Evaluation of Digital and Health Literacy Pilot

October 2022

Introduction

BCVS is continuing to work with Bassetlaw Clinical Commissioning Group to facilitate collaboration with the Community and Voluntary sector.   To this end, BCVS had been asked to develop a pilot programme to add value to digital and health literacy work already taking place across Bassetlaw. A budget of £25K was available to enable the pilot to take place.

Pilot Outline

BCVS proposed division of this work into 4 lots to enable local CVS partners to plug gaps in provision and pilot new volunteering activity. BCVS was responsible for project co-ordination, organising training of volunteers, central reporting and evaluation. Priority for support was to be given to individuals identified via social prescribers/PCNs/VCS organisations as needing additional support in relation to digital confidence or competence.

Delivery Lots

4 delivery lots of £5K to reach into communities of place and interest:-

   I.   Top 20% deprived SOA areas within Bassetlaw £5K (specified by applicant)
  II.   Top 20% deprived SOA areas within Bassetlaw £5K (specified by applicant)
 III.   Top 20% deprived SOA areas within Bassetlaw £5K (specified by applicant)
  IV.   Minority ethnic communities across Bassetlaw £5K (specified by applicant)

Each lot was supported by use of 2 iPads, previously donated by Bassetlaw District Council. These were distributed to each lot lead organisation for use by volunteers.

Requirements of Each Lot Lead Organisation

- Recruit/identify at least 5 volunteers to support target community members to develop confidence and skills to use health apps (where appropriate this may be existing volunteers who are not already engaged in this type of support work to ensure increase in support available to the target community)
- Supervise and support the work of above volunteers
- Ensure the volunteers attend training to be organised by BCVS

- Complete monthly reporting against data requirements required by Bassetlaw CCG.
- Short anonymised online monitoring forms to be completed by or for (with support from volunteer) each participant after support received to include:
  - self- reported (by the participant) increases in digital literacy and confidence
  - reduction in self-reported social isolation/loneliness (where appropriate and where participant accesses more than one support session)
  - reduction in self-reported mild to moderate anxiety or depression (where appropriate and where participant accesses more than one support session)
  - rates of intended progression into further learning
- Organisation to identify 2 case studies each – one volunteer and one participant receiving support to demonstrate impact of support provided

Lot Organisations

Following an advertisement and application process, the following 4 VCS providers were confirmed as the successful provider organisations:-

- Bassetlaw Action Centre
- Centre Place
- Oasis Community Centre
- W2 Academy

Provider Focus/Detail of Offer/Outcomes

Details of individual provider focus/detail of offer is outlined at Appendix A, pilot data monitoring is outlined at Appendix B and case studies/feedback from lot organisations is included at Appendix C.

Conclusion

Due to the nature of the pilot, all 4 organisations had a different client cohort and approach, but the monitoring data at Appendix B outlines the successes of the pilot:-

- **A total of 287 individuals were offered the support of the pilot**
- Increased digital literacy
- Increased health literacy and activation
- Increase in confidence and mental health
- Increase in volunteering activity
- Reduction in social isolation

In addition, the 4 organisations have agreed to continue the project until the end of March 2023.

Appendix A

PILOT RESULTS BY ORGANISATION

Bassetlaw Action Centre, Retford

Pilot Focus

Bassetlaw Action Centre recruited a team of volunteers following their usual volunteer recruitment process to deliver the programme in the homes of people in need of support. They identified people in need of support through their existing projects eg. befriending and home support as well as other CCG-funded projects they support. They were also open to take referrals from link workers and other community organisations. The following super output areas were identified, although referrals would be accepted from all Retford/Retford Rural areas:-

- E01028033 Leverton, Grove, Rampton, Woodbeck
- E01028011 Baulk Field, Spital Hill

Pilot Detail

Clients were matched with a volunteer for a number of sessions to help give them confidence to use a smart phone or I pad. The skills provided would be transferable and enabled participants to build confidence in using NHS apps and searching for health information on Apple products as well as other phone and IT systems. A questionnaire was completed defore the intervention began and again after the support was provided, to measure the distance the client had travelled on their journey and identify what difference the intervention had made to them.

The 5 volunteers visited 2/3 individuals per week and each individual was offered 3 sessions initially. The clients benefited from having increased digital literacy that in turn gave them more confidence (see case study). It also resulted in a reduction in social isolation, due to being able to access apps and websites to keep more in touch with the world. In addition, it offered opportunities such as accessing self-help groups on-line and aiding further learning if wanted about other topics/activities.

112 individuals were supported.

Comments Received From Individuals

Pre-Support:-

- Uses own device to access internet x 24
- Too much on-line fraud
- I'm 97!!!
- I just don't understand it all
- Learning difficulties are a barrier
- On-line bookings not being used by my surgery at the moment
- Cannot afford computer
- Has an ipad but only uses to face time family, not interested in using it for anything else.
- Phone the GP for everything
- Struggle to use due to brain fog and dexterity

Post Support:-

- Uses own device to access internet (x 24)
- I am now more confident to search for what I want and use the internet for more than ordering prescriptions
- More confident than I was order prescriptions etc
- Use it for emails to family
- Uses it to search for information on anything and everything
- Was already confident to use it
- I wouldn't say I was an expert but I am very confident
- Uses phone to order prescriptions and search internet
- Uses phone to access internet (x 6)
- Doesn't like using internet - prefers to speak to someone in person
- Does not want to access internet outside of home ie use library etc

BCVS
Bassetlaw Community and Voluntary Service

Centre Place

Pilot Focus

Centre Place offered the digital and health literacy support to both existing young people in their services and was also open to accept referrals from partner agencies, our counselling service, LGBT+ Service and the Young people's social prescribing link worker.

Pilot Detail

Young people are confident in using technology but often access social media sites and information that isn't approved, accredited or reliable. The volunteers ran sessions for young people to raise awareness of apps and online content available to support their mental health, support them with self-help techniques and support available in a crisis. The pilot supported an increase in knowledge of support available, reduction in feelings of helplessness/isolation, ensured they are accessing content that is appropriate and safe and reduction in feelings of anxiety and depression. The volunteers supported the young people to be an active participant in their own mental and physical health needs.

The young people Centre Place supported were often reliant on technology which increased their feelings of anxiety and depression, in addition to becoming fixated on negative posts, length of time it takes a friend to respond, gaining incorrect or dangerous information and an unhealthy relationship with digital information. The volunteers supported the young people to regulate their digital health and find healthy ways of managing this. They promoted the use of health apps and supported them to find healthy ways to manage their internet use that does not have a detrimental effect on their wellbeing. Centre Place had 5 volunteers working on the project.

31 individuals were supported.

Comments Received From Individuals

Pre-Support:-

- YP supported in making a self-referral to counselling
    - During a group session young people looked at the app "panda"

- YP was online however due to being a victim of online bullying, parents stopped YP from going online. We explored NHS approved apps at the centre in a safe environment and discussed apps with parents.
- YP explored headspace app.
- Group explored chill panda app, has been voted the favourite app to use. It is a game that has breathing exercises and relaxation activities throughout.
- YP reported using a stop smoking app to monitor and reduce their self-harm. Explored NHS approved apps to help distract and cope during periods of MH difficulties.
- YP had device removed by parent due to staying awake all night talking to friends which impacts on MH.
- YP supported with downloading NHS app to view COVID19 Vaccination record.

Post-Support:-

- Whilst we explored the apps at the centre, the young person has gone on to use the app outside of the centre.
- Used headspace app online version, explored the off-line version to use when they don't have internet. Young person felt it was still good but not as good as the online version. Great that is has an offline option though!
- Used the headspace app for a while, but felt the free version was not very good as could hardly access anything. Recently mum has purchased a family plan for young person and siblings to use and feels this is much better and enjoy using it
- Whilst the YP confidence increased in being able to access the app and has ability to use it, the YP reported using the app made them feel worse as it focused on their poor mental health giving them that reminder. Suggested hiding the app in a folder however knowing it was there did not make them feel good.
- YP reported they are now regularly using the chill panda app and it is the most used app.

Oasis Community Centre, Worksop

Pilot Focus

Oasis undertook the work, in conjunction with participants of the Oasis Lifeline projects ('Gardening for Life', 'Flowers for life', 'Cacti for Life', 'Woodcraft for Life'. 'Arts for Life', 'Cooking for Life' and 'Photography for Life). They also agreed to accept referrals from various organisations and charities , along with self-referrals.

They delivered the pilot through volunteers working in the Oasis Community Centre. Referrals were accepted from the following lower output areas (as well as the remainder of Worksop), along with Carlton in Lindrick and Harworth, as Oasis had worked in these locations through Operation Oasis during the pandemic.

- Kilton
- Manton
- Cheapside/surrounding
- Sandy Lane/surrounding

Pilot Offer

Oasis worked with 5 volunteers to deliver this project and primarily supported people who came to the Oasis Community Centre. They also targeted the individuals they had reached through Operation Oasis (provision of food boxes during the pandemic), as this had brought them into contact with many people who were not digitally literate, who would benefit from their confidence being built and skills levels being raised. People benefited by being able to build some basic skills with digital technology and build confidence as well as benefitting from befriending and subsequently a reduction in loneliness and isolation.

90 individuals were supported.

Comments Received From Individuals

Pre-Support:-

- I went online because of covid to order food items
- Doesn't mean anything to me
- Limited knowledge. Only use internet when I have too.
- I am able to access things online if I want too but would rather speak to a human
- I would rather speak to a real person and contact through correspondence
    - I would rather have an interaction with a real person on the phone or in person

- Use the internet but like to talk face to face with Dr etc.
- Use internet regularly. Wants NHS app on phone.
- Use internet regularly for YouTube and facebook
- Did have internet but rarely used it because no need too. Everything needed is done over phone. Prefer face to face.
- Dyslexia hinders use online
- Covid forced me to be online. I know what I need to know.
- I have had to learn because of covid to order things.
- I would rather have an interaction with a real person on the phone or in person
- I don't have enough money for a computer or device.
- I am not very good with computers but I have tried.
- I like playing games but I don't do much else.
- I Like computers but I don't use them much.
- I wish I had a computer that worked well.
- I am a carer and need to use digital for support.

Post-Support:-

- Given a device at Oasis
- Oasis trying to find a device
- Improved computer use (and wellbeing)
- Doing more on own tablet

W2 Academy, Worksop

Pilot Focus

Deliver a digital health literacy project to ethnic minority community within the Bassetlaw area.

Project Detail

The project was undertaken as follows:-

Phase 1 – the setup and the introductory phase

This phase focused on getting all the necessary equipment and tools together to begin the project. The phase also included the recruiting of more volunteers to help advertise and deliver the project. A meet and greet event was organised for the volunteers to get to know each other.

Phase 2 – Pairing and Training

This phase focused on the pairing up of participants with volunteers, to better understand their digital and health literacy needs. Participants were then trained in various digital literacy workshops.

Phase 3 – Training and Evaluation

This phase overlapped with phase two, due to the needs of the participants. This phase tackled understanding and learning how to use different health apps, through workshops and one-one training.

54 individuals were supported.

Comments Received From Individuals

Pre-Support:-

- Identified barrier is that the NHS app has not worked when used. Telephone services are poor and this does not inspire confidence in use of digital services. Prefers one-to-one
- Would not use any digital tools - too old to start using the internet now
- Online services are too impersonal and you are asked intrusive questions that you find hard to answer online, such as loading pictures of the problem.
- does not use digital tools because it is too long and it does not ask relevant questions. Apps are also too complicated. They could be simplified. Would consider using digital tools if they were easier to use, they are currently not user friendly

- Finds it very difficult to get an appointment. More receptionists are needed and the service is not personal over video or telephone call.
- Trying to remember passwords tends to be a challenge. I prefer to call to make an appointment instead.
- No existent barriers. It easy to use and detailed. I will continue to use it because it makes getting prescriptions easier.
- No barriers identified. I do not use digital services because I live a healthy lifestyle that does not require me to visit the doctors
- Using online services would be easier than waiting in a queue on the phone. Will be willing to use it.
- Does not know whether the service is as effective as making a phone call.
- Not willing to use any digital services. Is a victim of online fraud therefore is unsure of using digital services. Prefers on the phone or in person services.
- Online services not effective. Experience so far, especially in an emergency makes it difficult to use them.
- In participants opinion issues around the uptake of these services are to do with accessibility. To use digital tools, one needs a smartphone and internet. Without both of these, access is not possible. Digital tools also need to be simplified to make it easy for all to use them. Low income families may struggle to access digital tools. There are also security issues, people are concerned about the use of their personal data. There needs to be greater transparency on what is done with the data. Replacing in person services with digital services is not a good idea.
- The use of digital tools is complicated. It needs simplifying to make it quicker. This participant has fond the verification process complicated and it discourages use.

Post-Support:-

- Prefers to call, but if they have to they will book appointments or look for other services such as finding a dentist or when looking for information relating to the children.
- Used digital tools to order prescription today.
- Only uses NHS app for holiday. Doesn't use health services generally, has not had any use for it.
- Awareness raised and knowledge of available resources increased.
- Made accessing Covid pass easier.
- Struggle with booking appointments with GP on GP system. NHS systems are slightly easier, but for different activities you have to use different systems. This makes it confusing.

- Constant changes to how the apps work or the systems make it difficult to maintain these. Also find theses patronising.
- It has made it easier to speak to the GP instead of waiting in a long queue
- Distrust of NHS. Feels that it takes away their freedom.
- Greater accessibility of health services
- I often get frustrated when the services don't work. I have tried using them following this project but it all ends in me being frustrated.
- Project raised greater awareness of available digital health services.
- It has made it easier to get help and understand what I can do to help with my bone cancer.

Appendix B

MONITORING DATA

Indicator 1: Digital Score At Commencement (% of Participants)

Digital Inclusion Scale (1-9 - Gov.UK Digital Inclusion Strategy)	Bassetlaw Action Centre	Centre Place	Oasis Community Centre	W2 Academy
1 = never have never will	61	3	5	14
2 = was on line, but no longer	1	-	8	2
3 = willing and unable	2	3	11	8
4 = reluctantly on line	5	-	11	8
5 = learning the ropes	8	-	6	9
6 = task specific	4	-	8	26
7 = basic digital skills	4	1	20	7
8 = confident	13	82	23	20

Indicator 2: Exclusion Indicator (% of Participants Who Provided Information)

Exclusion indicator	Bassetlaw Action Centre	Centre Place	Oasis Community Centre	W2 Academy
Elderly	79	-	56	2
Refugee	-	-	-	-
Asylum Seeker	-	-	-	-
ESOL	-	-	-	2
Disability	17	-	44	-
Low Income	3	16	-	6
BAME	-	-	-	90
Deprived Ward	-	68	-	-

Indicator 3: Barriers to Digital (% of Participants Who Provided Information)

Barrier to Digital	Bassetlaw Action Centre	Centre Place	Oasis Community Centre	W2 Academy
Never used, never tried	36	3	6	43
No device (can afford)	-	6	8	-
No device (cannot afford)	-	-	12	3
Access to digital learning/support	3	3	15	7
No internet access	6	6	6	-
Literacy skills	9	-	10	-
Not accessed in UK	-	-	-	-
Mental health	5	75	13	-
Physical health	2	1	15	7
Disability	8	-	13	3
Language/communication barrier	-	-	-	33
Too old	30	-	2	3

Indicator 4: Pre-Existing Health Condition (% of Participants Who Responded)

	Bassetlaw Action Centre	Centre Place	Oasis Community Centre	W2 Academy
Mental health	10	61	12	4
Dementia	3	-	3	
Elderly	52	-	13	7
Frail	2	-	1	
Wheelchair	1	-	-	1
Mobility issues	17	-	7	
Housebound	-	-	1	
Age related health issues	3	-	7	4
None	5	39	42	76
Other	5		12	7

Indicator 5: 1st Digital Health Literacy Activity (% of Participants)

	Bassetlaw Action Centre	Centre Place	Oasis Community Centre	W2 Academy
NHS app	22	33	53	52
NHS app library	-	30	-	-
NHS.uk website	5	37	47	14
Condition specific health	3	3	-	4
Booking appointments	14	-	-	22
Prescriptions	47	-	-	6
Accessing remote appointments	8	-	-	2

Indicator 6: 2nd Digital Health Literacy Activity (% of Participants)

	Bassetlaw Action Centre	Centre Place	Oasis Community Centre	W2 Academy
NHS app	6	19	6	20
NHS app library	-	10	-	-
NHS.uk website	2	-	12	32
Condition specific health	6	5		2
Booking appointments	17	5	8	26
Prescriptions	11	-	6	10
Accessing remote appointments	3	52	-	10
Learn my way	20	-	-	-
Other digital skills platform	-	-	2	-

Accessing local services digitally	-	-	56	-
On-line searching – support	11	19	6	-
Wellbeing/fun	23	-	3	-

Indicator 7: Digital Score At Commencement vs Digital Score After Support. Total Number of 'Scale' Improvements

	Bassetlaw Action Centre	Centre Place	Oasis Community Centre	W2 Academy
Total Number of 'Scale' Improvements	37	22	27	18

Indicator 8: How has health activation increased/decreased (% of Participants Who Responded)

	Bassetlaw Action Centre	Centre Place	Oasis Community Centre	W2 Academy
Increased	21	15	35	20
Decreased	-		-	
No change	71	11	35	67

				3
Physical health improved	-	-	-	3
Mental health improved	-	43	10	
Confidence increased	7	31	21	10
Confidence decreased	-	-	-	

Indicator 9: What does the participant do online post support (% of Participants Who Responded)

	Bassetlaw Action Centre	Centre Place	Oasis Community Centre	W2 Academy
Use approved apps	8	65	-	10
Nothing	61	12	14	25
Learning	2	-	39	-
Communication	1	-	18	13
Booking appointments	7	-	-	18
Ordering prescriptions	8	-	-	18
Use NHS app	4	7	4	13
Use NHS.uk website	-	-	-	3
Using health specific websites/apps	1	-	-	-
Accessing local support	1	4	7	-
Accessing wellbeing/fun	6	11	18	-
Other	-	-	-	-

Indicator 10: Impact (% of Participants Who Responded)

	Bassetlaw Action Centre	Centre Place	Oasis Community Centre	W2 Academy
No impact	67	8	16	25
Positive impact	33	88	46	53
Negative impact	-	4	-	2
Unknown	-	-	38	20
Other	-	-	-	-

Appendix C

EXAMPLE CASE STUDIES/FEEDBACK FROM ORGANISATIONS

Centre Place

Young Person Case Study:-

X is 14 years old and identifies as trans male. X referred to the service for support around his gender identity and managing his mental health difficulties as a result of his gender dysphoria. During one of X's one-to-one sessions to explore further support with his mental health, we looked at the list of NHS approved apps and the apps downloaded to the Ipad at the centre place. X advised he does not have a mobile devise as this has been removed by his mum and said this was due to mum thinking he doesn't get enough sleep. We looked at the mental health apps and explored which would be most appropriate for his needs. We looked at Kooth, headspace and chill panda.

We explored the Kooth app together and the young person really liked the activities section, especially the create your own superhero activity. We completed it together and read the comments on the discussion page, X enjoyed reading the superhero creations from other young people and said he had some ideas for the next time he does the activity. X liked how the app asked how he was feeling today and had the option to talk to a counsellor if needed.

X did not like the headspace app as it was difficult to navigate and had lots of paid features which we did not have access too.

X enjoyed the chill panda app and said it was a good activity to distract from his thoughts of self-harm and liked that it was a game as it wasn't too obvious what the app was for because it just looked like a game.

X said he would like to use the apps but he is not allowed his phone. We discussed this with mum and she downloaded the apps on her phone for him to use when he needed it so she knew he wasn't using his other social media sites that have a negative affect on his wellbeing.

During the second session, X shared he had been using the apps on mums phone and enjoyed using them. We completed an activity looking at what apps he used to use when he had a phone (Instagram and snapchat). The activity looked at the benefits and of all of the apps and the feelings he associated with them. X shared when using Instagram he feels pressured by the amount of followers he has and the amount of likes he gets on his photos. He feels pressured to post Instagram stories as a way to connect with his friends. X said when mum took his phone off him he felt he would get forgotten about.

X shared he uses snapchat to communicate with friends and keep up snapchat streaks. He said he was really angry at mum for taking his phone as he would lose his snapchat streaks and some were over 300 (this meant they had exchanged snapchats for 300 consecutive days).

We explored the apps discussed last week and how these made him feel. X said he was surprised at how often he used them and said if he had these on his phone he doesn't think he would have used them as much because he would have used his social apps instead. X said when he gets his phone back he will use the Kooth app and the chill panda app.

Outcomes:-

- X had improved knowledge of the apps available to him.
- X had increased confidence in using the apps.
- X reported improved mental health due to using the apps and the activities and forums available within the Kooth app.

Feedback from Georgia Crossland, Project Lead:-

"I think it is a really valuable project and we are learning a lot about the needs of young people. I think it has definitely been worth while exploring the mental health apps and learning what is useful and assessible and what isn't. The increase in referrals to our mental health services has made us look at what else we can do to support and we have identified the gap in provision eg between referral to intervention. We have had discussions about how this project is helping review the NHS approved apps and what is accessible/useful. This will then allow us to ensure we are recommending apps that hopefully will be useful to young people and we are exploring ways to get this information out at referral"

<u>Bassetlaw Action Centre</u>

Case Study 1: Adèle Lawson – Volunteer

I volunteered to support people with their digital literacy as I use it myself and know how much easier it can make life. The ease of being able to order my repeat prescriptions on-line, book GP appointments and access the NHS app is great as it saves me so much time and having to wait on the phone. I know that it also helps relieve the pressure on our NHS services if I can access things digitally.

I have enjoyed showing people how they can use their apps such as smart phones and tablets knowing that it will make life easier for them.

Case Study 2: Mr G – Client

Mr G already had a smart phone and tablet but he admitted that he didn't use them as he "didn't get on with them".

I explained how I loved using mine as it saved me so much time and stress. He said that he would like to be able to use them so I offered to show him. I helped Mr G get his log-on from his GP surgery so that he could order his prescriptions on-line and also showed him how to log-in on the NHS app. I showed him how he could access NHS information on-line and also how he could search for virtually anything he needed using a search engine.

Mr G was so pleased that he could access these apps, he said that he never thought that he would be able to do it (I could see that he was really pleased with himself!).

Outcomes:-

- Increased digital literacy (utilising smart-phone and tablet more effectively)
- Increased health literacy (able to order prescriptions, use NHS app and NHS website)
- Increased confidence and sense of achievement (with support from volunteer and being able to
- Increased independence (able to utilise smart-phone and tablet for other areas of live if required)
- Reduced social isolation (able to utilise smart-phone and tablet for social/wellbeing reasons, if required)