive, re-channelling learnt behaviours and energy into something meaningful. Long-term, he would like to tell his story through music and help others tell theirs.

Gaining equipment and internet access from the Discover Digital Get Connected grant was to provide the opportunity for a fresh start, helping him further develop his skills and build a career, in turn aiding his recovery, by giving him a new purpose and helping gain meaningful work.



Case Study 8

This male was a refugee; he has been in the UK for 7 months.

He was studying online, currently using his phone to access his course and identified that he would really benefit from having a laptop to be able to complete his course work.

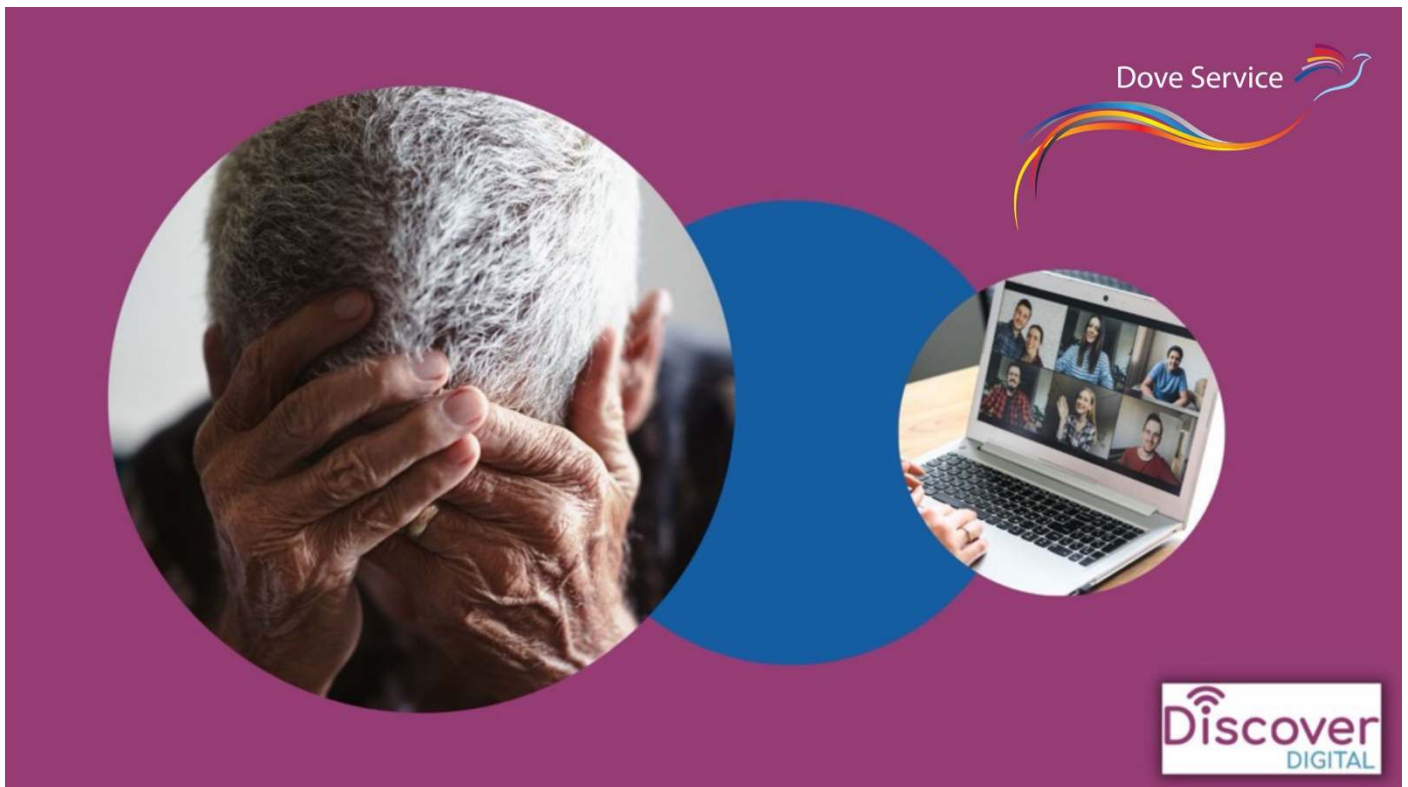
He had a son who was three and not yet talking and therefore had to undergo speech therapy. Through the Discover Digital Get Connected grant, he was also hoping to get a tablet for his son, as it would help significantly with his therapy.

He and his son did not have a TV, internet or anything like that in the house, which he stated was the way of life for asylum seekers. Technology would really help him and his son connect and learn, as well as providing some recreational activities for his son, which in turn would enhance his speech therapy and improve their overall wellbeing.

Overall, digital access would vastly improve the overall quality of life for the whole family and ensure that they can:

- Become digitally included.
- Develop essential language, reading and writing skills.
- Have access to essential educational opportunities for the parents.
- Improve the children's education, given that they are already doing really well in school.
- Provide vital recreation for the children that will not only improve their quality of life but also advance their skills – (language/ reading/ digital/ social).





Findings and Analysis

The Health Mini Enquiries identified three important themes when exploring using technology for health and wellbeing purposes:

1. Digital services for the purpose of health and wellbeing are required

Technology does improve access and/ or simplify some medical needs, especially through particular services such as the NHS 111 (online) that can provide advice and reassurance, NHS online repeat prescriptions services and readily available medical records and vaccine certificates via the NHS App.

However, some of the technology that can help manage long term conditions, such as the Libre Diabetes App and/ or online support services are not readily available or affordable for all.

It has been evident that engagement in therapy and support groups improves when flexible access to services is offered, like the option to engage remotely.

Many feel that online services can help those who have mental health needs and believe that there is an opportunity to access support digitally, which helps break down the stigma that is considered to accompany mental health concerns and therefore people are more likely to reach out and engage online.

Finally, there are common recognisable benefits to health and wellbeing from online services and technology, such as:

- Increased social interaction, through social media and online groups, reducing loneliness and isolation, when used appropriately.
- Fitness app and trackers to improve fitness and wellbeing.

- Education and social development that can be enhanced through technology, that offers better lifestyle and opportunity, which can improve wellbeing and mental health.

2. Barriers to Access

Barriers to access exist and until those barriers are addressed, little can be done to engage those affected in digital health and wellbeing services.

The barriers identified from the Mini Health Enquiries were:

- Cost, Internet Access and Data
- Safety and Security
- Privacy, Confidentiality and Independence
- Software variations and changes

Cost, Internet Access and Data

Equipment and access to the internet is not affordable for all. Increasing numbers of individuals and families now have to use food banks and technology can be seen as a luxury, not a necessity.

Affordable and easily accessed internet services are crucial in closing the digital divide, alongside the availability of equipment.

Safety and Security

Common issues seem to arise for many, including security and safety fears that are existent, regardless of an individual's technical ability. People can have the equipment and skills needed, but still limit their engagement due to online safety concerns, while those digitally excluded can be reluctant to engage due to fear of safety.

Privacy, Confidentiality and Independence

Similarly to safety and security, it has been identified that even those with the equipment and skills may still be reluctant to engage digitally, due to concerns about their privacy and confidentiality.

Individuals may not have available space to engage without their privacy and dignity feeling compromised, that could be because of their home or work environment, or because they do not have access to the internet and therefore have to use community spaces.

Some individuals have to rely on others to be able to use technology and therefore cannot engage privately.

There were also concerns that the professional is not always in a confidential space.

As remote services are becoming more common, there is evidence that it is improving as professionals are getting better at creating that safe confidential space when working remotely and individuals are adapting to how to work online.

Software variations and changes

Software variations and changes can be difficult for individuals, as it can limit what they can access.

A significant need identified is for simple, straightforward, easy access platforms for all health services.

Different variations can be difficult for people to understand and not compatible with all equipment.

Some digitalised services, for example the online permission form for school-aged vaccinations featured in this report, can be excluding and difficult to use.

3. Community Voice

Stoke-on-Trent has significant deprivation and this affects both health and digital inequalities and exclusion. To better understand the impact that this has, the Discover Digital project has identified how important communication is.

Individual needs must be identified and the barriers are to be understood and not just assumed.

Most importantly though, what people have to access digitally should be down to individual choice. For example, some that took part in the enquiry did not feel that technology and digital services were suitable for them and they did not always offer the solution to isolation and loneliness.

Many - both professionals and members of the public - discussed concerns about the importance of physical human connection and visual safety. Technology concerns for those not confident can overshadow what needed to be said to and/or heard from a health professional. Professionals also shared that safeguarding concerns could be masked during a remote appointment.

Those that were confidently engaging with digital health services also had concerns that in being accepting of digital services, all face-to-face options would become obsolete. There was always an identified need for different options for engaging in health appointments.

Ultimately, discussion must continue, especially with those harder to reach members of the community who continue to face barriers and exclusion.



Conclusions

The Discover Digital project, through the Community Connectors programme has enabled those sometimes-difficult conversations to be facilitated. In a city like Stoke-on-Trent, where deprivation is prevalent there will always be barriers to health and digital services.

However, engaging in conversations and being able to connect with those within the community will influence change; even on a micro-level. This project has started to challenge those existing barriers, therefore laying the way for positive solutions that can improve overall wellbeing using technology.

Demonstrated through the uptake of the Get Connected grants, it has been identified that to improve digital inclusion, barriers to access must be addressed, including but not limited to financial support, improved access to the internet, and/ or appropriate equipment, software and skills that are needed to be able to engage people digitally.

There is also great evidence to suggest that digital services have a role to play in improving access to health and wellbeing services. However, there will never be a one-size fits all approach. Voices in the community need to be heard and technology must be adaptable for the user's abilities and needs.



Boosting Digital Inclusion in Stoke-on-Trent

Discover Digital is a partnership of organisations funded by the HM Community Renewal Fund. The project was designed to increase digital inclusion in Stoke-on-Trent by identifying, understanding and breaking down barriers to digital access.

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