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alliance ■

# Designing for Digital Inclusion in Healthcare

Seminar 1: Exploring the intersection  
between digital and health inequalities





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# Introduction

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## **Katie Heard**

Head of Research, Data and Insight at Good Things Foundation

[katie.heard@goodthingsfoundation.org](mailto:katie.heard@goodthingsfoundation.org)

# Digital inclusion and the VCSE H&W Alliance

## VCSE Health and Wellbeing Alliance: Strategic Priorities 23 - 24

This infographic sets out the key areas for the HW Alliance's collective and collaborative work over the next year.

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### Policy areas

Key areas of policy making the HW Alliance will work collaboratively on.



### Cross-cutting themes

Topics which overlap multiple policy areas which are important to the HW Alliance.



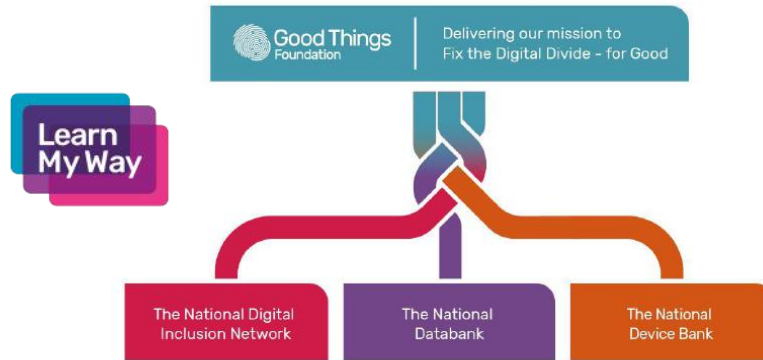
### Horizon scanning

Responding to new areas of strategic importance, for example:

- Emerging strategic priorities at system partner organisations, such as the development of a new strategy, an important consultation, a new policy initiative.
- Issues or concerns raised by people, communities and voluntary sector organisations about their health and care.

- The Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance (HW Alliance) is a partnership between sector representatives and the health and care system.
- It enables the sector to share its expertise at a national level with the aim of improving services for all communities.
- Our focus spans many of the Exclusion Health Subgroups
- Digital is a core cross cutting theme for all our work

# Good Things Foundation - Fixing the Digital Divide



### Support

We are supporting people to use devices and data, helping them get the basic digital skills they need through our National Digital Inclusion Network.



### Data

We are distributing free mobile data through the National Databank, helping to end data poverty in the UK.



### Devices

We are asking organisations to donate devices and equipment to our National Device Bank, giving free devices to people in need.

# Designing for Digital Inclusion in Healthcare Series

These seminars aim to draw together the knowledge colleagues from across the Health and Wellbeing Alliance have collectively built over the last few years

A three part series sharing insights and learning from the VCSE Health and Wellbeing Alliance on minimising health inequalities and digital exclusion in healthcare.

## Seminar 1:

**Exploring the intersection between digital and health inequalities**

Tues 23rd Jan, 12:30 - 14:00

## Seminar 2:

**Barriers that exclude people from digital health services, and how to remove them**

Wed 24th Jan, 12:30 - 14:00

## Seminar 3:

**Designing inclusive digital healthcare services - lessons and principles**

Thurs 25th Jan, 12:30 - 14:00

*Recordings of all three seminars will be made available following the events*

# Seminar 1: Exploring the intersection between digital and health inequalities

Build your understanding of the health inequalities and protected characteristics that are most at risk of digital exclusion.

Using the framework for NHS action on digital inclusion and guidance on mitigating risks of digital exclusion for those facing wider health inequalities, we will give you some areas that you might want to consider when designing new products and services.

We're delighted today to be joined by colleagues from:

- NHS England
- Learning Disability Alliance;
- Friends, Families and Travellers; and
- The British Red Cross.

They will share their knowledge, advice or solutions on how to address these inequalities for the groups that they represent.

# Overview of seminar

- 12:40** **Bola Akinwale (NHS England)**  
Introducing the framework for action on digital exclusion
- 12:50** **Dr Emma Stone (Good Things Foundation)**  
Mitigating risks of digital inclusion in healthcare: importance of action
- 13:10** **Madeline Cooper and Lyn Griffiths (NDTi)**  
Health inequalities and digital exclusion faced by people with learning disabilities
- 13:20** **Michelle Gavin (Friends, Families, Travellers) and Mihai Calin Bica (Roma Support Group)**  
Health inequalities and digital exclusion faced by Gypsy, Roma and Traveller communities
- 13:30** **Lois Davies (British Red Cross)**  
Impact of digital exclusion on access to and experience of healthcare for asylum seekers
- 13:40** **Q & A**  
Leave your comments and questions in the chat panel throughout the session.

# Getting to know who's in the 'room' - a quick poll

## To help us understand who we're reaching and the value of the seminars

1. Which sector do you work in?
2. How much knowledge do you feel you currently have about digital inclusion and access to healthcare?
3. How capable do you currently feel to identify ways to improve digital inclusion in healthcare?





England

# Inclusive digital healthcare: a framework for NHS action on digital inclusion

**Bola Akinwale**

Deputy Director, Policy and Sector Insights

National Healthcare Inequalities Improvement Programme

Contact: [england.healthinequalities@nhs.net](mailto:england.healthinequalities@nhs.net)



# Case for action

## There has been a considerable rise in the adoption of digital technologies by NHS patients and staff

- Around 10 million more people in the UK used NHS websites or digital applications in 2021 compared with pre-pandemic 2020
- NHS App registrations increased from 2 million people in 2021 to 30 million people in 2023

## But the benefits of digital healthcare approaches are not yet accessible for everyone

- Around 7% of households still do not have home internet access
- Around 1 million people cancelled their broadband package in the last 12 months due to rising costs
- Around 10 million adults are estimated to lack foundation-level digital skills
- Around 30% of people who are offline felt the NHS is one of the most difficult organisations to interact with



# Policy context

The Health and Care 2022 brings new duties on health inequalities with relevance for digital inclusion

## Duty as to reducing health inequalities

- ‘Each integrated care board must, in the exercise of its functions, **have regard to the need to** — (a) **reduce inequalities between persons with respect to their ability to access health services**, and (b) reduce inequalities between patients with respect to the **outcomes achieved** for them by the provision of health services.’ [including experiences]



# Groups at risk of digital exclusion

**Some groups face a higher risk of being digitally excluded. These groups also generally face a higher risk of health inequalities**

- Older people, especially people over 75 years old
- People in more socio-economically disadvantaged groups, such as people that have lower incomes or who are unemployed
- Socially excluded groups, including [people experiencing homelessness](#) and [people seeking asylum](#), people in contact with the justice system – also known as [inclusion health groups](#)
- Disabled people and people with life-impacting conditions
- People living in areas with inadequate broadband and mobile data coverage – more likely in rural and coastal areas
- People less fluent in understanding the English language

# A stated NHS priority

NHS operational planning guidance asks systems and providers to focus on five priority areas for tackling health inequalities, including digital inclusion

**Priority 1: Restoring NHS services inclusively**

**Priority 2: Mitigating against digital exclusion**

**Priority 3: Ensuring datasets are complete and timely**

**Priority 4: Accelerating preventative programmes**

**Priority 5: Strengthening leadership and accountability**

NHS England and integrated care boards have to consider how to reduce inequalities in access to and outcomes from health services, and should consider and take steps to address the barriers to digital health that some groups face

# Purpose of the digital inclusion framework

To help NHS staff enable and encourage greater access to and improved experience of healthcare, and increased adoption of digital approaches where appropriate

Recognising that:



Digital inclusion is a whole-of-society issue, requiring collaboration at different levels and across sectors



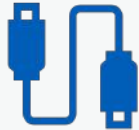
It is essential that the NHS maintains non-digital healthcare and access routes to complement digital offerings



User-centred or human centred design is essential for development of great, inclusive digital approaches

# Domains for action

The framework's five domains are informed by evidence on the barriers to digital participation and promising practice



Access to devices and data

e.g., provision of data enabled devices working with partners



Accessibility and ease of using technology

e.g., follow tips in Creating a highly usable and accessible GP website for patients



Skills and capability

e.g., develop of tools to enable NHS staff to explain the purpose and benefits of tech



Beliefs and trust

e.g., promote use of lower-risk transactional appointments to try-out digital services

Among the public and staff

Supported by:



Leadership and partnerships

e.g., join up between health inequalities and digital transformation leads, develop digital inclusion strategy or a section within digital strategies

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## Thank You



[@nhsengland](https://twitter.com/nhsengland)



[company/nhsengland](https://www.linkedin.com/company/nhsengland)



[england.nhs.uk](http://england.nhs.uk)





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# Mitigating risks of digital inclusion in healthcare: importance of action

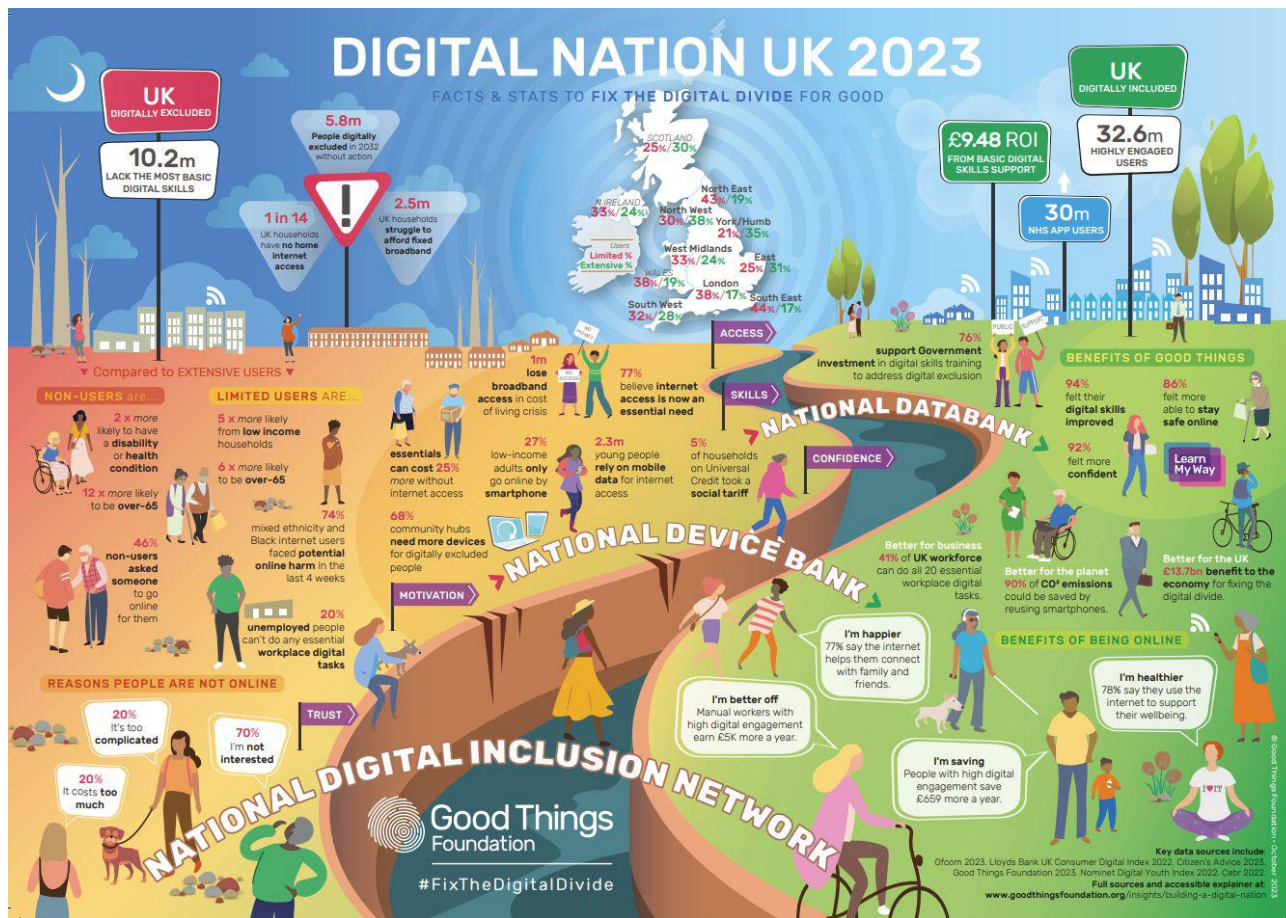
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**Dr. Emma Stone**

Director of Evidence and Engagement, Good Things Foundation

[emma.stone@goodthingsfoundation.org](mailto:emma.stone@goodthingsfoundation.org)

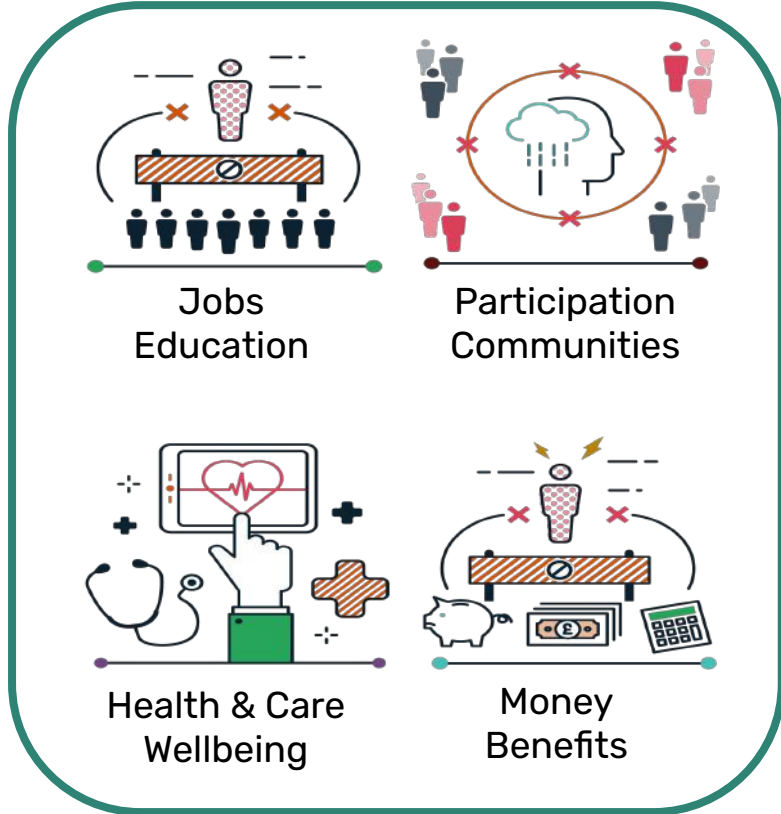
# Digital Nation 2023



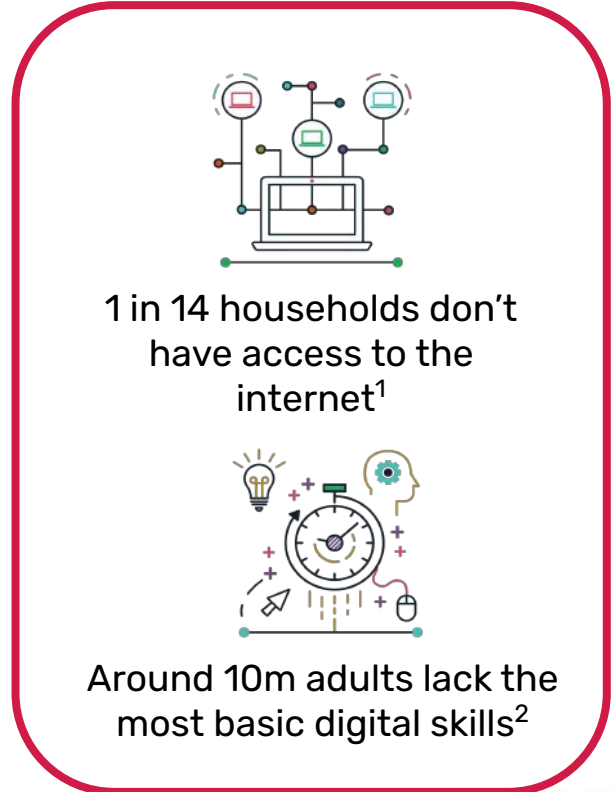
Good Things Foundation (2023): <https://www.goodthingsfoundation.org/insights/building-a-digital-nation/>  
Sources used include Ofcom, UK Consumer Digital Index, Essential Digital Skills report.



# Services moving online excludes many



Services moving online are not available to all due to lack of access &/or skills &/or support



# Essential services move online and become less accessible



Without access to the internet, it's harder to access **essential public services**:

- 1 in 3 struggle to interact with the **NHS**
- 29% council and local government services
- 17% charities providing support<sup>1</sup>

**1 in 3 people worry** that they are unable to access services in a way that a provider wants them to.<sup>2</sup>

**1 in 5 people have stopped using** products or services because they're only available online.<sup>2</sup>

# Limited digital use is linked to poverty as well as older age

▼ Compared to EXTENSIVE USERS ▼

**NON-USERS** are...



**LIMITED USERS** ARE...

**5 x** more likely from **low income** households

**6 x** more likely to be **over-65**



**Intersectionality** with some **protected characteristics** and other circumstances and factors

- **Inclusion health** groups
- **Where you live** - connectivity; deprivation; and available support

# Spotlight On Protected Characteristics - Age



Older people - **especially 75+ years old** - are much more likely to be non-users or lapsed users or limited internet users.

- Older age is the most significant predictor of non-use, especially
  - older people on **low incomes**
  - older people **living alone**
- Around 500,000 people (mostly over 75 years old) stop using the internet each year
  - often related to **health conditions & impairments**
- Links to **accessible design** and **assistive software and tech**

**Children & young people also face digital barriers** (Nominet Digital Youth Index)

**More older people are using the internet** to interact with key services - including NHS services.

Last year, pensioners were the most active users of the **NHS App**; two-thirds of users over retirement age used the App in the most recent three months of data

273,500 were over 80 years old.

Barriers:

- **Lack of interest** in using digital services or apps ('not for people like me')
- **Fears and distrust** around security, complexity, technology breaking, not being confident to use digital services independently
- **Preference** for in-person or phone support (links to loneliness, isolation, independence)

# Spotlight On Protected Characteristics - Disability



- **LINKS:** Low internet use correlate with age, income and educational level; and health conditions and disability
- **HARMS:** Internet use can worsen mental health conditions through exposure and increased vulnerabilities to online harms (e.g. sites encouraging suicide)

## Benefits:

**Well-designed, accessible digital services & assistive tech** can benefit health and wellbeing:

- **Independence, choice and control**
- **Self-care and self-management** of conditions
- **Access to online and hybrid peer support** as well as professional support
- **Convenience and flexibility** to suit the person
- **Saving time and money** where reduced need to travel for appointments
- Potential for a more person-centred experience

## Barriers:

- **Suitable size and type of device** to meet impairment-related needs
- **Low skills &/or lack of support:**
  - to adjust accessibility settings on the device
  - to get additional accessibility software or assistive kit
- **Enough data connectivity** to support potentially higher levels of data usage related to disability
- **Anxieties, past negative experiences** can impact negatively on people's motivation, trust and confidence in using digital services

To come: NDTi share their findings later in this session on digital exclusion and people with learning disabilities.



# Spotlight On Protected Characteristics – Race and Ethnicity



- **Major gaps in data** on digital inequalities and intersection with race and ethnicity and health
- Ethnic minority groups **use NHS Direct phone service** less than White British ethnic groups
- **Low trust and mistrust** in (digital) public services
  - Who has access to personal data
  - Data sharing with other government departments

**Gypsy, Roma and Traveller communities** experience the worst health outcomes, **and** face barriers around digital access and skills – **overlapping** with low literacy

**Refugees, people seeking asylum, migrants** may face:

- **Identity verification barriers** to registering for online NHS and GP services
- **English language barriers** (potentially alongside digital literacy and other barriers)
- **Low understanding about the system** - how the healthcare and social care system works
- **Differences in entitlements** to health and care related to citizenship status

To come: Friends Families Travellers and British Red Cross share their findings later in this session; Race Equality Foundation join us in Seminar 2

# There is so much we don't know ... and so much we can do

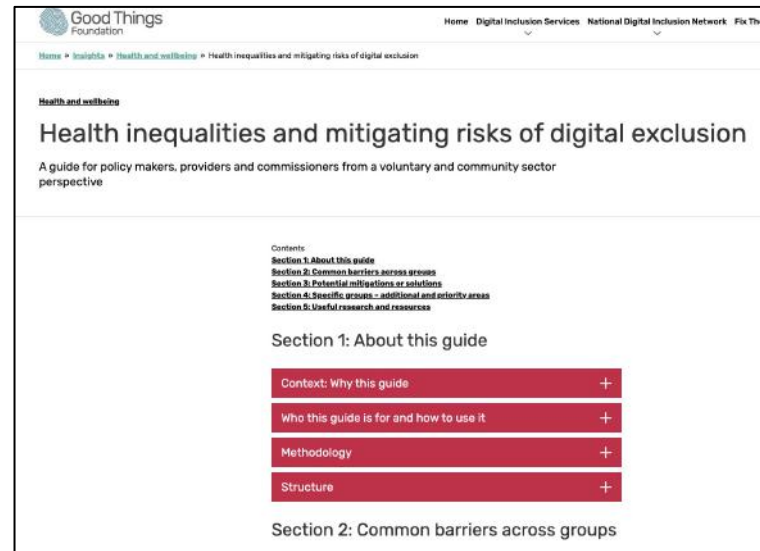
We need more **knowledge, insight and data** on the links between:

- Digital inclusion - access, skills, support
- Use of digital technologies
- Inclusion health & protected characteristics
- Outcomes: Access to health care; Patient outcomes; Healthy lives and life chances

**BUT more important still...**

**We need to take action** on what we know now:

- Tackling digital exclusion in communities
- Accessible, inclusive design of services
- Building public trust in online services
- Respecting people's preferences & needs



The screenshot shows a webpage from the Good Things Foundation. The page title is "Health inequalities and mitigating risks of digital exclusion". Below the title, it states "A guide for policy makers, providers and commissioners from a voluntary and community sector perspective". The page includes a "Contents" section with a list of sections: "Section 1: About this guide", "Section 2: Common barriers across groups", "Section 3: Potential mitigations or solutions", "Section 4: Specific issues - additional and priority areas", and "Section 5: Useful research and resources". Under "Section 1: About this guide", there are four red buttons with white text and a plus sign: "Context: Why this guide", "Who this guide is for and how to use it", "Methodology", and "Structure". Below this, "Section 2: Common barriers across groups" is partially visible.

Available at:  
[www.goodthingsfoundation.org/insights/health-inequalities-and-mitigating-risks-of-digital-exclusion/](https://www.goodthingsfoundation.org/insights/health-inequalities-and-mitigating-risks-of-digital-exclusion/)

# Call to action: use our free resources to support you

*Please check out our website or get in touch to find out more:*

**Web:** [www.goodthingsfoundation.org](http://www.goodthingsfoundation.org)

**Email:** [hello@goodthingsfoundation.org](mailto:hello@goodthingsfoundation.org)

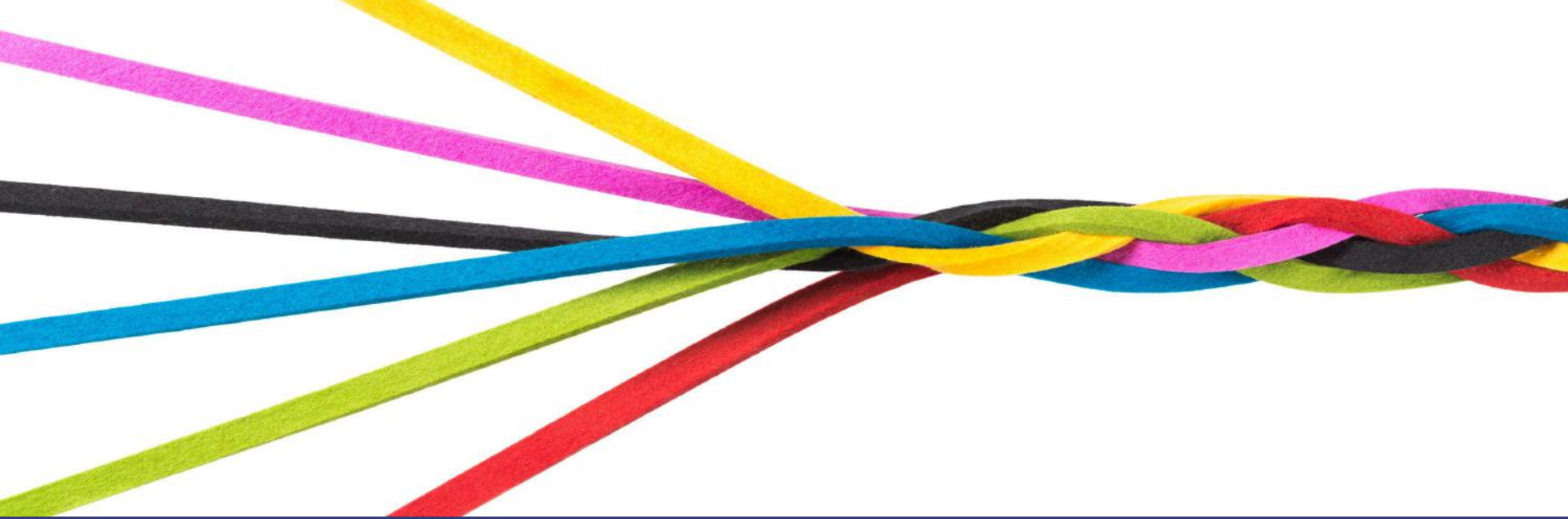
**Learn My Way** (basic digital skills for life)  
[www.learnmyway.com](http://www.learnmyway.com)

**National Digital Inclusion Network:**  
[www.goodthingsfoundation.org/network](http://www.goodthingsfoundation.org/network)

**National Databank:**  
[www.goodthingsfoundation.org/national-databank](http://www.goodthingsfoundation.org/national-databank)

**National Device Bank:**  
[www.goodthingsfoundation.org/national-device-bank](http://www.goodthingsfoundation.org/national-device-bank)





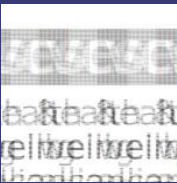
## Health inequalities and people with learning disabilities and Digital Inclusion

Madeline Cooper and Lyn Griffiths

Valuing People Alliance

(LDE, NDTi, BILD, VODG, Respond and Paradigm)

Health and Wellbeing Alliance



# Digital learning through Covid – opportunities to redress inequalities through including people with learning disabilities in digital redesign plans

## Background:

- NDTi is part of the Valuing People Alliance, a member of the Health and Well Being Alliance.
- A partnership between sector representatives and the health and care system.

## Context:

- Health and Wellbeing Programme during the pandemic.
- Shift to online services; potential impact on individuals with learning disabilities.

## Learning from Deaths report 2022 (published November 2023)

Health Inequalities  
faced by people with  
learning disabilities

People with learning disabilities have a life expectancy of 62.9 years (median) dying more than 20 years younger than the general population

- 42% of deaths deemed “avoidable”

- <https://www.kcl.ac.uk/research/leder>

- <https://www.kcl.ac.uk/ioppn/assets/fans-dept/leder-2022-takeaways.pdf>







## Objective:

- Co-produce top tips for digital inclusion.
- Reduce digital exclusion's negative health inequality impacts.

## Process:

- Scoping of over 20 documents.
- Engaging academia, self-advocacy, and voluntary sectors.
- Development of a simple question framework for engagement.
- Online workshops for information gathering.



## Collaborators



### *Involvement of Alliances and Sectors:*

- Good Things Foundation
- The Race Equality Foundation and Mental Health Consortium
- Westminster Society
- Academic institutions: Open University, Manchester Metropolitan University, Lancaster University, The RICS Centre
- Self-advocacy groups: My Life My Choice, Talkback - UK, Inclusion North, Inclusion East, Pathways

## Lived Experience



## *Collaboration:*

- Co-produced question framework.
- Co-facilitated workshops with 18 individuals with lived experience.
- Additional session with 15 from another digital inclusion group.
- Phone calls with 3 more individuals.

# Outputs and Impacts



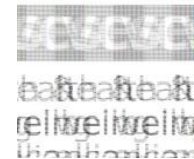
**Understand**

## ***Outputs:***

- Summary of written evidence.
- Top tips for digital approaches to health.
- Graphic design for wide dissemination.

## ***Impacts:***

- Better understanding of digitalized health impacts on excluded groups.
- Shared and discussed existing work.
- Resource available for the health and care system.
- Addresses digital system design, support, and practical resource needs.



# Top Tips



## Top Tips to help with Digital Inclusion

These are our top tips to help professionals working in health make sure people with learning disabilities don't get left behind as more health services go digital.

01.

### Start with people first.

You need to understand what we need and what works for us as individuals. For example find out what technology we have and use already, what we would like to be able to use and what help we need to use it.

02.

### Design with us not for us.

Design your systems with us around what works best for us, not just what works best for your service. For example most people find zoom is the easiest way to make a video call but lots of services don't like to use it.



Plan

03.

### Don't assume we can or can't do things.

If we have the right technology and the right kind of support we can and do use it. But don't assume we all have the right technology or that we have support to use it. You need to ask us.



04.

### Use social prescribing.

For example have link workers in GP surgeries to help us find support in the community including digital help and training to learn new skills.



1. Start with People First
2. Design with Us, Not for Us
3. Use Social Prescribing
4. Don't Assume We Can or Can't Do Things
5. Sometimes You Just Want to Talk to Someone
6. It's Not All About Online
7. Get to Know Your Local Self-Advocacy and Carers Groups
8. Make It Easy
9. Build Confidence
10. Digital Buddies
11. Make Sure Your Website is in Easy Read
12. Provide Paper Instructions
13. Make Time to Talk



## Conclusion



## Key Takeaways:

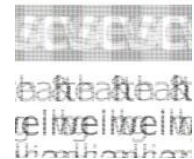
- a people-first approach.
- collaboration with self-advocacy and carers groups.
- the importance of simplicity, confidence-building, and support in digital inclusion.





To get in touch please contact  
Lyn and Madeline at:

[equallivesteam@ndti.org.uk](mailto:equallivesteam@ndti.org.uk)





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# Gypsy, Roma & Traveller Communities: Health Inequalities & Digital Inclusion

Michelle Gavin – *Head of Development (FFT)*

Mihai Bica – *Campaigning and Policy Coordinator (RSG)*

Rosie Hollinshead – *Health Policy & Projects Coordinator (FFT)*

[gypsy-traveller.org](http://gypsy-traveller.org)

# Introduction to Gypsy, Roma, and Traveller communities

The term Gypsy, Roma and Traveller (GRT) encompasses various communities, including **Romany Gypsies (English Gypsies, Scottish Gypsy Travellers, Welsh Gypsies, and Romany people more widely)**, Irish Travellers, New Travellers, Boaters, Showmen and Roma.



Use of the 'GRT' grouping is not preferred, as it presents the same issues as the use of 'BAME', by arguably failing to reflect the true diversity of the communities referenced.

Gypsy, Roma and Traveller communities have traditionally lived nomadic lives in the UK, although members of these communities have increasingly moved into bricks and mortar housing.

This video produced by Travellers' Times provides a short, animated history of Britain's nomadic communities.





# About us



**FRIENDS,  
FAMILIES &  
TRAVELLERS**

Friends, Families and Travellers (FFT) is a leading national charity that seeks to end racism and discrimination against Gypsies, Travellers and Roma and to protect the right to pursue a nomadic way of life. We support individuals and families with the issues that matter most to them, at the same time as working to transform systems and institutions to address the root causes of inequalities faced by Gypsy, Roma and Traveller people. Every year, we support over 1,300 families with issues ranging from health to homelessness, education to financial inclusion and discrimination to employment. Over half of our staff team, volunteers and trustee board are from Gypsy, Roma and Traveller communities.



Roma Support Group (RSG) is a Roma-led charity based in East London, working to improve the quality of life for Roma refugees and migrants by helping them to overcome prejudice, isolation, and vulnerability. Every year, we support around 2,000 Roma people with access to welfare, health services including mental health, education, financial inclusion, campaigning and policy, housing and cultural activities.

**Together, FFT and RSG form the Health & Wellbeing Alliance's Gypsy, Roma and Traveller Consortium.**



# Health inequalities experienced by Gypsy, Roma and Traveller communities



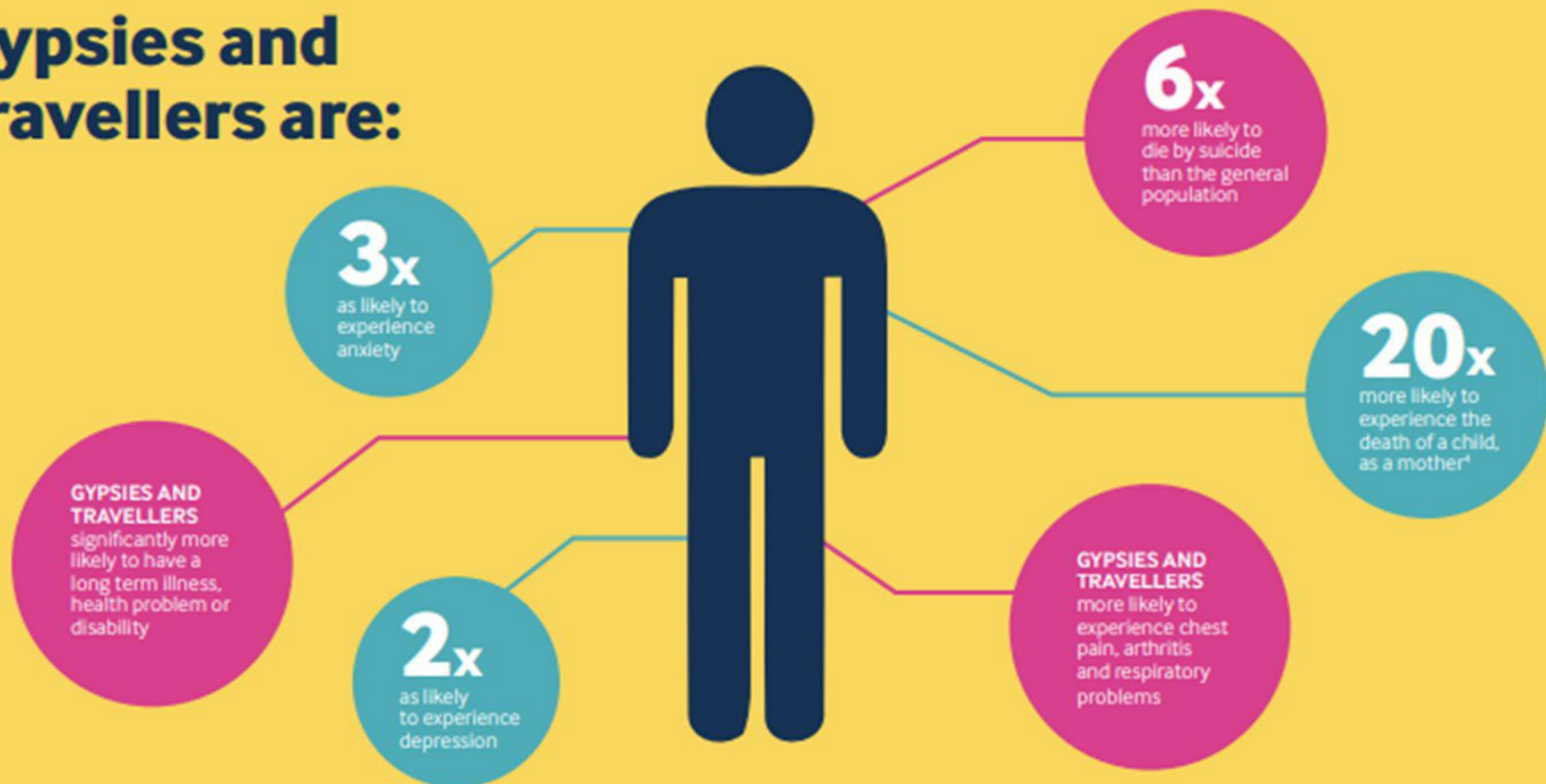
# Health inequalities

- Members of Gypsy, Roma and Traveller communities have the worst general health outcomes of any ethnic group in the UK.
- Gypsy or Irish Traveller 2021 census respondents were more than twice as likely to report 'bad' or 'very bad' health compared with the general population.
- On average, Gypsy and Traveller people have life expectancies 10-25 years shorter than the general population and live around 6 less years in good health before life expectancy is considered.
- Roma individuals also have multiple overlapping risk factors for poor health and a life expectancy up to 10 years less than non-Roma communities in the UK.
- Among Gypsy, Roma and Traveller communities, mental health is rarely discussed openly. Even the term 'mental health' is often shied away from, with people preferring to refer to 'bad nerves'.
- Gypsy, Roma and Traveller community members may miss important public health messages due educational inequalities.



# Gypsies and Travellers are:

56



# Roma health:

Even when compared with other socially excluded and deprived groups Roma face significant health inequalities.



ARTWORK BY VALENTINA AGE 13  
GRTHM 2020 RSG ART COMPETITION WINNER

Low **life expectancy** - in general **8-15 years lower** than general population (Council of Europe)

About **15%** of European Roma **suffer from disability or chronic disease**.\* In the Czech Republic 77% and in Bulgaria 72% of Roma are unable to work due to disabilities.\*\*

Much higher mortality, infections and chronic disease rates e.g. The **child mortality rates** for Roma are between **2 and 6 higher** than for the rest of the European population.

\*HEALTH AND THE ROMA COMMUNITY, ANALYSIS OF THE SITUATION IN EUROPE (2009). MADRID: FUNDACIÓN SECRETARIADO GITANO.

\*\*THE HEALTH SITUATION OF ROMA COMMUNITIES: ANALYSIS OF THE DATA FROM THE UNDP/WORLD BANK/EC REGIONAL ROMA SURVEY (2012). BRATISLAVA: UNDP EUROPE AND THE CIS.



# Barriers to health service access



# Barriers to accessing NHS Services

- Problems **registering** with primary care services.
  - Issues around proof of address and other documentation
  - Issues managing administrative process
  - Based on our (soon to be released) research, 12% of community members consulted were not registered with a GP, and 11% did not use any primary care services at all.
- Lack of data collected on ethnicity (**NHS Data Dictionary**)
- **Unfamiliarity** with UK health system – migrant Roma particularly



# Barriers to accessing NHS Services

- **Lack of cultural competency** by staff, and in service design Lack of support:
  - Low **literacy**
  - **Language** barriers (Roma)
  - **Digital exclusion**
- Lack of appropriate **communication methods** – i.e. letters, suitable interpreters
- Issues around **trust** and **fear of discrimination**





# Digital exclusion & Gypsy, Roma and Traveller communities



# Digital exclusion

Existing research and our experience supporting communities indicate high levels of digital exclusion across Gypsy, Roma and Traveller communities:

- **Device and data access (economic exclusion)**

- *Our soon to be published research found that less than half of participants had access to mobile data (48%) and only 38% had access to Wi-Fi.*
- *87% of participants had access to a smartphone, however only 25% had access to a laptop.*
- *The reality for the most deprived groups is likely to be much worse (our recruitment may not have reached the most excluded community members)*

- **Literacy/language barriers**

- **‘Digital literacy’ and confidence with technology**

- **Trust and engagement with services**

- Sensitivity around data sharing

- **Nomadic communities: connection issues, access to reliable electricity**



# Addressing health inequalities and digital exclusion



# Recommendations

- 1. Flexibility: avoid ‘digital by default’** – even with support, for some Gypsy, Roma and Traveller patients, digital will never be a suitable way of accessing healthcare.
- 2. Design services with literacy/language barriers in mind**
  - Accessible language, use of clear imagery
  - Incorporate assistive technologies such as BrowseAloud
  - Consider using alternative communication methods such as WhatsApp (voice notes)
- 3. Staff awareness**
  - Provide staff training on supporting service users/patients with literacy barriers
  - Routinely ask if patient/service user requires support with form-filling
- 4. Staff diversity – recruit from relevant communities**



# Recommendations

## 5. Provision of suitable language support and interpreting services

- Patient's family members should not be expected to provide interpreting services

## 6. Provide culturally pertinent support and coaching

- Collaborate with community groups and VCSE organisations to provide training and support that will resonate with community members

*Note: info is then typically cascaded within communities and families - training provided goes further than you might think!*

## 7. Create culturally pertinent tutorials and training materials

- E.g FFT's ['What can the NHS App do for Gypsies and Travellers?'](#)
- Identify and collaborate with 'champions' within communities, who can support by sharing and promoting



# Recommendations

## 8. Support access to devices and data

- e.g. Good Things Foundation [Device](#) & [Data Banks](#)

## 9. Support improved data signal in digitally deprived areas

- Publicly owned [5G networks](#) for digitally deprived areas, e.g. Liverpool 5G Health and Social Care Testbed





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**SUPPORT GROUP**

**Contact us:**

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# Offline and Isolated

The impact of digital exclusion on access to and experience of healthcare for people seeking asylum in England



# Method: what we did

We worked with the Democratic Society for this project. Together, we recruited five peer researchers with lived experience of seeking asylum to join the project team.

The peer researchers recruited participants for and undertook 30 interviews (six each) with people currently in the process of seeking asylum.

The peer researchers also co-produced several research tools and supported the analysis of the findings.

Many people collaborated on the development of policy recommendations, including the peer researchers, Demsoc team, many internal staff members and colleagues from external organisations such as Good Things Foundation (who were a huge help throughout!)

# Health inequalities: refugees and people seeking asylum

Refugees and people seeking asylum often experience poorer health than the general population.

They face many unique barriers to accessing care.

They are at risk of digital exclusion.

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# Digital exclusion: what we found

- People seeking asylum in England are at risk of being digitally excluded.
- Obstacles which prevented meaningful digital access included:
  - Limited access to Wi-Fi and digital devices (often due to affordability)
  - Lack of private space,
  - Poor digital skills,
  - Language barriers,
  - Accessibility of online platforms,
  - Fears of data security.

*"With limited funds, it has not always been easy to go online. Communal living environment makes it difficult to have that private space to go online."* Gambia, 46-55

# Digital exclusion and healthcare access: what we found

- Digital exclusion can create and exacerbate barriers to healthcare access.
- Digital exclusion led to social isolation and mental ill-health for many participants.

*"I can't speak to my family. I can't watch anything online. I feel like a robot that can't use anything or do anything. I feel like I am in prison sometimes."* Pakistan, 46-55

# Improving access: recommendations

Working with NHSE:

- The report's findings have integrated into guidance on inclusive digital healthcare
- The NHS App now accepts the ARC (Application Registration Card) for registration
- Finding opportunities for people seeking asylum to collaborate with those designing digital platforms to ensure their accessibility.

Working with the Home Office to recommend that:

- Asylum support rates should be adjusted to reflect communication being an essential need (it currently is not categorised as such).
- High-quality Wi-Fi access should be a contractual obligation for private accommodation providers.
- Work is undertaken to understand the potential impact of the new Illegal Migration Act on digital exclusion for people seeking asylum.

# Seminar 1: Takeaways

Exploring the intersection between digital and health inequalities

Knowing which groups are at risk of being excluded from your services (digital and non-digital) matters

Digital service and system design can create or exacerbate the health inequalities - avoid 'digital by default'

Digital inclusion is promoted in health and care policy - use this to strengthen the case for investing in inclusive digital services (where appropriate)

Consider the cost to the end user of accessing (eg buying the tech) or not accessing your digital services



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# Q & A

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Please submit questions in the chat panel.

# Q&A Panel

## **Bola Akinwale (NHS England)**

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## **Dr Emma Stone (Good Things Foundation)**

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## To help us understand the value of the seminars

1. How much knowledge do you now feel you have about digital inclusion and access to healthcare?
2. How capable do you now feel to identify ways to improve digital inclusion in healthcare?

# Find out more: use our free resources to support you

*Please check out our website or get in touch to find out more:*

**Web:** [www.goodthingsfoundation.org](http://www.goodthingsfoundation.org)

**Email:** [hello@goodthingsfoundation.org](mailto:hello@goodthingsfoundation.org)

**Learn My Way** (basic digital skills for life)  
[www.learnmyway.com](http://www.learnmyway.com)

**National Digital Inclusion Network:**  
[www.goodthingsfoundation.org/network](http://www.goodthingsfoundation.org/network)

**National Databank:**  
[www.goodthingsfoundation.org/national-databank](http://www.goodthingsfoundation.org/national-databank)

**National Device Bank:**  
[www.goodthingsfoundation.org/national-device-bank](http://www.goodthingsfoundation.org/national-device-bank)

