Using digital with the homeless community to benefit their health

A How To Guide for digital inclusion in health

October 2018





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### Introduction

The Homeless community are excluded from health care services for a number of reasons. These range for the simple logistics of registering with or getting to a GP practice to mental health issues stopping the person from engaging.

The Hastings pathfinder sought ways to engage people in their health in the places where they feel most comfortable and safe.

Understanding that people respond on the basis of what is most important to them at that moment means that journeys are not always linear. Therefore, patience and a caring environment, built up over time, are essential in providing the opportunity to engage in health conversations.

Digital inclusion can introduce people to a non-judgemental, trusted and tailored environment that, if supported, can lead to improvements in actions and a higher level of activation in their health.

We worked with the award winning Seaview Project in Hastings as a base to trial what digital inclusion could do with the homeless community.

This guide is the result of the co-designed 12 month pathfinder.

#### **Current situation**

Homeless people are unlikely to interact with health services, even though they could benefit the most

### **Intervention**

Use digital to show reliable health information in a place where the person feels comfortable and safe

#### **Outcome**

Increased activation in health conditions and re-engagement with local healthcare systems

### Intervention model

STAGE 1: Find and engage people where they are

STAGE 2: Understand their current situation

STAGE 3: Look at ways to make improvements

STAGE 4: Access and engage with health services

1

Local Org spend time out in the community finding known and new rough sleepers 2

Engage in conversation and introduce them to local support services

3

Assess health and use digital technology to access trusted information and advice

Identify areas for improvement / habits that can be changed to improve health

Start to engage with local health services ctive role

1a

Identify immediate health concerns and take appropriate action 4a

Develop digital skills and help the person take a more active role in their health

## Before you start

Trust is always important in health, and never more so when interacting with the homeless community.

The first step is to identify a trusted community asset that is already being used by some of the community (e.g. homeless day centre). It is best if this place helps people in a holistic sense and doesn't just specialise in specific areas such as benefits or housing.

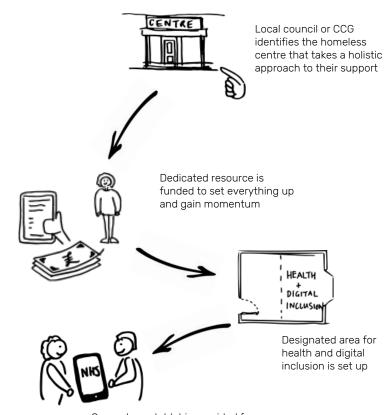
The relationships that have been built up there will, hopefully, mean that the community asset's reputation can play an important part in engagement. We used the Seaview Project Day Centre in Hastings.

The next step is to allocate someone to lead on digital health. This can start with just one person but can eventually become part of all staff and volunteers roles at the community asset.

It's good to dedicate a specific space to digital health. This is important as conversations will generally happen one-to-one and will likely be of a sensitive nature.

As well as the dedicated space, provide access to a computer/tablet for ad hoc use by the service users.

The equipment may not be used straight away but it's important to have it available for when people do feel comfortable to take it up.



Computer or tablet is provided for ad hoc use by service users and facilitated use in one-to-one conversations around health

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42

Develop digital skills and help the person take a more active role in their health STAGE 4: Access and engage with health services

Start to engage with local health services

1a

Identify immediate health concerns and take appropriate action

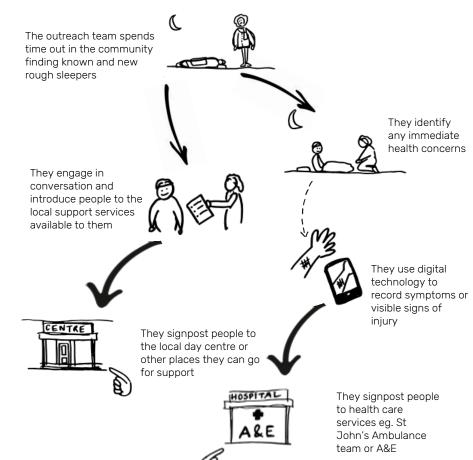
Outreach teams spend time in the community finding places where homeless people gather. They build trust over time and provide a vital first point of engagement.

The outreach teams will be able to quickly gauge whether they can begin a conversation with the people they find about their health and wellbeing.

If they identify immediate health concerns and the person isn't willing to go to A&E, digital can help the outreach teams to record symptoms or signs of injury. This can then be shared with participating support organisations like St Johns Ambulance.

If there aren't any immediate needs then discussions may lead to an introduction to the local homeless centre (in our case Seaview) where friendly faces, a cup of tea and as much help as they can give is on offer.

Over time the people they meet will take tentative steps to engaging with the homeless centre. They may be accompanied by someone or may find the confidence to come in by themselves. They are greeted without agenda and simply offered a place to stay warm and talk to others. They're free to engage with other aspects of the service at their own pace.



People who are needed (not exhaustive)

**Local Council Sponsor** interested in homelessness and its impact willing to champion this work and provide small amount of funding.

**Local CCG Sponsor** to be aware of the work and help to engage local health services.

**Local Homeless Centre** (community asset) who provides holistic support for those who are homeless in the community. They will have good ties with a host of other local organisations.

**Outreach team** who go out through the night to find homeless people and offer support, food, blankets and will introduce them to the Homeless Centre.

**Designated Digital Health Champion** based at the Homeless Centre who can begin conversations around health and digital.

#### Resources that are needed

**Tablet or computer** to be in place at the Homeless Centre for facilitated or ad hoc use.

A designated space within the Homeless Centre for private health conversations.

**Funding** for the Digital Health Champion as it will take dedicated resource to get things up and running and build the trust needed to engage people.

#### Don't:

- Force the health conversation too soon. It can be a big leap for someone to start engaging with an informal support service so introducing a much more formal service like health can be too much.
- Insist that people come to you for this there may be other places that they feel more comfortable in having conversations.

### Do:

 Be open and honest about why you're going this – this is vital to building the trust needed.

#### Don't:

- Fall into using health specific terminology health and wellbeing can be create a barrier to people engaging with you early on.
- Give up if they don't engage straight away. It can take a
  number of attempts and different conversations before
  someone is willing to open up about personal circumstances
  and issues their facing.

#### Do:

 Start by asking someone how they're feeling – this can lead to more meaningful conversations than ones specifically asking about their health.

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Identify immediate health concerns and take appropriate action **4**a

Develop digital skills and help the person take a more active role in their health

Once trust is built between the person and the Homeless Centre it can be a good time to talk about health.

Starting to build relationships with other local organisations means that they can decide where to meet, somewhere that they feel comfortable. This may or may not be the Homeless Centre.

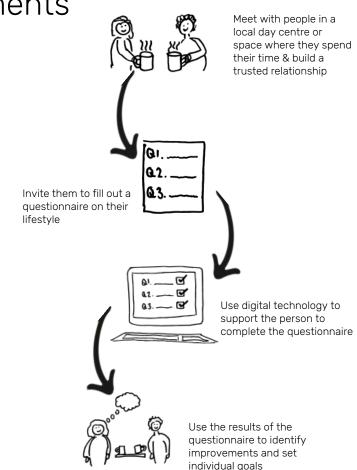
Using tools like the <u>One You Quiz</u> can be an effective way of starting conversations. We found that even the bits that aren't relevant still led to important conversations.

A questionnaire can give some instant feedback that can help you to identify and jointly agree some short and long-term goals.

Completing questionnaires on a tablet or computer gently introduces the concept of digital whilst still enabling discussions around health.

From here people may want to discuss other conditions. They may be ready to start searching for information on the Internet. Use <a href="the NHS">the NHS</a> website to find out what you need.

It's important to set the expectation that the Digital Health Champion isn't a health expert, they are simply opening dialogue and showing the possibilities of digital for accurate health information.



### People you need

**Designated Digital Health Champion** who is based at the Homeless Centre and can begin conversations around health and digital and is willing to travel to other community assets.

**Service Users** who now feel comfortable enough to have conversations about health.

### Resources you need

**Tablet** to take with you to different places.

<u>The NHS website</u> as a starting point to look up symptoms, conditions and medication.

**Health Questionnaires** to help facilitate a conversation such as the One You Quiz.

A growing list of accessible health tools and sources of trusted information to be maintained as you come across more frequently identified solutions.

#### Don't:

 Make conversations too specific. People's immediate concerns are the things they will talk about most. They may not be health related at first.

#### Do:

 Remember that people may already have knowledge about their long term conditions. NHS.UK might not have more information than them.

#### Don't:

 Worry if there isn't in depth information on a specific health condition. This information they find may be enough to encourage they to seek further support and advice from a more formal health service.

#### Do:

 Remember that the Digital Health Champion isn't a medical professional. Their role is to show that trusted information can be easily found.

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their current situation

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Identify immediate health concerns and take appropriate action

Once you have identified areas for people to improve and set some goals, the next step is to encourage them to explore ways of finding more information on how they can begin to make changes.

Arrange time to spend with them to further discuss what you have identified.

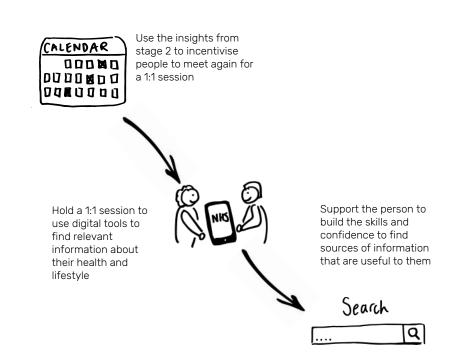
The NHS website is a great source of information about the conditions that people may have discussed, medication that they potentially should be taking (and how to take it) and what symptoms may need investigating further.

Start talking about any advice that the information provides and how they may be able to modify their lifestyle to make the most of this new information.

Encourage them to look for themselves and help them navigate through the NHS website.

It's really important to support people at this stage too as there may be other barriers to them engaging, such as learning difficulties and illiteracy.

It may be that they need additional support on digital skills before they're ready to take further steps themselves.



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### Resources you need

**Tablet** to take with you to different places.

<u>The NHS website</u> as a starting point to look up symptoms, conditions and seek advice on actions to take

#### Don't:

- Expect people to know exactly how to describe their health concerns.
- Expect the information you find to solve people's health concerns immediately – it's about starting to think about some first steps that they can take.

### Do:

 Encourage people to describe how they feel – searching for things in their language can help lead them to more detailed information that will help them better understand their concerns or condition.

#### Don't:

- Force people to tell you all about their health concerns –
  health is a very personal and can take time for them to feel
  comfortable in opening up.
- Just focus on ill-health also look at ways for people to continue any good healthy habits they already have.

#### Do:

 Allow people to start to engage with the information in their own time. If they start to shut down, change the conversation.

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At this stage the people may feel more comfortable in interacting with more formal health services.

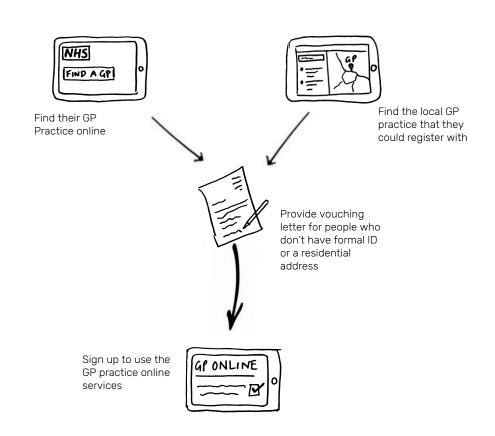
This can be a daunting prospect. Some service users won't have visited a GP in a long time and may not have had their conditions reviewed or their medication updated in that time.

Registering with a GP can be difficult if you don't have a fixed address or and recognised for of ID. You can help by communicating with the GP on behalf of them to explain how you're working with people and that they may want to register with their practice.

You can work with the practices to find the best way for you to help verify them. For example, in Hastings we were able to provide a vouching letter for the people to take with them.

The local CCG may be able to help with introductions to GP's and to help agree process for verification.

This stage can be very labour intensive. It's important that you take the time to understand the process in full and the potential issues that people may face when registering with a GP so that you can support them effectively along the way and set their expectations to avoid people dropping out of the process.



### People who are needed

**Designated digital health champion** who is based at the Homeless Centre and can help build the digital confidence of the service users.

**Service Users** who now feel comfortable enough to act on information they have found out.

**Local CCG Sponsor** to be aware of the work and help engagement with GP practices and verification.

**GP Practice's** who are willing to engage and register new people.

**Community Assets** e.g. library that can act as a step to more structured appointments.

#### Resources that are needed

**Tablet** as it's portable (when going to a different site)

**NHS.UK** as a starting point to look up symptoms, conditions and seek advice on actions to take.

Patient Online knowledge of procedures.

**Template vouching letter** to complete for users when needed.

#### Don't:

- Expect all GP practices to have the the same process and systems for people to register with them.
- Expect the people you're supporting to have the information or formal identification that GP practices expect when registering with them.

#### Do:

- Take the time to map out the different processes that people will need to go through in order to register with services.
- Take the time to explain your work and build relationships with local health services.

#### Don't:

 Give up – this may be a completely new experience for the staff at the GP practices too. They will need to feel confident that they can accept alternative forms of ID and proof of address.

#### Do:

 Keep communicating with the people you're supporting – it's vital that they know you're there to support them in this to help them from giving up.

### In your area

This is how we did it in Hastings. We have tried to make the model as flexible as possible allowing for local context and local needs

To embed this into another area we recommend;

- Ring fencing time for a worker in a local Homeless Centre to begin digital health inclusion work
- Work closely with CCG and GP practices to make the referral / registering journey as easy as possible

If you would like to discuss how you might be able to try something in your area please contact tim@goodthingsfoundation.org

### **Assets**

**Evaluation** 

Case Studies

Design Workshop 1 - Stakeholders

Design Workshop 2 - User research and modelling

Alpha review

NHS.UK

One You Quiz