



Listen Up! Insight 3: Digital inclusion and exclusion

Welcome. This is the third in a series of Insights from [Listen Up!](#). Our lived experience-led project tackles homeless health inequalities by amplifying the voices of people experiencing homelessness to:

1. Increase key decision makers' awareness of the barriers to healthcare faced by people experiencing homelessness across the country
2. Create a movement of people experiencing homelessness, influencing decision makers and holding them to account for changes in practice and policy.

The Listen Up! team interviews people experiencing homelessness across England. Alongside asking core questions about healthcare, we ask thematic questions to allow us to generate rapid insights into new topics of interest.

This Insight looks at digital inclusion and exclusion. It draws on interviews with **34** people experiencing homelessness and a selection of stories from **6** community reporters with experience of homelessness. We have included extracts from reporter stories and quotes from participant interviews to illustrate our key findings. Our recommended actions for change were coproduced at a webinar attended by 52 people with professional and/or personal experience of the issues.

Summary

- As society increasingly moves online, those already excluded are being left further behind. Much like the vicious circle between poor mental health and homelessness we described in [our first Insight](#), accessing digital services was challenging without a stable home, and being digitally excluded had substantial impacts on health and housing.
- Homelessness limited access to digital essentials such as reliable devices, power sources and internet connection, which was a significant cause of digital exclusion.
- Day centres and support services were a digital lifeline, providing digital essentials and the one-to-one support needed to build the skills, trust, and confidence to use them.
- While being able to communicate digitally with health services helped overcome barriers such as having anxiety or no fixed address, for many, it was a source of significant frustration. Increasingly common asynchronous (i.e. not live) unsupported communication enabled by



digital channels was stressful for people who preferred an immediate exchange of information.

- When people were forced to use digital services in ways they were not comfortable with, it negatively impacted their mental health, was ineffectual, and in some cases, cut off their support completely. We should take advantage of the benefits of multiple channels of communication and offer flexibility, choice and control to people with experience of homelessness.

“We do everything online from benefit claims, property bidding, repeat prescriptions, booking travel, banking... the list is endless.” (From Karen’s report, [The Trials of Digital Exclusion](#))

“The digital revolution, in my opinion, needs to be a lot more controlled [...] It could be a really good way of benefitting mankind as a whole, but we need the government to realise and remember those less fortunate.” (From TJ’s report, [The Age of Exclusion](#))

Who we listened to

We spoke to 34 people accessing day centres in London and Kent. Just over half of our participants said they were rough sleeping or living in cars or tents.

What we heard

1. Digital essentials were limited and limiting

By digital essentials, we mean devices, the means to charge them and the data or credit to run them. A lack of access to these, compounded by experiences of poverty, were a key driver of digital exclusion. People experiencing homelessness – and particularly people sleeping rough – did not have the basic resources needed for digital independence.

Participants relied heavily on smartphones to get online (nine out of ten). Only six out of ten had one of their own. Without a home and no consistent access to a power source or somewhere safe to leave a device, participants couldn’t reliably charge them. Many had no consistent access to Wi-Fi, including in hostel rooms. Poverty meant participants could not afford mobile data to stay online, or credit to communicate offline through calls or texts. Nor could they afford to replace devices, which were at a high risk of being stolen, lost or broken. Of the 10 people we spoke to who no longer own a smartphone: three were stolen, four were broken or lost and three were given or thrown away for various reasons.



“My phone was stolen under the bridge.”

Alternative solutions

People were forced to turn to alternatives to access digital essentials, demonstrating resourcefulness, community and knowledge exchange. Libraries, pubs, restaurants, and train stations were commonly used for charging devices, and several people used power banks, charging these at day centres when possible.

“Or you go down to Wetherspoons in the morning, 7:30 in the morning, get a coffee, plug the phone in and charge out of there.”

“[About a power bank] In the kitchen? Yeah. So I’ll make sure it’s all charged when I leave here.”

Similarly, libraries, pubs, restaurants, and train stations were often used for Wi-Fi access when people did not have data of their own.

“I use the town Wi-Fi. I use the library Wi-Fi.”

“I have been sitting in [London] Victoria station.”

Some people talked about specific spaces they felt comfortable in, for example, where they could be warm or weren’t stigmatised for using Wi-Fi or the plug sockets. However, they were restricted by opening times, requirements to purchase food or drink, and limited privacy or safety to contact services.

“This online course is supposed to be from six until nine and the library is for example, working from six until eight. I can’t afford to lose one hour.”

Support services

Homelessness charities and support services were a vital digital resource. They provided devices and data, sometimes in partnership with telecommunication companies. There were also social tariffs available to people experiencing poverty.

“It’s a six-month thing. I never run out of data. I get it paid for through Changing Lives. I got the first one from the Rainbow Centre in Folkestone because that’s where I first registered as homeless. Vodafone pay for it.”

Day centres also provided participants with helpful information, training, or one-to-one support to unlock the use of digital services for their everyday benefit. This was another cornerstone of digital inclusion, and the benefit of having somewhere that provided both the digital essentials and the support to use them could not be overlooked.



“There are computers here to apply and update my Universal Credit application and the staff here have helped me with that.”

“Yes, they help here a lot. I try not to ask for help but if I need it, they are really good, they can bend over backwards for you.”

“The government chose to go digital, and I get it, it’s progress, after all we are in the 21st century, but they leave it to local charities and community cafes/centres to step in, because they always will.” (From Karen’s report, [The Trials of Digital Exclusion](#))

Day centres were inclusive and welcoming spaces, which made the support more accessible and reduced the stress and frustration sometimes associated with using digital. Specialist or peer-to-peer groups were a particularly effective way of engaging people and having a wide range of support covering different digital needs was appreciated by participants.

“The women group educate all the women. [...] Amazing. You see, they turn some of them from that [substance abuse] and then bring them back to the community.”

“They are organised, properly organised. As soon as you come for education, they put you there. Yeah. If you want to go to an IT class, they know where to put you. Come for Universal Credit, they make the job so easy for [you] when you are already stressed.”

A reporter view: Charlie on digital access and learning

“A few years back when I was street homeless and even when I was in the night shelter, we used to go to the library and hang out every day, sometimes all day. Now you can’t do that. Part of registering is the provision of an address. In the past you just had to go up to the counter and grab a slip of paper. Now you have to talk to them about it which can be difficult for some people experiencing homelessness.”

[\(Loss of Digital Access through Libraries\)](#)

“There is always going to be people who are computer illiterate and there needs to be a system where people can get trained. Again the library used to do this. Not like the job centre. It has got to be an open place [...] they should be dual places where people can go and they can get access to a tablet and someone who knows how to work the tablets so they can bring people through and help these people understand what they are doing and navigate stuff like the journals.”

[\(Digital Learning through Cafes\)](#)



2. People were digitally excluded by skills, confidence and health challenges

Some of the people we spoke to didn't have the necessary skills or knowledge to use online services or 'keep up' with new ones. This was exacerbated by restricted access to digital essentials, meaning participants spent less time online and were less practised. Skills gaps and limited adoption of digital tools may have also been driven by learning styles or a general dislike of digital and lack of desire to use it.

"Took me about five years to learn how to do it [booking travel online], but I know how to do it now."

[If someone gave you a smartphone today, would you know how to use it?] "No. They're so sensitive like half the time you press the wrong button, and it goes back to the beginning."

"Another issue is the way things are changing so rapidly and I am not able to keep up." (From Anon's report, [My Struggle with Technology](#))

Skills and knowledge barriers were often related to other feelings that presented a barrier to using digital services before people had even started. A lack of confidence in their own ability and related stress was a common barrier for participants.

"Technology is ok if you know what you're doing, but for someone like me it's a nightmare. The stressful part is when I ring an organisation and I'm told by an automated message to go to WWW.... and apply online, that's when the dreaded fear sets in and my heart sinks because I know it'll take me hours to complete what should be a 10-minute job." (From Karen's report, [The Trials of Digital Exclusion](#))

"I can't cope with internet, smartphone, and I can't cope with the bureaucracy."

Some people were digitally excluded due to their distrust of online systems and concerns about privacy, algorithms, and data sharing. A small number of people we spoke to were 'off grid' and did not wish to use online digital tools at all.

"Yeah, because I just don't like the algorithms that know everything about you."

"I am also afraid of any online storage as I do not trust it. Things can disappear or somebody may misuse my information. That is why I need devices with large storage." (From Anon's report, [My Struggle with Technology](#))

Specific health conditions also contributed to excluding people from digital services. For example, dyslexia was identified as a significant barrier to engaging in written communications and online forms and required specialist support.



“I get a bit dyslexic with forms, so I get people to help me fill them in. I don't know why, I'm intelligent enough and write perfectly well.”

3. Communication preferences varied – digital was both a barrier and solution for accessing healthcare

Communicating with health services

A third of the people we spoke to contacted their GP through a website or app. Where people used these online services for booking appointments and requesting repeat prescriptions, they were often found to be easy and straightforward. There was however a significant gap in confidence between the people who used these online services and others who were excluded by a lack of digital essentials and/or skills and confidence.

“It's [contacting GP online] straightforward. You go on there, put in your date of birth and your name, then GP calls you back in a couple of days.”

Digital communications can have a positive impact on the ability of some people experiencing homelessness to access healthcare. For people with no fixed address, being able to communicate with healthcare professionals using a phone or online offered a lifeline.

“I'm logical, I'd say post is very difficult, of course. [I prefer a] phone call.”

Some people also preferred to communicate with healthcare services in writing, such as email or text message. This was because they had social anxiety or found verbal communication challenging.

“It's just easier for me because I have fairly strong social anxiety. So phone calls and in person, I tend to start retreating into myself a bit. Whereas emails and text messages, I can open up a bit more.”

“Sometimes speaking, I'll fumble over my words, I'll jumble them up. It's quite annoying when you're having an in-depth conversation with someone, you start fumbling over your words, whereas I can write it down and I can go back and change it.”

However, people who preferred verbal communication (whether over the phone or face-to-face) to adequately explain their physical and mental health and any issues they faced – and were not able to do so – were significantly excluded from healthcare when limited to digital means of communication. Some people also felt they only received a positive outcome when able to talk about their health in person.

“Because if you don't talk to him over the phone or [they] don't see your physical appearance, you don't know.”



“They should scrap the whole online system because it's not effective, it's counterproductive, it's not healing everybody, anybody. It's making more and more people sick.”

“I feel there's a power shift because when you go to the doctors in person, he can see me, it might be desperation, it might be ridiculous ham, it might be real.” (From Steve's report, [The Unresolved Anxiety of Phone Consultations](#))

Often, participants preferred to talk to a 'real person' either over the phone or in person to get a quicker, instant response, which was more efficient and reassuring. The immediate exchange of information was important, whereas the increasingly common asynchronous (i.e. not live), unsupported communication enabled by digital channels left people feeling as though they were stuck in the system or forgotten about. The need to talk to a 'real person' was also preferred when engaging with other services, such as Jobcentres.

“Simple. I would rather use the phone or do it [booking medical appointments] in person rather than remotely. By using the phone, you get straight to the point and things are resolved then and there. You don't have to wait for a reply.”

“[With] emails, texts, it's sort of writing back, waiting for them to reply. You get immediate sort of replies to any questions or a solution of some kind by phone straight away.”

“[Making a phone call], it's just done rather than getting clogged up in a system.”

“It was really frustrating when I went to sign on. I just needed to talk to someone. Please, just let me talk to someone.”

Waiting times on phone calls were another barrier to accessing healthcare and other services for those with limited digital essentials.

“It's not easy. Sometimes I have to wait for a long time in the queue, and most of the time, when I get the line through and they say there is no available appointment today, I have to try again another day.”

Some of the issues were true to the general population but proved even more challenging to people experiencing homelessness who were already experiencing significant barriers to accessing healthcare. The multiple obstacles meant some participants were no longer seeking help for health issues.

[Not currently seeking help for health issues.] “It's impossible to get healthcare. You ring them up. It's engaged for half an hour and then they tell you to access their online system and for someone like me who is over 70 this is not possible. I cannot cope with the bureaucracy and cannot use the online services.”



Choice and control

As this Insight explores, communication preferences and ways of using digital services varied from person to person – what helped one person may not help the next. Digital provides an important opportunity to provide choice and flexibility.

For people experiencing homelessness, with limited digital independence and multiple barriers to healthcare, genuine choice and control over using digital tools could be transformative. It led to a feeling of resolution and satisfaction as well as unlocking access to healthcare and increasing the chances of positive health outcomes.

“When you’ve been to the doctor, and [then] coming home and I walk through that door, I’ve achieved something [...] hopefully they’ll give us an option, where would you like a digital appointment where you do it through a portal, you know.” (From Steve’s report, [The Unresolved Anxiety of Phone Consultations](#))

“She feels that people have an opportunity to talk down to her, due to the fact that she has missed this particular technological boat. [...] A lot of this stuff would be much simpler if we just asked people what they want and tried to listen properly.” (From Tom’s report, [Digital Inclusion with Janet and John](#))

4. Using digital had direct impacts on health

Alongside the implications of digital for accessing healthcare services, we also heard about further impacts digital had on people’s health. For many, engaging in confusing and inflexible online digital systems and lengthy phone waiting times caused stress and anxiety and led to further health problems.

“Of course it will affect you because it stress you. Now you are sick. Now you are sick. You are open to see the doctor, and then you got to lose another money. Then they don’t talk to you. Then you became more stressed.”

“Now everybody is expected to carry a smartphone, bank online, shop online, master social media, online meetings, even to book and order things from the doctors. I cannot make sense of most of it and it is a true struggle that leaves me anxious.”

Challenges in accessing and updating online Universal Credit accounts also led to sanctions on benefits. We know loss of income and poverty effects people's physical and mental health and their ability to address their health needs.¹

¹ The Health Foundation, *Poverty and health* (2018). Accessed online: <https://www.health.org.uk/infographic/poverty-and-health>



“They have real trouble accessing digital devices, real trouble working on them and they get sanctioned constantly because of it.” (From Charlie’s report, [Digital Learning through Cafes](#))

“Upon release John was forced to go on UC. He had no internet so couldn’t meet his ‘things to do’ list. The DWP expected him to spend so long looking for work and doing things to get a job. Apparently, the fact that he lived in a shop doorway was not sufficient excuse to not look for work. He was told there’s enough Wi-Fi portals in the city centre to always have the internet.” (From TJ’s report, [The Age of Exclusion](#))

The most common use of digital was for communicating with friends and family and connecting with communities, which benefitted mental and physical health. Where people experiencing homelessness were disconnected or cut off, they risked experiencing social isolation.

“Especially recently, I’m Ukrainian, so I keep watching what’s going on there, for entertainment, watching some films, listen to the music, film, it’s everything.”

“Communication. Family. WhatsApp.”

“Some of us are just a bit lonely too. Sometimes you aren’t just digitally not included, you are just not included. Perhaps old people want to go to the bank because it makes them feel part of the world.” (From Tom’s report, [Digital Inclusion with Janet and John](#))

What action is needed

We asked participants what would help to improve experiences of using digital to access healthcare services and discussed all our findings during our ‘Insights to Action’ webinar in August 2023 with people with professional and/or personal experience of the issues. Actions and solutions identified were:

- **Commissioners** should fund **frontline services** to provide support and training in digital and ensure staff are skilled to deliver this (including knowledge of AI)
- **Commissioners** should fund **housing providers** and **hostels** so all rooms have acceptable Wi-Fi
- **Commissioners** and **service providers** should consider peer-to-peer digital learning or support models, learning from [Smart Health Inclusion Peer Advocates](#) and Groundswell’s Homeless Health Peer Advocacy (HHPA) service
- **Commissioners** and **service providers** should ensure non-digital options are built into all services for those who will continue to face significant challenges with digital, particularly in health services where these challenges are compounded by additional barriers for people experiencing homelessness



- **Commissioners** should consider multi-disciplinary outreach or floating services to reach people who are unable to use digital or attend appointments, building on the use of vaccine buses during lockdown
- **Commissioners** should fund local digital hubs that are free, inclusive and provide support
- **Businesses** and **universities** should take a social sustainability approach, collaborate with services on digital solutions and provide volunteering days to share skills and knowledge
- **Businesses** and **government** should provide affordable mobile data packages and free devices for people who struggle to access digital essentials
- **Government** and **researchers** should consider rural areas when looking at digital inclusion
- **Government** and **local services** should prioritise lived experience involvement in digital inclusion strategies, policies and processes, and co-produce digital user experiences and interfaces with people experiencing homelessness
- **Government** should coordinate a national data and device bank, which could include recycling old devices
- **Government** should expand and improve local public Wi-Fi hotspots
- **Government** should consider digital connectivity a necessity, not a luxury.

How you can get involved

To hear more about future Insights, workshops for co-developing recommendations, and the new Action Hub, please [join our mailing list](#).

For more information about the Listen Up! project please visit: groundswell.org.uk/listenup/

The reporter stories cited in this Insight are:

- [The Trials of Digital Exclusion](#) by Karen (June 2023)
- [The Age of Exclusion \(Digital Revolution\)](#) by TJ (August 2023)
- [Digital Learning through Cafes](#), by Charlie (June 2023)
- [Loss of Digital Access through Libraries](#), by Charlie (June 2023)
- [My Struggle with Technology](#), by Anon (May 2023)
- [Digital Inclusion with Janet and John](#), by Tom (March 2023)
- [The Unresolved Anxiety of Phone Consultations](#), by Steve (July 2021)

All the Listen Up! reporter stories are available on our hub: groundswell-listenup-hub.org/



Further reading

- British Red Cross, [How digital exclusion impacts access to healthcare for people seeking asylum in England](#) (2023)
- FEANTSA, [Digital Inclusion for Homeless People and Homeless Service Providers](#) (2021)
- Good Things Foundation, [Infographics: Building a Digital Nation](#)
- Good Things Foundation, [Supporting digital inclusion in general practice: top tips and case studies for healthcare staff](#)
- Good Things Foundation, [Reboot UK Final Evaluation Report](#) (2017)
- Homeless Link, [Webinar: ensuring digital inclusion for those experiencing homelessness during the COVID-19 crisis and beyond](#) (2022)
- NHS England, [What we mean by digital inclusion](#)
- Pathway, [Digital health inclusion for people who have experienced homelessness – is this a realistic aspiration?](#) (date unknown)
- Simon Community Scotland, [By My Side App](#)

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