



Report: Digital Inclusion

September 2023

In collaboration with:



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About Us

Healthwatch Enfield¹ serves as an independent champion for local people who use health and social care services; we lend our ears to the Enfield community and represent their voice. We team up with multiple community organisations and statutory institutions to share information and gather insights in the aim to help improve the quality of health and social care services in the borough.

- We share information and advice with residents to ensure they get the support they need, acting as a health and social care champion.
- We gather feedback through projects, experiences shared by residents and community groups and social listening to share with public health and social care leaders and local decision-makers to help guide local policies and strategies.
- Healthwatch is for everyone that uses all health and social care services, ranging from GPs to care homes, hospitals to pharmacies!

¹ Healthwatch Enfield (website): <https://www.healthwatchenfield.co.uk/>

Executive Summary

In March 2023, Healthwatch Enfield collaborated with the Care Quality Commission (CQC) to explore the reasons behind digital exclusion among specific community groups and how they share feedback about health and social care services. Our investigation sought to understand their access to digital devices, feedback sharing patterns, and their awareness and expectations of the CQC.

During April – August 2023, 116 people took part in our survey on digital exclusion, service feedback and the CQC: 86 in community engagement sessions and 30 in a general survey.

Key Findings:

- The main barriers identified in accessing digital devices and services were language barriers, lack of skills, lack of confidence, physical impediments, sensory impediments, and costs.
- The main barriers identified in feedbacking to services were language barriers, sensory impediments, mistrust, and past negative experiences.
- Each group studied in our community engagement sessions has unique barriers to digital access:
 - People with learning disabilities and/or autism might own digital tools but face barriers to use them. Some are likely to not own digital devices or updated versions due to costs.
 - People with physical and/or sensory disabilities might own digital tools but face barriers associated to their impediment to use them.

- People with disabilities and/or sensory disabilities stated that personalised training is preferred but have concerns of safety when travelling to places that facilitate these onsite.
 - Digital barriers are predominantly psychological among people with disabilities, the elderly, and ESOL participants, due to a lack of confidence and desire for privacy.
 - ESOL participants varied in access and use. From interaction, those who speak fluent English are most digitally literate and owned devices, where as those that spoke English at a functional level are mostly digitally excluded.
 - ESOL participants stated language being the key barrier in accessing services digitally and taking up training as what is offered to them is only available in English.
 - ESOL participants, particularly those who stated to be refugees, asylum seekers, are homeless, living alone in UK, and/or single parents are likely to have few to no digital devices due to costs.
 - Some participants in the mental health group do not have access to digital devices due to costs.
- Each group studied in our community engagement sessions has unique barriers to feedbacking services and CQC:
 - Some people with learning disabilities and/or autism raised the difficulty to provide confidential feedback if they rely on their support worker/carers/relatives for communication.
 - People with physical and/or sensory disabilities and people with learning disability and/or autism have raised that current health and social care feedback systems are not inclusive to people with disability, particularly those who are visually impaired expressed it was difficult to do so.

- Participants with long-term conditions, particularly stroke survivors have raised that feedbacking would be difficult if they are still recovering from their conditions.
 - People with disabilities and/or sensory disabilities stated that feedback workshops are preferred but have concerns of safety when travelling to places that facilitate these.
 - ESOL participants stated language being the key barrier in providing feedback as most channels is only available in English.
 - ESOL participants, especially those who stated to have refugee, asylum seeker, and/or homelessness background expressed a deep-rooted distrust in authority due to discrimination, fear of liberties taken away, and were victims of fraud.
 - The unique challenges faced by unpaid carers, such as time constraints and responsibilities, impact their ability and willingness to provide feedback.
 - Participants in the mental health group expressed lacking in confidence to share feedback and concerns over privacy.
 - Participants in the mental health group stated to share an indifference in giving feedback in the belief that 'it won't matter'.
- While 92% of general survey respondents have access to smartphones, the respondents from community engagement sessions indicate varying levels of actual device usage, often hindered by disability, trust, or economic factors.
 - The general survey indicates a preference for electronic feedback methods (email or text). In contrast, the focus groups reveal a more

diversified preference, often leaning towards phone calls or face-to-face interactions.

- Over half (57%) of general survey respondents are aware of the CQC. However, specific demographic groups, such as those with ESOL and the mental health group, have limited knowledge or trust in the CQC.
- Reliance on family, friends or support workers for digital tasks is common, especially among the elderly, ESOL or those with sensory/physical disabilities.
- Mistrust in authority figures, concerns about privacy, and fear of repercussions prevent individuals from providing feedback.
- Particularly among unpaid carers, mental health, and ESOL refugees/asylum seekers, there was apprehension about conveying negative experiences. This reluctance stemmed from concerns about stigma and worried that it may affect their access to current and future services.
- There is a consistent theme of communal locations like faith places or community hubs, non-clinical locations (libraries, supermarkets) being crucial for training, support, and information and signposting.
- Demand for diversifying outreach, not relying solely on digital platforms. Instead, exploring traditional methods and interpersonal interactions (face-to-face sessions, community workshops).
- There is a notable preference for practical support, particularly personalised or specialist assistance for digital training and feedbacking.
- Participants raised that technical difficulties, hardware issues, buggy updates hinder their ability to provide feedback.

- Many participants indicated that past experiences of providing feedback or raising complaints were met with no response or inadequate follow-up, making them hesitant to offer feedback in the future.
- Awareness of the CQC, its role, and services is low among all community engagement groups and the majority of survey participants, especially very low amongst ESOL participants who spoke functional English.
- Notably, professionals in public health and social care (retired nurse, civil servant etc), along with White respondents aged 70+, demonstrate a particular familiarity with the CQC.
- Across the various groups, a prevailing sense of apathy was observed. Despite the widespread feeling that sharing experiences led to no tangible change, a persistent subset remained willing to continue giving feedback to services.
- Those willing to continue to give feedback to services; reasons include 'wanting to be heard', a demand for an apology or redress if unsatisfied with a service, or wanting to improve services.
- The majority of participants emphasised great value in the importance of receiving a response or acknowledgment upon submitting feedback.
- The majority of participants emphasised great value in the importance of receiving acknowledgment upon submitting feedback in surveys about improving services.

Recommendations

1. Increase Public Awareness of CQC:

Launch a targeted advertising campaign to increase awareness of the CQC's mission and feedback collection methods. Aim for a defined increase in public engagement over the next 12 to 18 months, utilising social media, community boards, and local partnerships and events for advertising.

2. Dissemination of printed material containing CQC contact information:

To enhance accessibility, printed material such as leaflets or posters should be made available in multiple languages including Braille. For optimal reach and visibility, they should be displayed in communal areas, including but not limited to non-clinical settings such as libraries and places of worship.

3. Support for People with Disabilities, Unpaid Carers, and Mental Health:

Develop/encourage/facilitate specialised support programs for individuals with complex backgrounds. Partner with advocacy groups to support programme development and encourage feedback of services.

4. Cultural Competence Training:

Implement cultural competence training focusing on disabilities and global majority communities. Train 90% of staff within the first year, the training should be refreshed and its effectiveness reviewed regularly.

5. Feedback Ambassadors:

Connect with organisations to recruit volunteers from different backgrounds to become CQC Feedback Ambassadors within their communities. These ambassadors can help spread awareness, provide

training, and collect feedback, acting as intermediaries between the community and the CQC.

6. Accessibility Improvements:

Ensure all CQC services accessible to individuals with visual and physical impairments. CQC to encourage regulated services to do the same. Conduct annual accessibility audits if not already in place, utilising people with direct lived experience of barriers to access.

7. Customised Feedback Portals:

Develop online feedback portals tailored for different demographics, ensuring they cater to specific needs. For instance, having a portal with simpler language and intuitive design for those with learning difficulties (image guidance, easy to read format), or a portal optimised for screen readers and Text-to-speech features for the visually impaired.

8. Confidentiality Measures:

Implement/encourage confidentiality processes for individuals with learning difficulties and autism, aiming to empower them for more independent communication, while still valuing the role of support workers and families when needed.

9. Outreach to Isolated Groups:

Develop an outreach program targeting individuals who do not frequent community place (people with mobility disabilities, bedbound, carers etc). Use local partnerships where possible and incentivise local community groups to be involved and increase reach. Consider partnerships with schools, GP practices and other places more isolated individuals may attend.

10. Support for ESOL, Refugees, and Asylum Seekers:

Offer language and translation services for feedback and complaint processes. Recognising the unique challenges faced by these individuals, it's essential to create an environment where they feel heard and understood.

11. Feedback Channels for Long-term Conditions:

Create specialised feedback channels for individuals with long-term conditions and physical disabilities. Aim to increase feedback from this group, for example by using accessible technology like voice-activated systems.

12. Community Feedback Workshops:

Organise periodic public workshops where individuals can learn about the CQC's services, understand the importance of feedback, and share their experiences. Workshops can also be tailored to specific groups, including adjusted requirements such as travel safety, flexibility and accessibility, which enhance inclusivity, build trust, and guarantee more nuanced feedback.

Introduction

In March 2023, the Care Quality Commission (CQC)² invited Healthwatch Enfield to gather insights from specific community groups who are digitally excluded from raising concerns and providing feedback on services to the CQC.

We wanted to find out:

- If they share experiences of care. Who do they share them with and how?
- Hearing about the expectations people have when they feedback/raising concerns to CQC.
- How can CQC help enable them to share their experiences with us?
- How we can feedback to them if they are digitally excluded?
- Are they aware of what CQC will do with the information they share?
- We would like to know the primary reason for digital exclusion whether this be material prevention, accessibility needs, or barriers related to skills/knowledge/language.

Our findings outlined in this report will assist the CQC in understanding the barriers to those digitally excluded. Furthermore, it can leverage future research projects that can address challenges in access to health and social care services.

² Care Quality Commission (website): <https://www.cqc.org.uk/>

Background

Who are the Care Quality Commission (CQC)?

The Care Quality Commission (CQC)³ is an independent regulator of health and social care services in England. Tasked with ensuring high standards, the CQC oversees the quality and delivery of care, playing a crucial role in maintaining the welfare of service users and continuous improvement in how care is being delivered.

What is Digital Exclusion?

In an increasingly interconnected world, where digital technologies are revolutionising the way we communicate, access information, and provide feedback, it becomes essential to ensure that all members of society can fully participate in these advancements. This project, commissioned by the CQC delves into a critical concern that often remains overlooked in feedback to health and social care services – the phenomenon of digital exclusion.

Digital exclusion⁴ refers to the disparity experienced by individuals who do not have access to, or the skills to use digital technologies and the internet. Despite the rapid advancement and adoption of digital technology in the UK, there remains a significant portion of the population that is left behind, often due to factors such as age, socio-economic status, cultural, and language barriers or geographical location. Limited access to digital technologies can perpetuate disparities across various aspects of life, including healthcare, education, civic engagement and quality of life.

This presents a pressing challenge for marginalised communities that are commonly seldom heard, as they are most vulnerable to digital poverty.

³ Care Quality Commission – About Us (website): <https://www.cqc.org.uk/about-us>

⁴ Good Things Foundation (website): <https://www.goodthingsfoundation.org/the-digital-divide/>

Recent studies reveal that approximately 10 million people in the country are deprived of the essential digital skills needed to navigate the online world effectively or do not have access to technologies. Even more startling is the fact that nearly 4.8 million residents do not access the internet at all, either due to a lack of resources, knowledge, or other barriers.⁵

The CQC recognised the need to explore the impact of digital exclusion on the ability of Enfield residents to provide feedback, a fundamental process in ensuring the quality and effectiveness of services. We collected insights from the following seldom-heard groups under the categories of:

ESOL

**Physical and Sensory
Disabilities**

**Learning Disabilities
and Autism**

Mental Health

Long-term Conditions

Unpaid Carers

⁵ NHS – What we mean by digital inclusion? (website): <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/digital-inclusion/what-digital-inclusion-is>

Methodology

For this research project we used mixed-qualitative methods. We conducted a series of focused group discussions and semi-structured interviews that allowed us to engage directly with a diverse cross-section of Enfield residents and community groups. These discussions provided qualitative insights into the nuances of their feedback experiences, shedding light on challenges and offer detailed accounts.

Additionally, our second stream of the project involved the distribution of surveys. The survey was distributed both online and in physical paper format at community locations.

How did we conduct the engagement?

- The paper surveys were placed in community places such as libraries, churches, and community house.
- The survey was promoted and shared online, through social media platforms, email, and other digital channels and will primarily target community leaders, volunteers and voluntary sector organisations who regularly work with marginalised communities and those more likely to be digital excluded.
- We organised focus groups to discuss digital exclusion with specific groups and members of the community. These focus groups will be conducted in person, via the telephone and online.
- We partnered with local community organisations, which we utilised to provide valuable insights into the needs of the communities involved.

- We used social media to raise awareness of digital exclusion and gather feedback from the community. We will create posts that encourage people to share their experiences with digital exclusion including using hashtags to help spread the message – recognising that those able to do so are likely to be less digitally excluded than our target groups.
- We attended any available community events to gather feedback on digital exclusion. At these events, we can further distribute surveys, talk to community members, and gather information on the challenges they face in accessing digital resources.

Group	Engagement approach	Number of participants
Adults with Learning Disabilities and/or Autism	Focus group	5
Physical and/or Sensory Disabilities	Focus group 2 Semi-structured Interviews	2 2
English as a Second Language	3 Focus groups	6 18 25
Long-term conditions	Focus group	9
Mental Health	Focus group	6
Unpaid Carers	Focus group	13
		TOTAL = 86

General Survey	Number of participants
Paper survey	22
Online survey	8
	TOTAL = 30

Participants have been anonymised to protect their identity and uphold Data Protection policy and guidelines. There has been overlap in the study as some individuals with long-term conditions also have physical disabilities.

This study faced several limitations which are worth noting for the interpretation of our findings and for future research directions. Firstly, our data collection coincided with the summer holidays, a period when many individuals are away. This inadvertently led to challenges in reaching out to potential respondents, particularly through our general survey. Moreover, many community venues, which could have served as potential sites for data collection were largely empty or closed during this period.

Another limitation was staff capacity and time constraints of community organisations, which restricted our ability to engage with specific groups that could provide invaluable insights into digital exclusion and awareness of the CQC.

Community Engagement Findings

During April – August 2023, we reached out to 86 people in community focus groups and semi-structured interviews. This section delves into insights collected from our community engagement sessions, which consisted of seven focus groups and two semi-structured interviews.

Adults with Learning Disabilities and/or Autism

One to One – Learning Disability and Autism forum

The study explores the challenges faced by individuals living with learning disabilities and/or autism in utilising digital technology and providing feedback in their experiences of health and social care services due to various cultural and socio-economic factors.

This focus group consisted of five participants living with Learning disabilities and/or autism, and a support worker. Comprised of 3 males, 3 females, ages ranged from 30 to 70+ years old.

Barriers to digital access

- All participants have smartphones, 40% owns a smart tablet.
- 40% do not own a PC (laptop/computer) due to being unable to afford internet, unequipped with the skills to use the devices, or has a condition that prevents them from using a PC.
- 20% of the 5 participants do not have access to internet or broadband as they are unable to afford it. They also voiced that benefits are too little, have to focus on able to live.

- Whilst 80% of the participants stated they were competent in their digital skills, 20% felt they needed additional training.
- All participants received welfare benefits, including PIP, DSA, Universal Credit, Housing Benefits, and Pensions.

Sharing experiences of care

- Preferred method of providing feedback:
 - 80% of the participants preferred giving their feedback over the phone.
 - 40% participants preferred providing feedback face-to-face/in-person.
 - 20% participants preferred providing feedback through text messages.
 - 20% participants preferred writing a letter.
- 20% of the participants do not provide feedback, reasons being due to their disabilities (partial sight loss, non-verbalism), fear that their support services will be affected and that they have provided feedback in the past but had no response.
- There was also a prevalent concern about potential repercussions to their adult social care services if they provided feedback.
- Issues related to safeguarding confidentiality arose, particularly when these individuals depend on support workers and prefer certain information to remain undisclosed to them.
- 20% of the participants have provided feedback/raised complaints to health and social care facilities.

- Participants have mentioned providing feedback/complaints to facilities such as GP practices, hospitals, adult social care, and Enfield Council.

Selected Feedback

Digital Barriers

"Passwords doesn't work, the phonenumber can be unreliable."

"On the telephone is too long. My mind is elsewhere by then. They transfer to different departments."

Training and Skills

"I'm dyslexic so I find it difficult to fill forms. There should be images on websites that could help guide me."

"We need a specialist to help us fill in forms and write complaint process. Preferably printed complaint forms."

"More online accessibility tools, easy-to-read forms that can be printed out and sent to service."

Barriers to providing feedback

"Too much technical jargon on forms and surveys."

"Can't read letters or emails. I can't give letters. My support worker has access but even then, I am unsure if I can [as it's confidential]."

"I feel anxious to give feedback. How do I give feedback about my support services if I rely on them?"

Value in providing feedback

"It's very important! We want to know how fast it will get done, and get the responses straight away."

“We’re a diverse group [of people with disabilities], all of us have different needs and expectations. We are interested in development of services.”

Feedback and communication with the CQC

- 100% of the participants are unaware of the CQC and haven’t heard of the institution.
- All study participants expressed the significance of receiving a follow-up after submitting feedback on services.
- Every participant stated they value the importance of being notified about surveys focused on service enhancement.

Conclusion

Individuals with learning disabilities and/or autism express a distinct blend of digital accessibility challenges, with economic constraints and varying digital skill levels playing pivotal roles. While phone calls are the preferred feedback method, barriers exist, including apprehensions about service repercussions and disability-specific constraints. Furthermore, the unanimous lack of awareness about the CQC suggests a pressing need for institutions to enhance their outreach and communication efforts. Ultimately, the study demonstrates a clear call for more inclusive digital solutions, enhance disability competence training, and improved communication channels for feedback and awareness.

Enfield Vision – Person with Visual Impairment

The study explores the challenges faced by a person living with visual impairment, total blindness in the utilisation of digital technology and providing feedback on their experiences with health and social care services.

This semi-structured interview involved one male participant of mixed-racial background, ~40 years old. In addition to his visual impairment, which has worsened over the past six years, he also contends with a long-term health condition and has undergone heart bypass surgery.

Barriers to digital access

- Owns a smart phone and computer, but relies support from wife in managing it.

Sharing experiences of care

- Relies on oral support from wife when it comes to IT, phone, booking appointments.
- With support, he prefers to provide feedback in-writing or by email.
- If he were to give feedback personally, he prefers providing feedback face-to-face in welcoming and accessible environments.
- Getting to these places requires effort to check journeys, really cautious and have to keep in mind of safety.

Selected Feedback

Barriers to providing feedback

"When it comes to writing and reading, my confidence is nil."

"I like to keep things private rather than complain."

Feedback and communication with the CQC

- Heard of the CQC but also expressed not interested in giving feedback to them.
- On a personal level, most often he chooses not to give feedback.
- Finds it important to receive a response if feedback is offered.

Conclusion

The primary participant's challenges are rooted in visual impairment, highlight the complexities he faces in an increasingly digital world. Notably, there's an evident reliance on interpersonal support systems, as showcased by the subject's dependency on his wife for assistance with digital tasks and communication. Although he possesses the tools for digital access, the barriers are predominantly psychological, stemming from a lack of confidence and desire for privacy.

Local Resident – Person with Visual impairment

The study explores the challenges faced by a person living with visual impairment in the utilisation of digital technology and providing feedback on their experiences with health and social care services.

This semi-structured interview consists of one male participant of white British background, 75 years old.

Barriers to digital access

- Does not use digital devices aside from Amazon's Alexa dot and Siri function on phones.
- Everyday use, mainly uses it for audio books, and directing/receiving phone calls.
- Has experience using computers but if he were to require onsite-training, he would have difficulty as he cannot use transport.
- Participant is open to additional training/support to help him use digital devices, quoted specialist assistance and affordability being key.

Selected Feedback

Training and Skills

"Someone can show me what to say so I can use the computer."

"If computers could be adapted [to people with disabilities], cost could not be a problem."

Barriers to providing feedback

"No braille facilities or specific means to feedback or any other methods for visually impaired, blind or deaf people. We are often left out or not considered important in things like this - most of us do not have

experience of feeding back as we are not usually asked especially by most professionals and organisations.”

“Most technology does not have braille for visually impaired people. The technology that does is very expensive. Most people in my networks who are visually impaired and blind are not able to afford the tech.”

Sharing experiences of care

- Preferred providing feedback over the phone.
- Has provided feedback/complaints to facilities such as GP practices and hospitals, over the phone.
- Has relied on RNIB (Royal National Institute of Blind People) to assist him providing feedback/talk with customer service with companies.

Selected Feedback

Value in providing feedback

“CQC does not help people with disabilities, they do not cater to people outside the norm.”

“A response is important but, in my experience, no-one rings back, which is very disappointing.”

“Be able to talk to someone, a human being. Not a computer.”

Feedback and communication with the CQC

- Is aware of the CQC but not sure of what they do, particularly with the disability community.
- Values a response and acknowledgement after he gives feedback on anything. Being visually impaired it is important to him.

Conclusion

This study shows the struggles of an older person with visual impairment in today's digital world. The participant's limited use of digital technology, primarily restricted to voice-activated systems, demonstrates a divide that can be present among this demographic. In addition to cost or technical challenges, other barriers include issues such as accessing onsite-training due to travel safety. Despite these obstacles, there exists a strong willingness and openness to learning, provided there is appropriate support and considerations of affordability. While the participant emphasises the importance of human interaction in feedback mechanisms, there is an expressed dissatisfaction with entities like the CQC, highlighting potential shortcomings in their outreach and response systems for the disabled community.

Enfield Disability Action – Physical Disability, Wheelchair-users

The study explores the challenges faced by individuals living with physical disabilities, wheelchair-users in utilising digital technology, providing feedback, and sharing experiences on health and social care services.

This focus group consisted of two participants living with physical disabilities, both of whom are wheelchair-users. Both participants were women, with one a working-aged adult and one pension recipient.

Barriers to digital access

- Both participants own smartphones, one participant owns a laptop.
- They frequently use their devices, mainly used them for socialising, filling in applications and work-related activities.
- Both participants do not feel confident using the digital devices despite own a few. Would appreciate more training and accessibility features.

Selected Feedback

Digital Barriers

"I need to use magnifier tool to use on my work tablet and computer. The language and the text require me to do so. I need assistance reader."

"People need to be more considerate about the elderly - we are not always able to, or want to use these devices to do daily things. It's easier for me to do things face to face where possible."

Barriers to providing feedback

"I don't have time. I don't see the point to be honest. Most people are not interested in us older ones especially when we are slow."

“Difficulties to give [non-verbal] feedback due to eyesight problems.”

Sharing experiences of care

- Preferred method of providing feedback is face-to-face followed by emails.
- One participant said they are reluctant to give feedback sometimes due to staff attitude.

Feedback and communication with the CQC

- One of the participants is aware of the CQC due to her profession.

Conclusion

This study reveals the challenges wheelchair-users face in a digital world. While they own and use digital devices, both participants lack confidence in their skills and desire more training and accessibility features. Eyesight issues and a sense of being left behind in the digital shift are evident concerns, particularly for the older participant who relies on family for assistance. Face-to-face interactions remain their preferred method for sharing care experiences. This preference, combined with reservations about feedback due to staff attitudes, indicates a need for more inclusive digital platforms and improved care service interactions.

Enfield Community Partnership – Bulgarian, Romanian, and Albanian Parents

The study explores the challenges faced by Bulgarian, Romanian and Albanian parents in utilising digital technology, providing feedback, and sharing experiences on health and social care services.

This focus group consisted of six young mothers from the Bulgarian, Romanian, and Albanian communities. These mothers are primary caregivers for multiple children and face unique challenges due to language barriers, low income, lack of skills and limited access to resources. Many of them are refugees and some are homeless. Ages ranged from 30 to 50 years old.

Barriers to digital access

- Five out of the six participants own phones but not necessarily smartphones. One participant owns a laptop.
- A participant that does not own a phone due to security reasons and personal safety.
- Language barrier is the primary reason for unwillingness or unuse of digital devices, followed by costs and lack of support and skills.
- Majority do not have internet due to costs, lack of equipment, lack of digital literacy, and not owning smart devices.
- Language support is the most popular suggested assistance required, followed by financial technological assistance and specialist support.

Sharing experiences of care

- The majority preferred to give feedback by email or text message. 10% preferred to give feedback through writing a letter.
- Nearly all of the participants had not given feedback or raised complaints to services due to other commitments such as benefit applications, housing etc.
- The majority of the participants felt reluctant to give feedback due to distrust and fear. There was little trust in authority institutions because of past experiences of scams, fraud, discrimination, and the fear of having liberties taken away.
- Some of the parents rely on their school age children to do translating and interpreting.

Selected Feedback

Digital Barriers

"I can't afford to buy a new phone and top-up credit."

"I don't like carrying my mobile around with me for safety reasons."

Training and Skills

"My English is not good."

"English is my second language - it is very difficult for me."

"We need help with more translators to help us understand this kind of information before we can feedback our thoughts and issues - which are many."

"I am Romanian - I do not read or write well in my own language or in English. I need support."

"We are Albanian refugees - we do not understand much here."

Barriers to providing feedback

"I do not trust them with all the scams."

"I do not understand most things in the UK - I have not been here for that long."

Feedback and communication with the CQC

- None are aware of the CQC, but also note that some of the participants are new to the UK.
- Majority of study participants expressed approval in the importance of receiving a follow-up after submitting feedback on services.
- 20% said it was neither important or unimportant.
- 80% participant underscored the importance of being notified about surveys focused on service enhancement.

Conclusion

The primary challenges faced by these parents include reluctance to use digital technology and share feedback due to a deep-rooted distrust in authority figures. The fear of having their liberties taken away and concerns about privacy contribute to this reluctance. Many are unfamiliar with government regulatory bodies like the CQC and lack awareness of available support services. Language barriers is the primary obstacle to utilising digital technology and access to services in general.

Rumi Mosque – Interfaith Breakfast Club

The study explores the challenges faced by people of the global majority background (Black Asian Minority Ethnic) in utilising digital technology, providing feedback, and sharing experiences on health and social care services.

This focus group consisted of 18 participants of diverse ethnicities, which includes Turkish, Bangladeshi, Pakistani, Indian, Sudanese, Black British, White British, Mauritius, and White French. All are attendees of the Rumi Mosque Interfaith Breakfast Club. Ages ranged from 20 to 70 years old.

Barriers to digital access

- 94% of the 18 participants own a smart phone. 39% own a laptop/desktop computer.
- Mainly used digital devices for social media, news, shopping, music and browsing information.
- The majority of the participant stated they were confident in using digital devices but would like to see more IT training available in libraries.
- Some of the participants spoke English at a functional level but can understand reading it. One participant uses Arabic translator app to help him on the phone.

Sharing experiences of care

- 61% preferred face-to-face interaction as their method of providing feedback.
- 89% of the participants had raised complaints to the Enfield Local Authority, in regards to adult social care and common council

services, methods include face-to-face and by telephone, sometimes repeated calls.

- It was commented that because the system was protracted, often the phone cut-off, and it was necessary for them to phone again.
- Some of the participants rely on their family, adult children to support them on application filling, booking appointments.
- Not all of the participants have that support network however, as some have family in their home country and not residing in the UK.

Selected Feedback

Barriers to providing feedback

“Not everyone goes to these places [community clubs]. The most-harder to reach people are in home and are most digitally excluded.”

“The problem for me is not providing feedback but jumping through hoops to do it.”

Methods of providing feedback

“Emails are easy for me. It’s convenient, allows more detail and I get responses faster that way.”

“Face-to-face is much better as body language can be seen. They can understand my facial expression.”

Feedback and communication with the CQC

- Majority of the participants are unaware or unfamiliar with the CQC, 17% cited to be aware of it and their professions were retired health and social care professionals.

- Participants stated that there should be efforts to increase awareness of the CQC, and suggested their services to be promoted in libraries or community hubs.

Conclusion

This study provides insight into the digital experiences and feedback preferences of a diverse group from global majority backgrounds. While most participants are adept with digital tools like smartphones, there's a clear call for more IT training, particularly in accessible venues like libraries, faith places (mosques, churches), and community hubs. Language barriers, evidenced by the use of translation apps and reliance on family for tasks like filling out applications highlight the need for multilingual support in digital services. The majority's preference for face-to-face feedback highlights the value of human interaction and non-verbal cues in effective communication. Participants also highlighted that those who go to communal places are likely to be digitally literate, where as those lacking the digital skills tend to remain isolated in their homes.

East Asian Women Association – Health & Wellbeing Chat

The study explores the challenges faced by people of the global majority background (Black Asian Minority Ethnic) in utilising digital technology, providing feedback, and sharing experiences on health and social care services.

This focus group consisted of 25 participants of diverse ethnicities, which includes Indian, Pakistani, Bangladeshi, Pilipino, Asian British, Black British, White British etc. Comprised of 24 females and 1 male, ages ranged from 40 to 70+ years old.

Barriers to digital access

- 64% of the participants own a smart phone, 36% own a smart tablet, and 24% own a laptop/desktop computer.
- 8% do not own digital devices, reasons include lack of digital skills and knowledge.
- Mainly used digital devices for social media, connecting with friends and family, news, shopping, services, music and games.
- Many participants stated they were competent in using digital devices and providing feedback.
- Some of the participants stated they would like additional digital skills training, help them to retain information.
- Some of the participants spoke English at a functional level.

Sharing experiences of care

- Preferred method of providing feedback:
 - 40% of the participants preferred giving their feedback over the phone.
 - 16% of the participants providing feedback through email.
 - 32% participants preferred providing feedback face-to-face/in-person.
 - 16% participants preferred providing feedback through text messages.
 - 12% participants preferred writing a letter.
- 36% participants have provided feedback or raised complaints to health and social care services.

Selected Feedback

Digital Barriers

"Safety is important. Some people don't use smart devices, because of fraud and identity theft."

Training and Skills

"I'm aware of IT courses, but don't usually see elderly people signing up."

"I've attended a few IT courses, it has helped."

"My children and grandchildren help me, but even then, I have difficulties remembering."

Method of providing feedback

"I like doing emails, it's fast and can see the thread of information."

"Phone calls are better for me."

Barriers to providing feedback

"Too many questions in surveys put me off."

"Have to press too many buttons on phone, then the line gets cut off."

"Problem is the CQC's contact information is available online, how can people know their details if they're digitally excluded?"

"What about bedbound individuals, how can they make a complaint?"

"I want a response but I don't get it. My cases are covered up and nothing gets done [when I am complaining to the GP or council]."

"I don't see the point honestly; I'm always told to go to "www dot". They don't take me seriously."

Suggestions

"They [the CQC] should display leaflets and number cards in libraries, GPs, and the supermarket."

"We could get information of the CQC from libraries, they can help us google and guide us."

"For people that are bedbound or immobile, their support worker or carer could have the contact information on them."

"CQC could make visits to people who are bedbound for their complaints or legal cases."

“What I would like to know is the inspector’s details. We see the grading poster on notice boards but it doesn’t correlate with the actual quality of the services. We as residents would like to give our accounts of the facility to the inspector and let them know of the quality. There should be more transparency.”

Feedback and communication with the CQC

- Majority of the participants are unaware or unfamiliar with the CQC, 8% have stated to be aware of it.
- Participants stated that there should be more awareness of the CQC, suggested displaying leaflets in libraries, supermarkets and community hubs.
- The majority of the participants have stated an importance in obtaining a response and acknowledgement after they provide feedback on whatever service.
- Participants suggested CQC to make arrangements to attain feedback from bedbound and/or disabled individuals by making visits.
- Participant stated that they would like CQC involve service-users voice when they carry out inspections.

Conclusion

This study provides insight into the digital experiences and feedback preferences of a diverse group from global majority backgrounds. The study shows that while many participants use digital devices, they still have concerns about safety, how complicated they are, and a need for better training. At the same time, participants want clearer, easier ways to give feedback about health and social care, especially with the CQC. They believe more people should know about the CQC and that it should

respond better to feedback, suggestions include displaying leaflets in non-health and social premises such as libraries and supermarkets. There's also a suggestion to reach out more to those who can't easily leave their homes or use digital devices. Lastly, participants want to make sure their feedback truly reflects the quality of services they receive.

Stroke Café – Coffee and Chat Club

This study explores the challenges faced by people who had a stroke in utilising digital technology, providing feedback, and sharing experiences on health and social care services.

This focus group consisted of 7 participants living with stroke, and 2 support workers. Comprised of 4 females and 5 males, ages ranged from 20 to 70+ years old. Two of the stroke survivors have physical and sensory disabilities.

Barriers to digital access

- 100% of the participants own a smart phone, some owned smart tablets and laptops, though some have stated they rarely use them due to their condition.
- 22% do not have internet, reasons being they don't use it.
- Mainly used digital devices for communication, shopping, browsing information, paying bills, and renewing prescriptions.
- 100% of the participants spoke fluent English, 22% however can no longer write due to disability.

Sharing experiences of care

- 11% participants have provided feedback or raised complaints to health and social care services.
- Some participants noted that they are unable to write letters or emails due to physical restrictions of their condition, and family is not always there to help them.

Selected Feedback

Barriers to providing feedback

"I have had a bad experience at a hospital but don't see a reason to complain, I just move on. But even if I wanted to complain, it will be physically difficult for me as I am blind. I cannot write or read as I used to."

"Technology can be unreliable. Apps and websites have updates that messes up."

"Complaining takes ages, it puts stress on a person already unwell when their energy needs to be focused on recovery."

"Complaining [to a health service] is like talking to a brick wall, what's the point?"

"There have been services that has been helpful but there isn't an official way that I am aware of giving positive feedback."

"There are support networks that can help with form filling, but there are waiting lists. There is no easy one-fix solution."

Suggestions

"People don't use the internet due to the consequences of experiencing a stroke. An audio-recording machine could help facilitate making complaints for these individuals."

Feedback and communication with the CQC

- Some of the participants are familiar with the CQC by name, support workers were aware of the CQC's role and what they do.
- None of the participants living with stroke have contacted the CQC but they have reached out to Patient Advice and Liaison Service (PALS) and the Ombudsman.

Conclusion

This study reveals the digital and feedback-related challenges experienced by stroke survivors. Notably, while all participants own smartphones, the effects of their conditions limit consistent utilisation. Barriers such as physical disabilities stemming from the stroke, like blindness and the physical inability to write, inhibit these individuals from efficiently voicing their concerns and experiences. Additionally, the perceived lack of follow up and the cumbersome nature of existing feedback processes, discourages many from engaging with providing feedback altogether.

Enfield Clubhouse – Men’s Mental Health Group

This study explores the challenges faced by men with mental health conditions in utilising digital technologies, providing feedback, and sharing experiences on health and social care services.

This focus group consisted of 6 male participants of ethnic backgrounds, includes Indian, Black African-Caribbean, and White British. Ages ranged from 20 to 55 years old.

Barriers to digital access

- 67% of the participants own a smart phone and laptop, 17% own a smart tablet.
- 17% do not own digital devices but satisfied using traditional forms of communication such as landline telephone.
- Mainly use digital devices for communication, sports, and music.
- The majority of the participants stated to be competent at utilising digital devices, where 33% of participants stated they lack digital skills and knowledge, are unable to afford devices.
- Of the 33%, they also stated to use and have access to digital devices, they would like training and specialist assistance.

Sharing experiences of care

- Participants have expressed indifference about providing feedback, believing that things will not change.

- Some participants stated they have tried to share feedback in the past but the process was unsuccessful.
- Relied on family members or advocates to write complaints or fill in forms.
- Some stated their reluctance of giving feedback is that they felt staff/institution to be ungentle in assisting them.

Selected Feedback

Barriers to providing feedback

"I can't be bothered sometimes."

"I am not confident giving feedback about things."

"There is not always support available to help us to feedback. Sometimes we may not want to tell a support worker and even our own family members our personal thoughts/medical/emotional issues - so we end up not feeding back to anyone."

"I don't always feel comfortable feeding back info due to my learning difficulties and mental health issues."

"Not willing - takes too long and we don't trust or understand all the questions."

"Probably won't make a difference anyway"

Value in providing feedback

"It depends on what the feedback is for and whether you feel your feedback will make a difference."

Feedback and communication with the CQC

- None of the participants are of the CQC, its role and their services.
- All study participants expressed the significance of receiving a follow-up after submitting feedback on services.

Conclusion

This study sheds light on the challenges encountered by men with mental health conditions when it comes to engaging with digital technologies and providing feedback on health and social care services. Majority of the participants possess digital devices and stated to have competency in their use. However, a third expressed the desire for more targeted training and assistance. The hesitancy and indifference regarding feedback provision reveal underlying mistrust, scepticism about the impact of their feedback, and a lack of supportive channels which respect and protect their needs.

Enfield Carers Centre – Health and Wellbeing Community Group

This study explores the challenges faced by unpaid carers in utilising digital technologies, providing feedback, and sharing experiences on health and social care services.

This focus group consisted of 13 participants of diverse ethnicities, includes Indian, Pakistani, Bangladeshi, White British, Black African-Caribbean, Mixed-racial backgrounds, and other White European backgrounds. ten are attendees of the health and wellbeing community group, one support worker, one social worker, and one volunteer. Participants have stated to care for more than one person in their household. Comprised of 12 females and one male, ages ranged from 20 to 60+ years old.

Barriers to digital access

- 77% of the participants own a smart phone, 85% own a laptop, 62% own a smart tablet.
- Mainly use digital devices for communication, social media, research, shopping, parenting, and services.
- Some of the participants stated they are not confident in using digital devices, reasons include lack of skills, no support, poor health, and lack of time.
- Some of the participants have expressed interest in personal support and flexible training.

Sharing experiences of care

- Preferred method of providing feedback:
 - 31% of the participants preferred giving their feedback over the phone.
 - 73% of the participants providing feedback through email.
 - 38% participants preferred providing feedback face-to-face/in-person.
 - 31% participants preferred writing a letter.
 - None of the participants preferred providing feedback through text messages.
- 54% of the participants have stated they are not willing to give feedback or raised concerns about services, reasons include past experiences of little follow up, staff attitude, lack of time, fear of being further stigmatised, and stressful life.
- Participants have provided feedback in the past to facilities such as the GP practice, social care services, and health clinics.

Selected Feedback

Training and Skills

"If I were to take up training, it had to be flexible for me as I'm always at home."

Methods of providing feedback

"I prefer remote sessions as I'm busy all the time. Since COVID, I am at home taking care of my husband and family."

“Rather face-to-face, for me it depends on the situation. I have to look after my dad and children, and I also work.”

Barriers to providing feedback

“Time is the main barriers to why unpaid carers cannot give feedback. Too much is going on in their lives.”

“I don’t have the time to make a complaint as I am busy caring for my husband.”

“Feel reluctant to, as a carer I’m already ‘labelled’.”

Value in providing feedback

“I would like follow up. Like carers don’t want their time to be wasted, they want to be actually listened to.”

Feedback and communication with the CQC

- 77% of the participants are unfamiliar of the CQC, its role and their services, most of whom are unpaid carers.
- Participants with professions in health and social care are aware of the CQC.
- All study participants expressed the significance of receiving a follow-up after submitting feedback on services, and value the importance of being notified about surveys focused on service enhancement.

Conclusion

The findings from the Enfield Carers Centre focus group highlights the unique challenges faced by unpaid carers in feeding back on health and social care services. While majority of the participants has access to digital devices, there exists an expressed need for support to help them deliver feedback. The task-intensive nature of caregiving and the emotional and physical demands associated with it have an impact on the way caregivers provide feedback, lack of time being a key barrier. Several participants cite constraints on time, past negative experiences, and concerns of stigmatisation as deterrents to sharing their perspectives.

General Survey Findings

During August 2023, 30 local people completed our survey on digital exclusion, service feedback and the CQC. The survey was primarily distributed in physical printed format, with an online version also available.

Summary

Digital Exclusion

- A clear majority of respondents (92%) own, or have access to a smartphone – by far the most commonly mentioned device, while over half (53%) have access to a laptop computer. Other devices mentioned include tablets (32%) and desktop computers (21%).
- A broad majority of respondents (86%) use their devices frequently.
- Devices are most commonly used for practical purposes – with half of respondents (50%) seeking information or browsing, and a slightly lesser number (42%) using their devices for work or email.
- Of those who have difficulty using or accessing devices, 42% don't have training or skills, while 28% have a practical support need.
- Of those interested in support, all (100%) would like training, while 40% would like practical support, and the same number help with costs.

Service Feedback and CQC

- 71% of respondents have previously given feedback about their GP, with 61% commenting on hospitals and 47% on council services.
- When giving feedback, a broad majority of respondents (80%) would like an acknowledgement, or response.

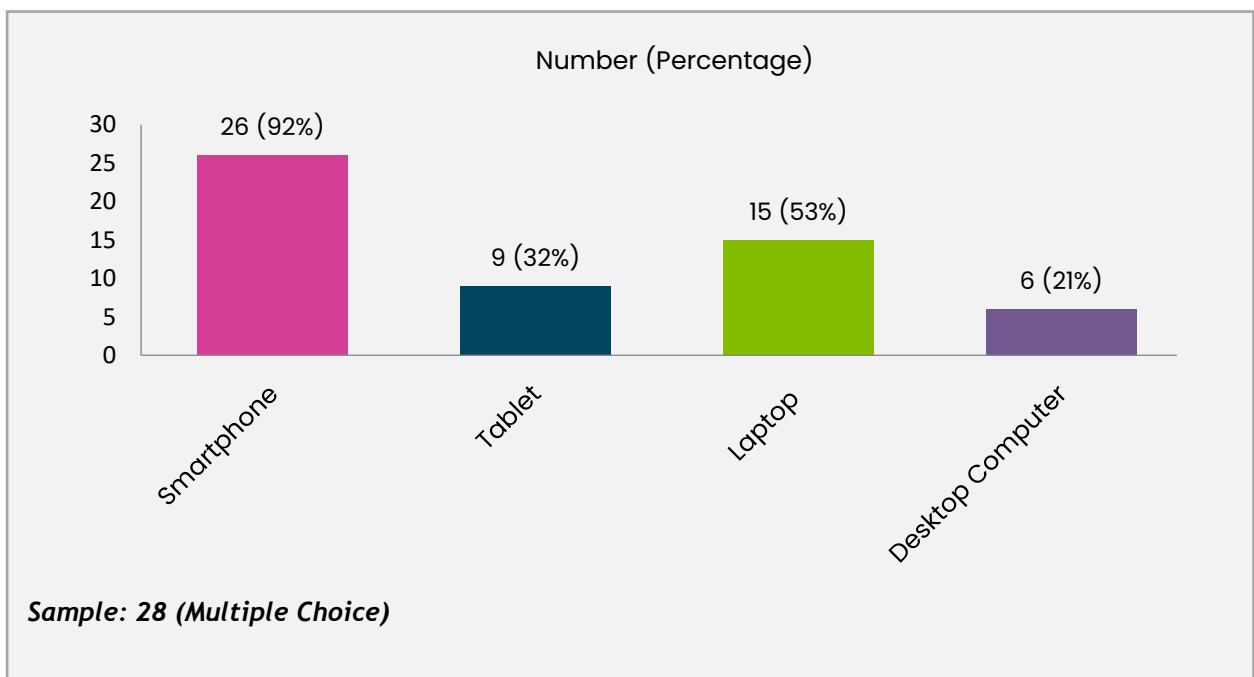
- If feedback is utilised to help shape or improve services, over three quarters of respondents (77%) would like to be notified.
- The most preferred methods of feeding back are electronic - by email or text messaging, both at 44%. Traditional methods are slightly less popular, with the phone at 34%, in-writing at 31% and in-person at 24%.
- Over half of respondents (57%) have heard about the CQC, with 13% knowing 'a little' and 44% knowing 'a lot'. Around a third (31%) have not heard of the CQC.

Access to Digital Devices

During August 2023, 30 local people completed our survey on digital exclusion.

We asked questions on device ownership and use, explored barriers, and potential solutions.

Which devices do you own, or have access to?



A clear majority of respondents (92%) own, or have access to a smartphone – by far the most commonly mentioned device, while over half (53%) have access to a laptop computer. Other devices mentioned include tablets (32%) and desktop computers (21%).

Impact Scale: Have access to a smartphone

	% Yes
Aged 50-59	100%
Aged 60-69	100%
Black respondents	100%
All Respondents (Baseline)	92%
White respondents	89%
Asian respondents	80%
Aged 20-49	80%
Age 70 or Over	75%

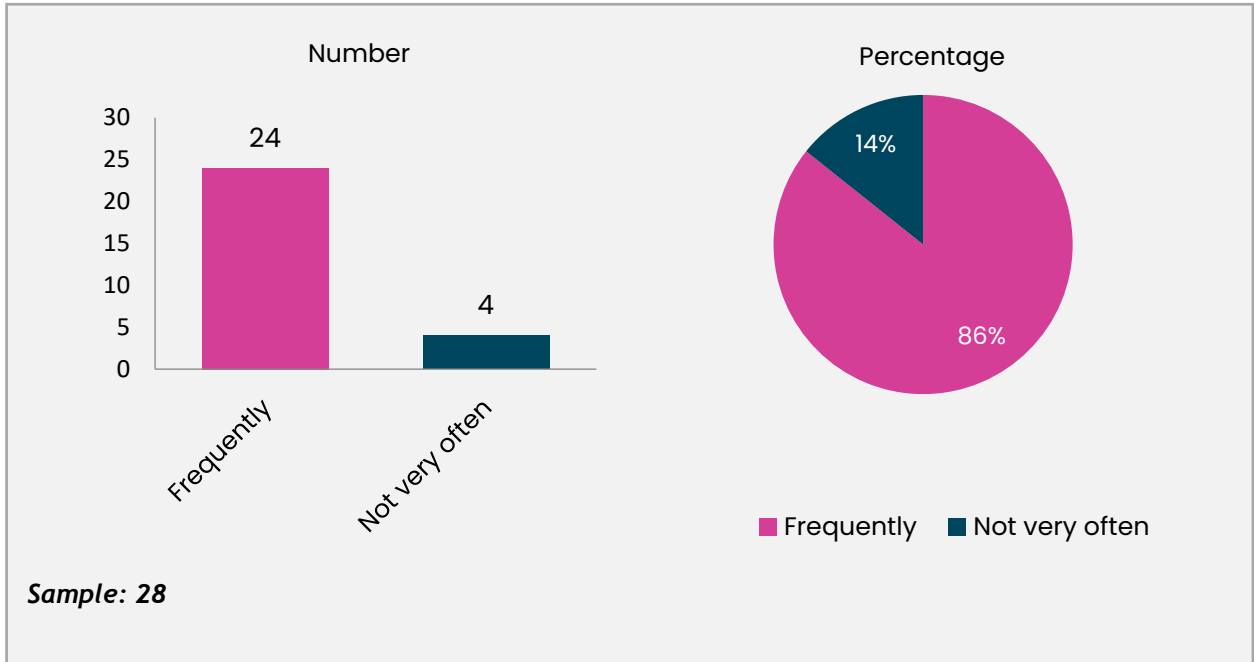
When looking closer at demographics, we find that those aged 50-69, or Black respondents are most likely to own a smartphone.

Impact Scale: Have access to a laptop computer

	% Yes
Age 70 or over	100%
Asian respondents	80%
White respondents	67%
Aged 20-49	60%
All Respondents (Baseline)	53%
Aged 50-59	50%
Aged 60-69	50%
Black respondents	31%

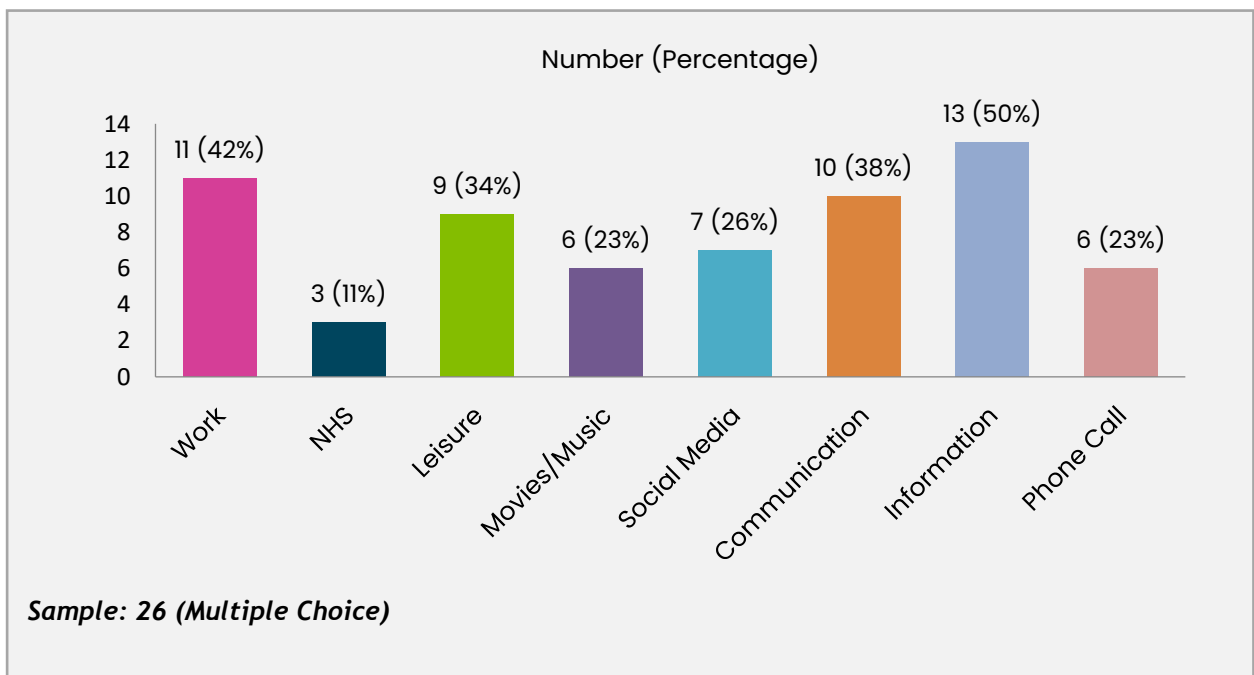
Those aged 70 or over, or Asian respondents are most likely to own a laptop computer.

How often do you use your devices?



A broad majority of respondents (86%) use their devices frequently.

What do you use them for?

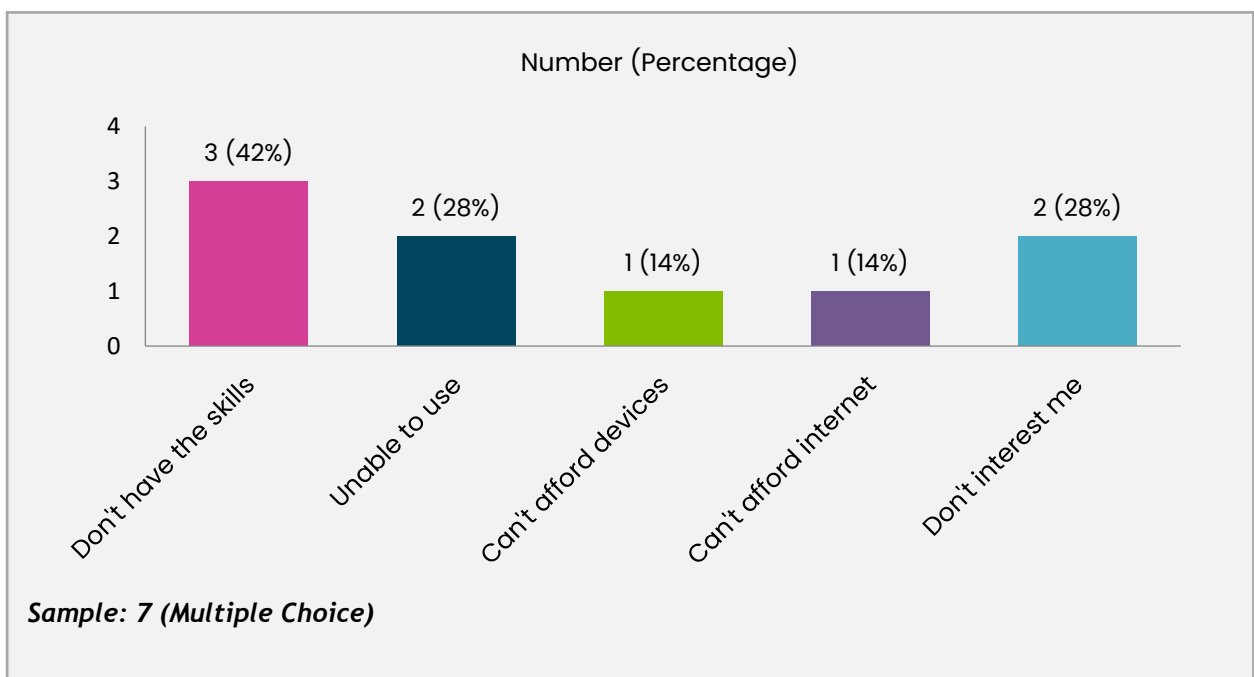


Devices are most commonly used for practical purposes – with half of respondents (50%) seeking information or browsing, and a slightly lesser number (42%) using their devices for work or email.

Over a third of respondents (38%) use their devices to communicate generally while a quarter (26%) use social media and a similar number (23%) make phone calls.

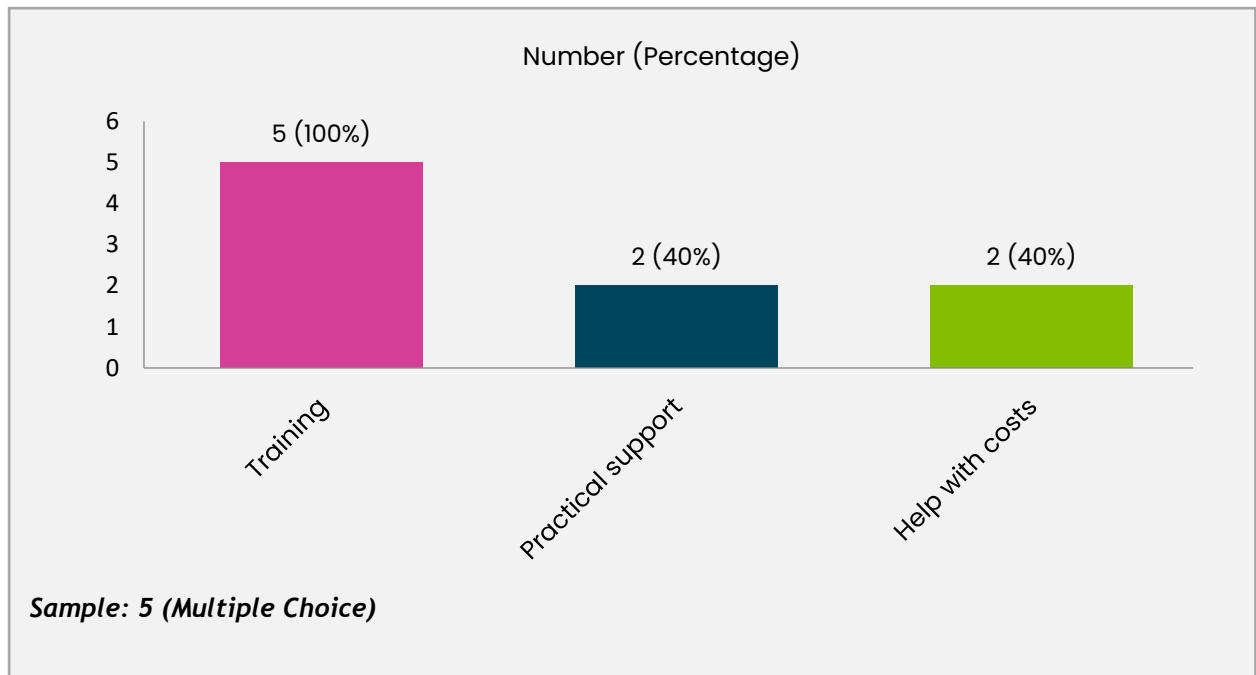
On entertainment, a third (34%) use their devices for general leisure with a quarter (23%) streaming music or movies. Just a tenth of respondents (11%) have used their devices for medical purposes.

Please tell us why you don't use digital devices?



Of those who have difficulty using or accessing devices, 42% don't have training or skills, while 28% have a practical support need and the same number do not have the inclination, or interest.

If you would like to use digital devices, what support would you need?



Of those interested in support, all (100%) would like training, while 40% would like practical support, and the same number help with costs. Comments highlight a lack of skills and confidence, plus sensory or physical challenges.

Selected Feedback

"I need motivation and encouragement."

"I have lost my confidence in IT - I am 86 and would prefer to contact people by telephone."

"My computer skills are not fluent."

"Sight and vision."

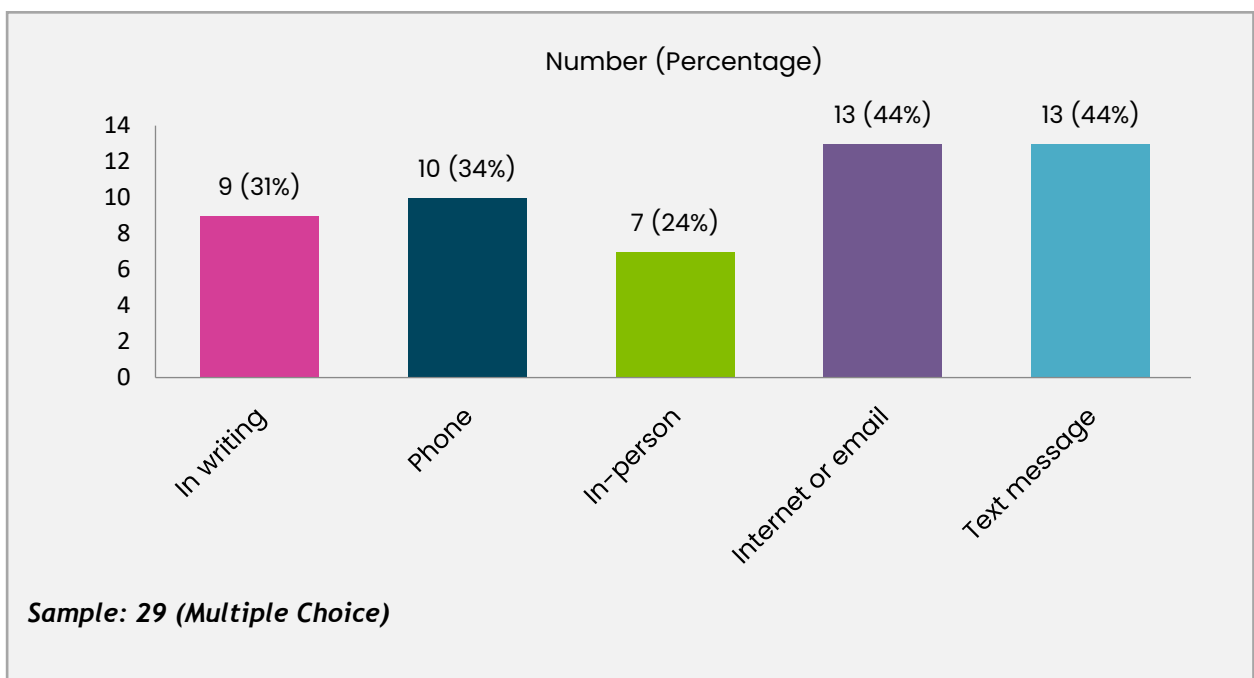
"No longer has broadband time at home as unable to use computer because of problems with hands."

"I am fortunate enough to go to the library, I ask the librarian to help me with editing and sound design, my media work. I know the basics of IT but I would like additional assistance for intermediate level stuff."

Survey Response: Service Feedback and CQC

Additionally, we asked participants if they are willing to feedback on services, and if so, what their preferences and expectations might be. We also gauged awareness of the CQC.

If you are willing to give feedback, good or bad, what are your preferred methods?



The most preferred methods of feeding back are electronic - by internet/email and text messaging, both at 44%. Traditional methods are slightly less popular, with the phone at 34%, in-writing at 31% and in-person at 24%.

When asking about barriers to feeding back, one respondent feels 'over stretched' with daily life and tasks.

Impact Scale: Preferred method – internet or email

	% Yes
Age 70 or Over	75%
Aged 20-49	60%
White respondents	56%
Asian respondents	50%
Aged 50-59	50%
All Respondents (Baseline)	44%
Black respondents	31%
Aged 60-69	29%

Older respondents (70 or over) are most likely to prefer email when feeding back. On ethnicity, those from White or Asian backgrounds are more likely to prefer email, than Black respondents.

Impact Scale: Preferred method – text messaging

	% Yes
Aged 50-59	67%
Asian respondents	67%
Age 70 or Over	50%
Black respondents	46%
All Respondents (Baseline)	44%
Aged 60-69	43%
Aged 20-49	40%
White respondents	33%

Those aged 50–59, or Asian respondents are most likely to prefer text messaging.

Impact Scale: Preferred method – phone

	% Yes
Black respondents	62%
Age 70 or Over	50%
Aged 20–49	40%
All Respondents (Baseline)	34%
Aged 60–69	29%
White respondents	22%
Aged 50–59	17%
Asian respondents	0%

Those aged 70 or over, or Black respondents are most likely to prefer the phone.

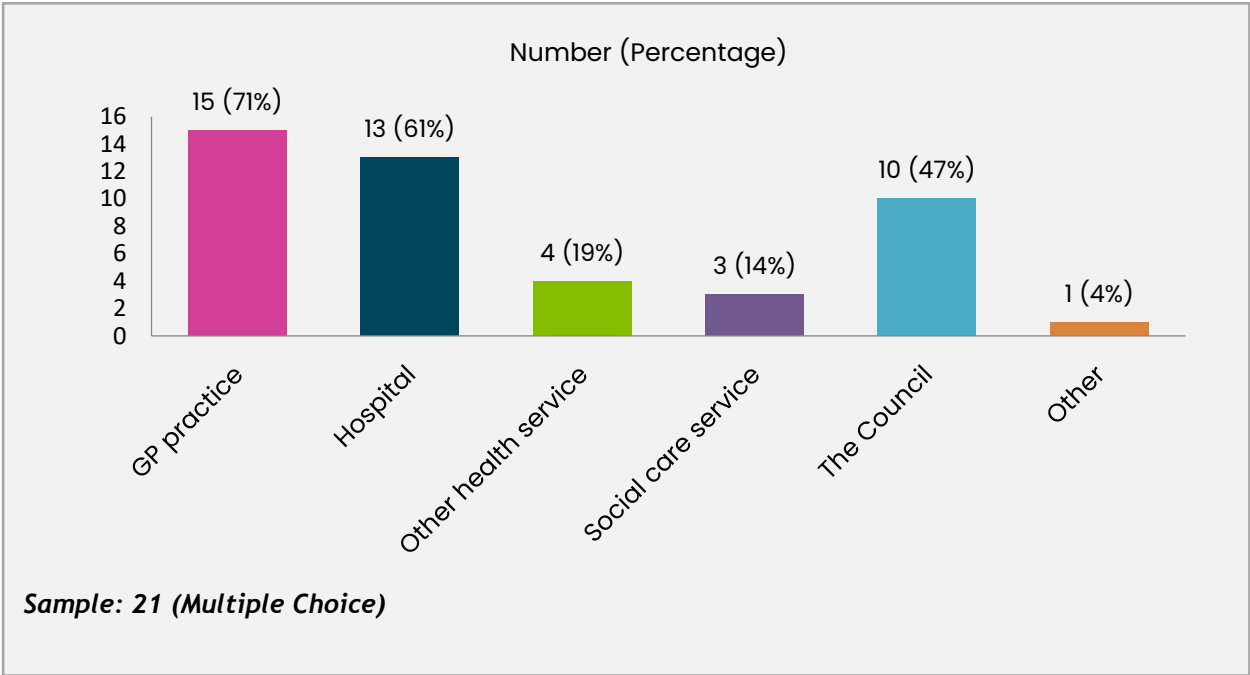
Preferred method – in-writing

	% Yes
Age 70 or Over	75%
Asian respondents	50%
Aged 20–49	40%
White respondents	33%
All Respondents (Baseline)	31%
Aged 60–69	29%

Black respondents	23%
Aged 50-59	17%

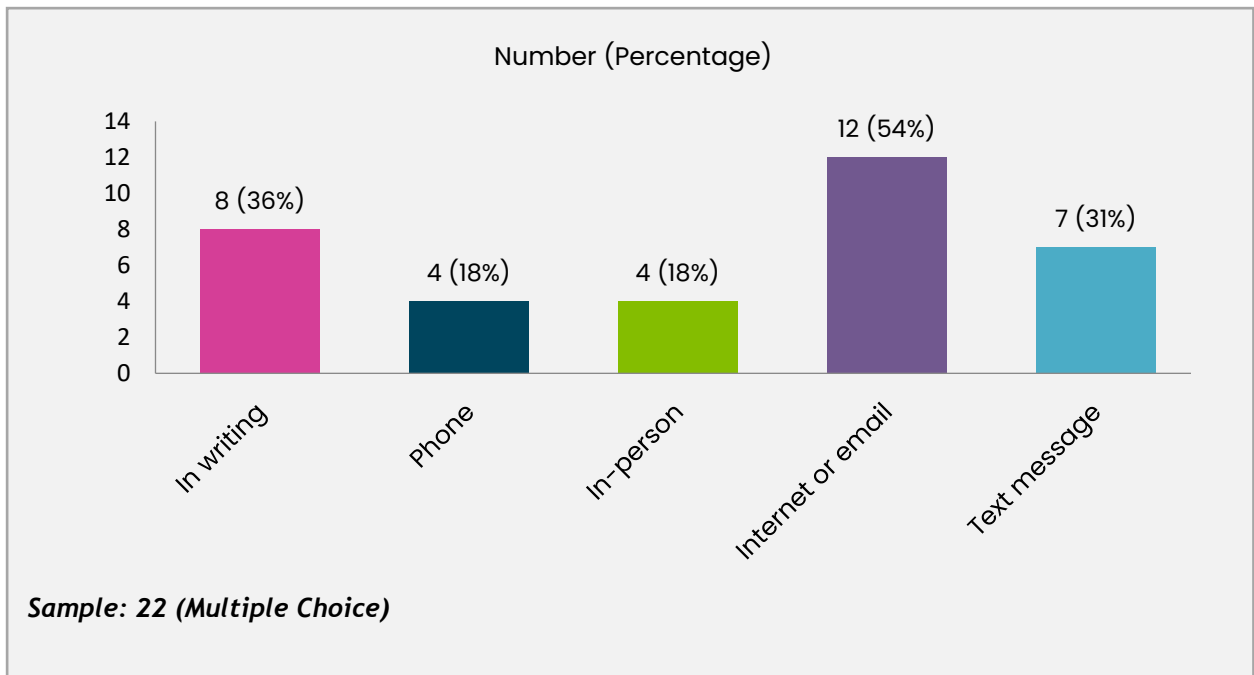
Those aged 70 or over, or Asian respondents are most likely to prefer in-writing.

Have you shared feedback in the past with any of the following?



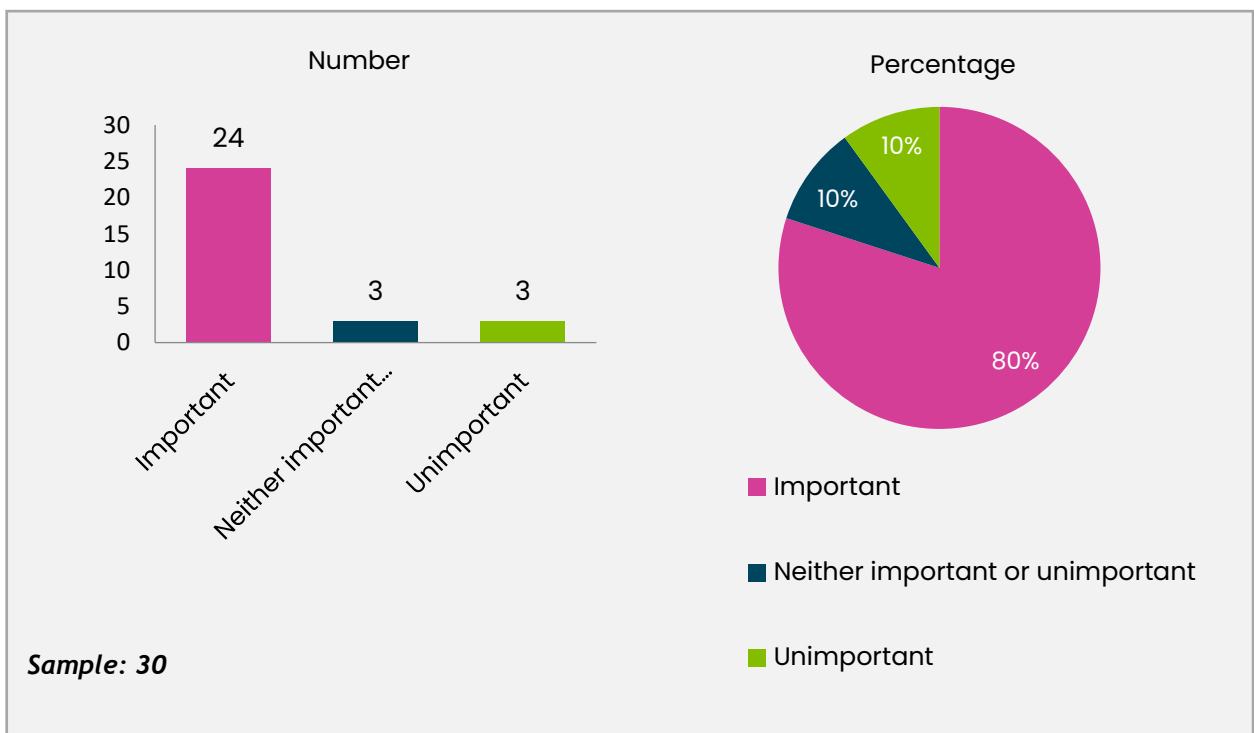
Of those sharing feedback in the past, 71% have commented on GPs, 61% on hospitals and 47% on council services. Just 14% have given feedback about social care services.

What methods were used?



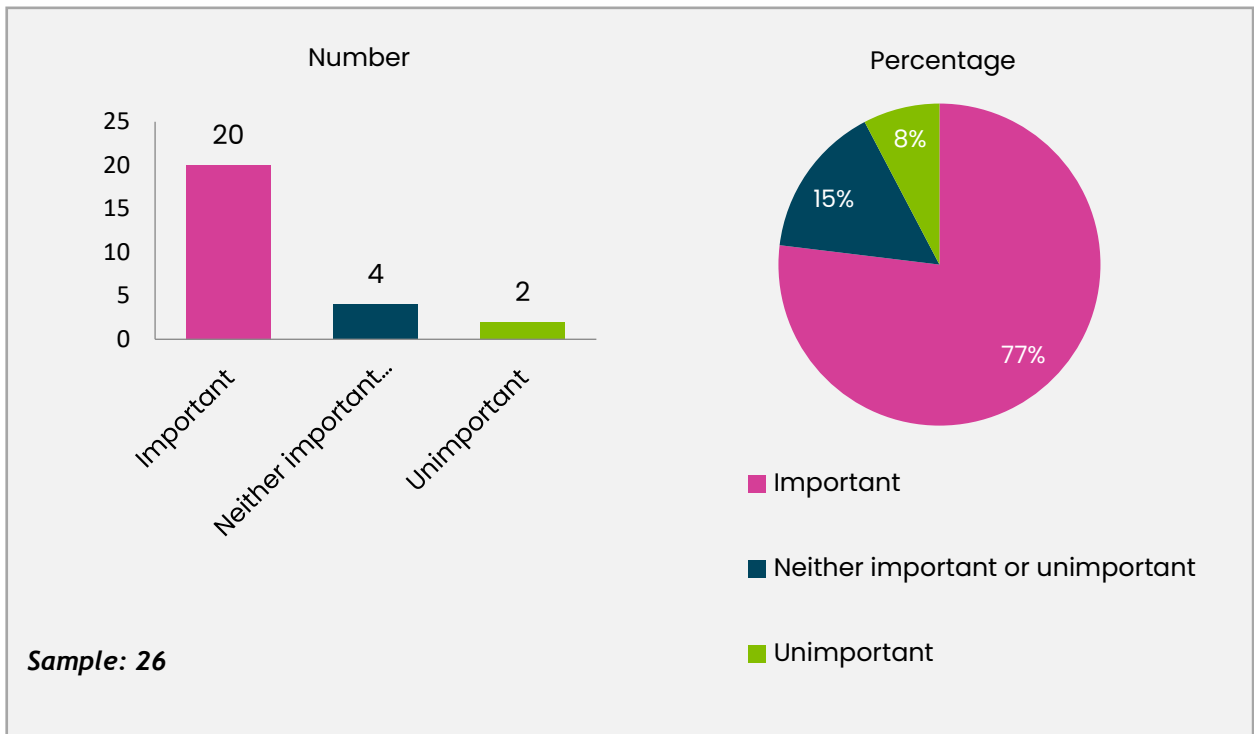
When feeding back, over half of respondents (54%) have used the internet/email, with 36% writing, and 31% sending a text message. Phone and in-person, both at 18% are notably less popular.

When you give feedback how important is it that you receive a response or acknowledgement?



When giving feedback, a broad majority of respondents (80%) would like an acknowledgement, or response.

If your feedback is used to help shape or improve a service, how important is it, that you receive a notification or acknowledgement?



If feedback is utilised to help shape or improve services, over three quarters of respondents (77%) would like to be notified.

Do you have any other thoughts about sharing feedback?

We asked participants for any other thoughts. One respondent says that services should be proactive in asking for their feedback.

Selected Feedback

"GP experience negative. Follow up would be appreciated in giving feedback."

While some are happy to approach services, others are more likely to feedback if asked or prompted.

Selected Feedback

"Confront people is my method."

"Depends on the seriousness of the personal situation."

"Only would give feedback if specifically asked for it."

Some feeding back have felt valued, while others have felt 'dismissed'.

Selected Feedback

"I feel calm hearing a response when I give feedback. Hospitals need to do better, there is limited accessibility. I prefer traditional methods such as face to face, old people and disabled have limited accessibility."

"Has had a bad experience with a social worker from Enfield council recommending a ruder person who did very poor work. She felt her feedback was not taken seriously; she was treated dismissively."

The importance of 'an outcome' is underscored, along with a holistic approach.

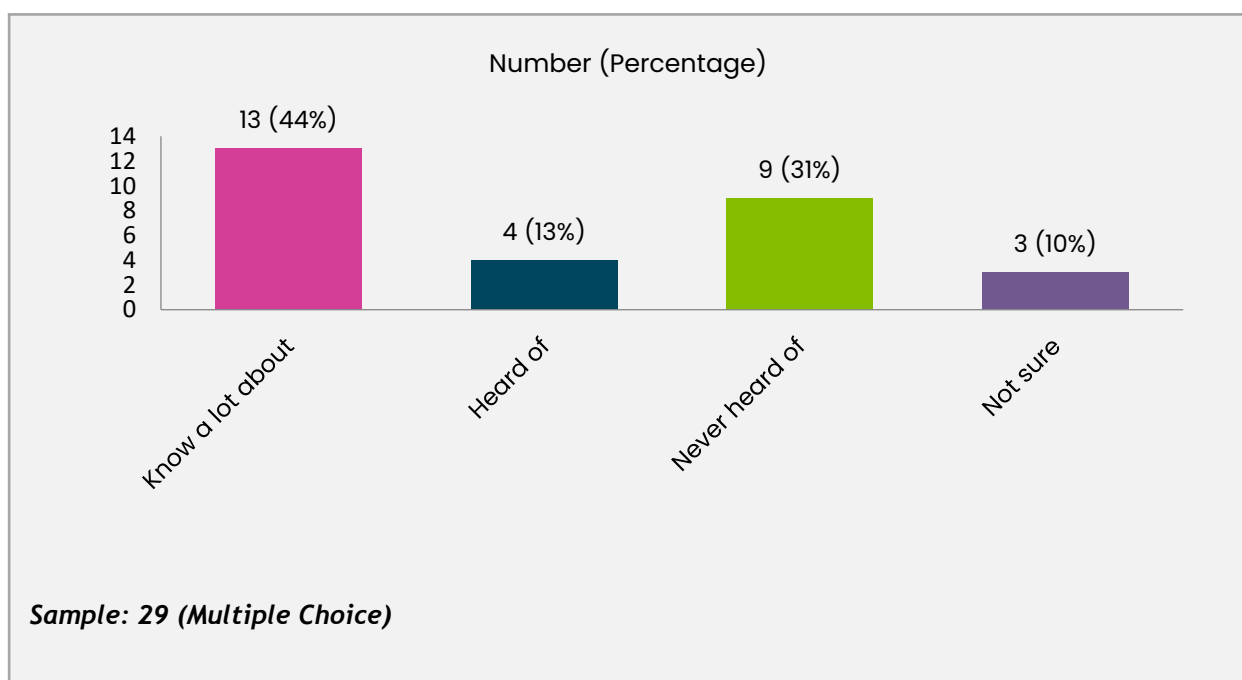
Selected Feedback

"What is being done with feedback and outcome of our voices?"

"It would be lovely to receive text/email to get results."

"The challenge is for the organisation asking questions to recognise the varying types of need."

Do you know what the CQC is and what it does?



Over half of respondents (57%) have heard about the CQC, with 13% knowing 'a little' and 44% knowing 'a lot'. Around a third (31%) have not heard of the CQC.

Impact Scale: Know 'a lot' about the CQC

	% Yes
Age 70 or Over	75%
White respondents	56%
Aged 50-59	50%
All Respondents (Baseline)	44%
Aged 60-69	43%
Black respondents	38%
Asian respondents	33%
Aged 20-49	20%

Those aged 70 or over, or White respondents are most likely to know 'a lot' about the CQC.

Glossary of Terms

Terms	Definitions
Care Quality Commission (CQC)	The independent regulator of health and social care services in England.
Digital Exclusion	The disparity experienced by individuals who do not have access to, or the skills to use digital technologies and the internet.
Digital Inclusion	Ensuring everyone has access to and can use digital technologies and the internet.

Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available. If you have any comments on this report or wish to share your views and experiences, please contact us.

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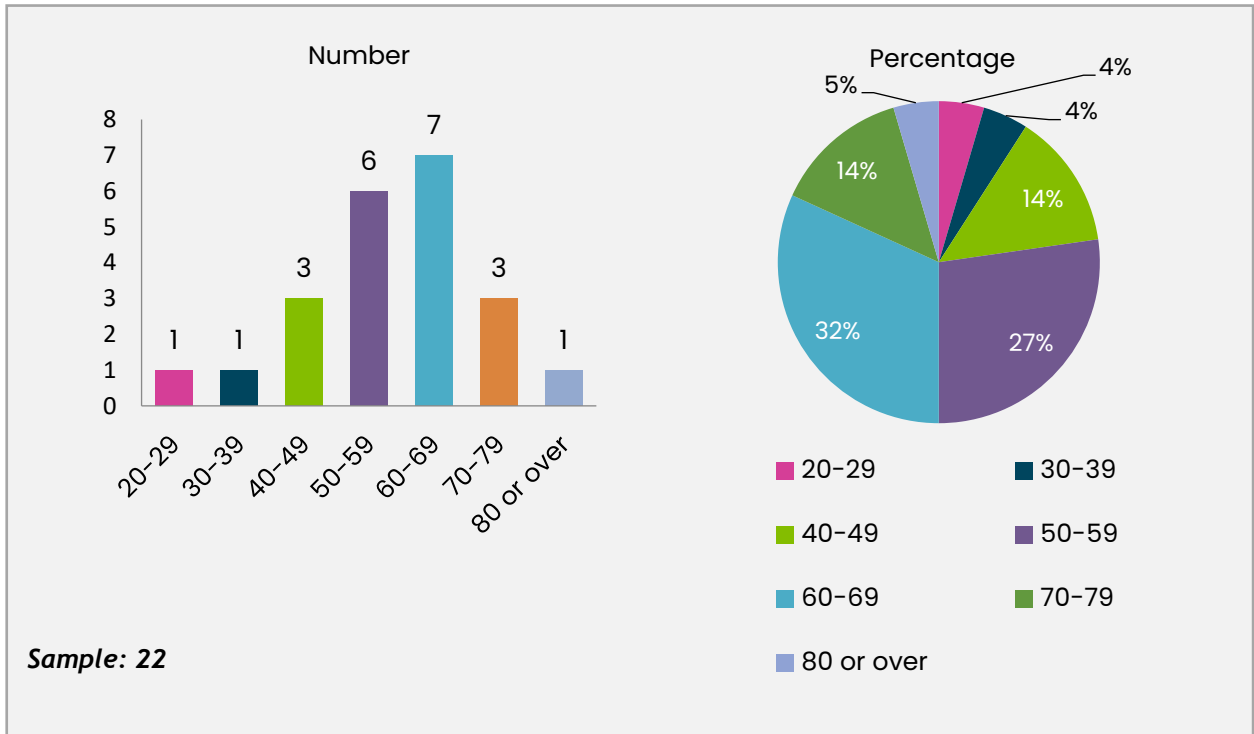
www.healthwatchenfield.co.uk

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Community House
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N9 0PZ

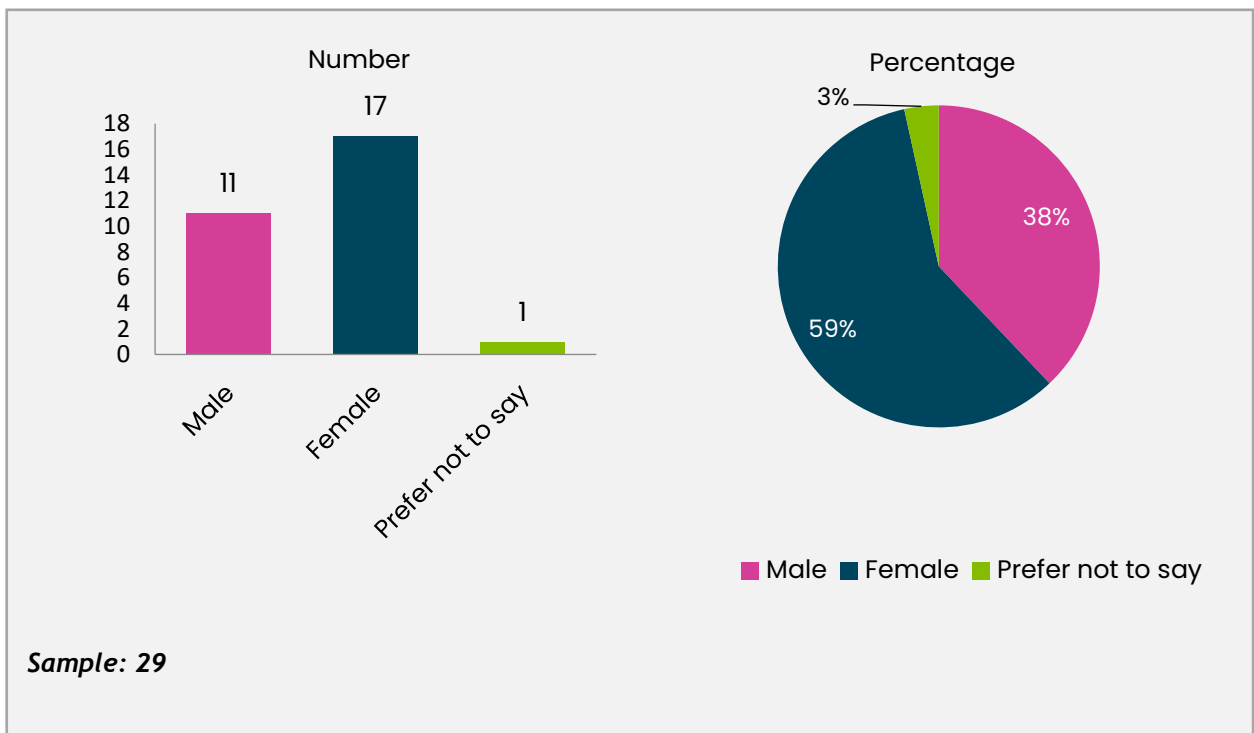
Appendix 1 – Survey Demographics

The demographics of participants of the general survey are stated as follows:

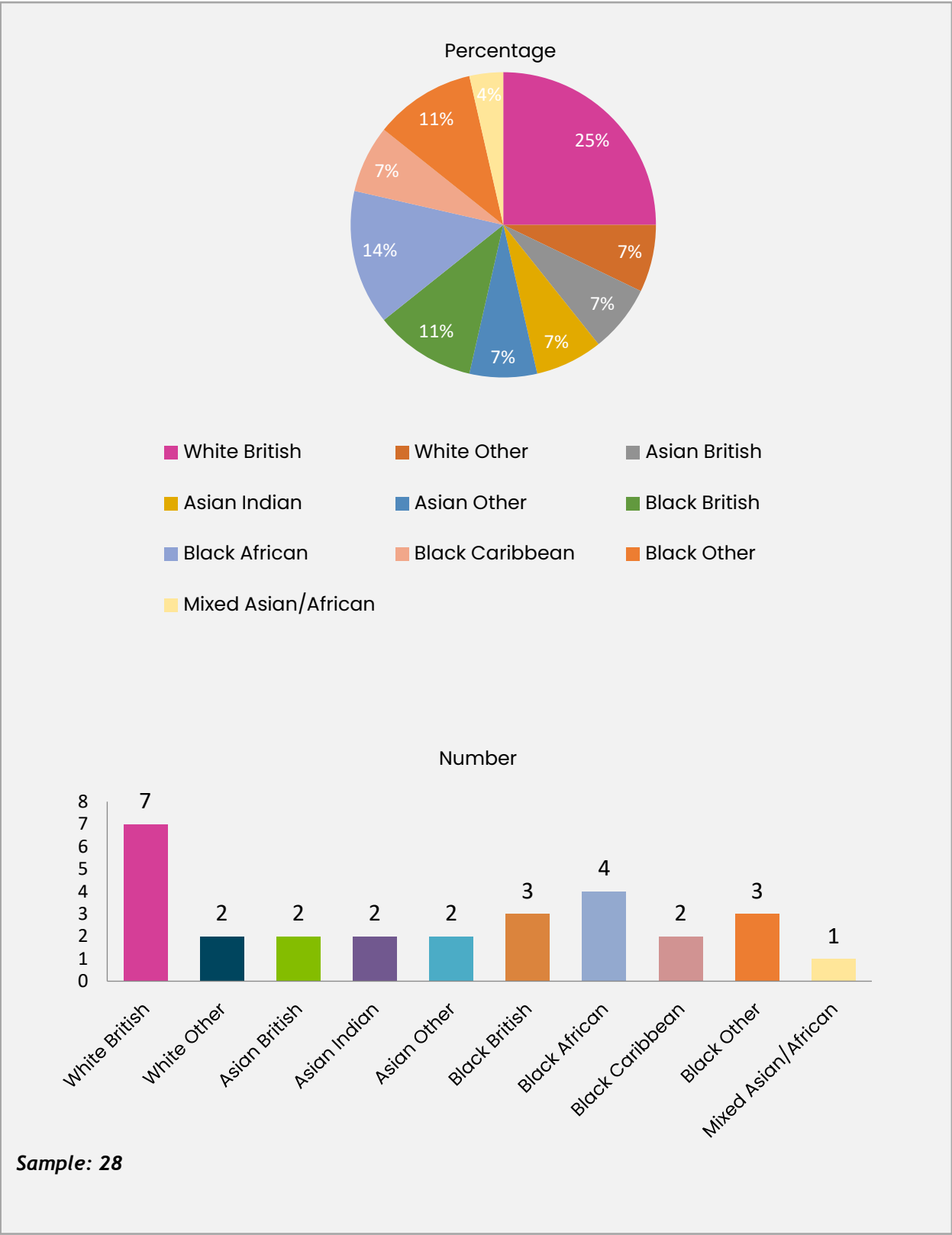
Age



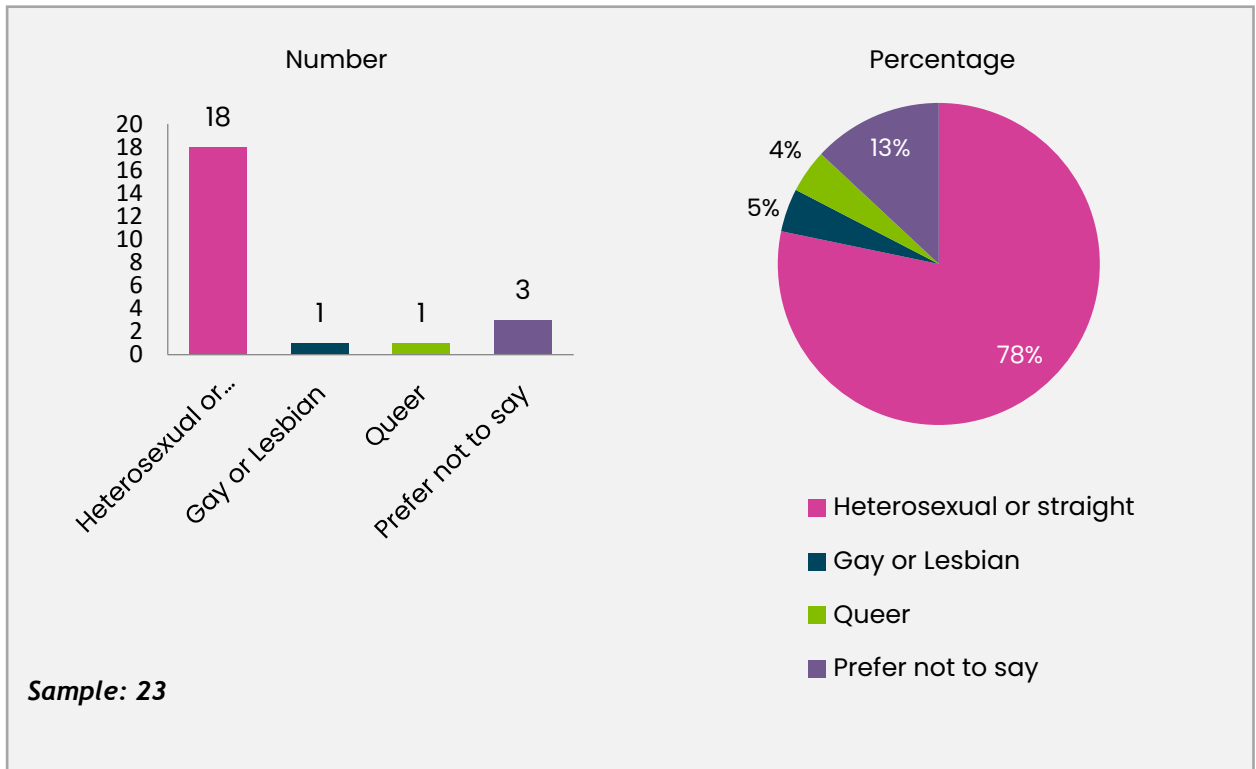
Gender



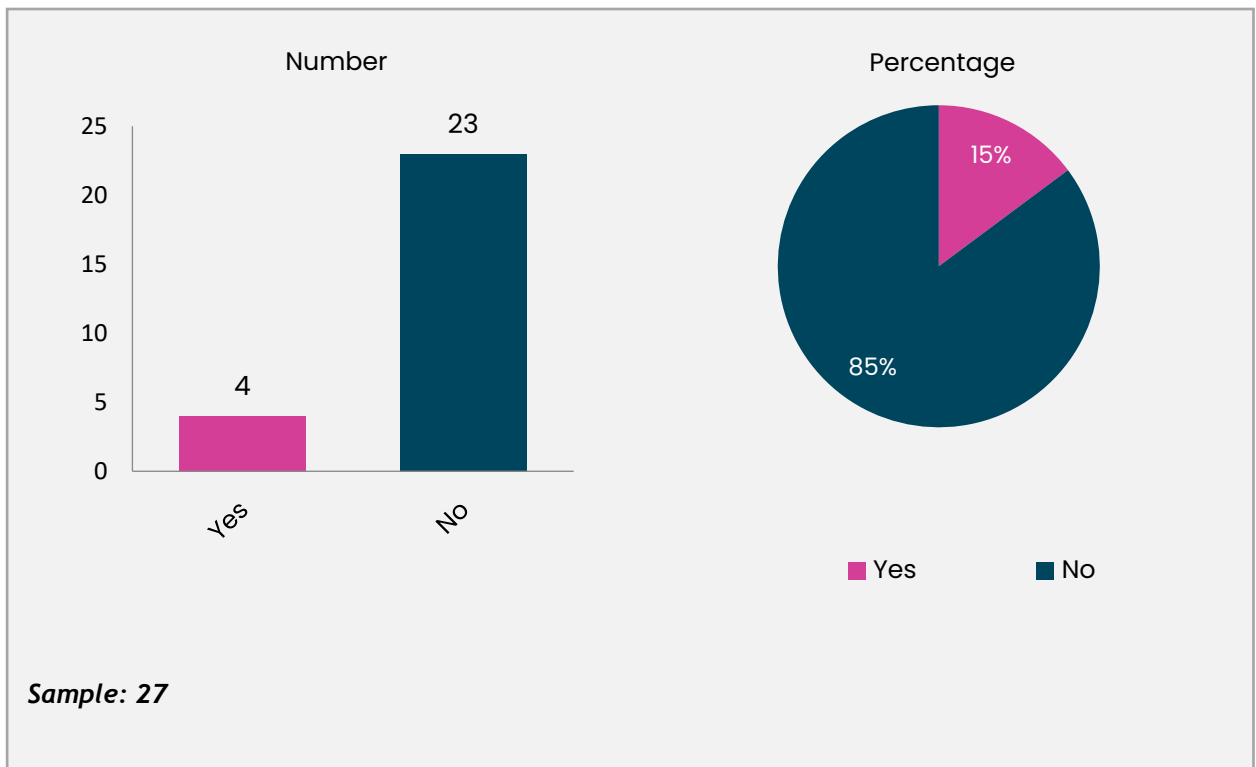
Ethnicity



Sexual Orientation



Disability



Digital Exclusion Survey 2023

1. Digital Exclusion Survey 2023

Welcome to our digital exclusion survey! Help us understand how we can make providing feedback to the CQC more inclusive by taking part in our study.

As an advocate and champion for Enfield's residents, [Healthwatch Enfield](#) serves as a collective voice, empowering individuals to share their lived experiences on health and social care. Our mission extends to gather valuable insights from those digitally excluded, who have difficulty in raising concerns or reporting feedback to the [Care Quality Commission](#) (CQC), the independent regulator of health and social care services in England.

Together with the CQC, we are dedicated to bridging the gap and ensuring that everyone's voices are heard and considered in shaping equitable care and better healthcare outcomes.

2. I use digital devices

1. If you own or have regular access to digital devices (such as a smartphone, tablet, laptop or desktop computer) please continue. If you do not use digital devices, please go to section three. Please tick all that apply.

- Smartphone
- Tablet
- Laptop
- desktop computer

2. How often do you use your devices?

- Frequently
- Not very often

3. What do you use them for?

3. I do not use digital devices

4. Please tell us why you don't use digital devices (tick all that apply)

- I don't have the skills or training
- I don't have support to use them
- I am not able to use them due to a condition or support need
- language is a barrier
- I can't afford devices
- I can't afford broadband or the internet
- They don't interest me

5. If you would like to use digital devices, what support would you need? (tick all that apply)

- Training
- Personal support or assistance
- Translation or language support
- Help with costs

Comments: Please tell us more

4. Feedback about services

6. Its important that health and care service providers and the regulator (care Quality Commission) receive feedback, from those who use or need the services.

If you are willing to give feedback, good or bad, what are your preferred methods?(tick all that apply).

- In writing by completing a form or writing a letter
- Over the phone
- In person by attending an event or meeting
- Electronically on the internet or by email
- By text meesage

If you are not willing to give feedback why is this?

7. Have you shared feedback in the past with any of the following (tick all that apply)

- GP practice
- Hospital
- Other health service
- Social care service
- The Council
- CQC
- Other

8. What methods were used?

- In writing by completing a form or writing a letter
- Over the phone
- In person by attending an event or meeting
- Electronically on the internet or by email
- By text message

9. When you give feedback how important is it that you receive a response or acknowledgement?

- Important
- Neither important or unimportant
- Unimportant

10. If you give feedback is used for example to help shape or improve a service, how important is it, that you receive a notification or acknowledgement?

- Important
- Neither Important or Unimportant
- Unimportant

Do you have any other thought about sharing feedback?

5. About the CQC (Care Quality Commission)

11. Do you know what the CQC is and what it does?

- Yes, I know about them and what they do
- I have heard of them, but not sure what they do
- I've never heard of them
- Not sure

6. About you

12. Please help us learn a little bit more about you.

Do you consider yourself:

- Male
- Female
- Transgender
- Prefer not to say
- Other

13. What is your ethnic origin?

Asian/Asian British

- Asian/Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black/Black British

- African
- Black/Black British
- Caribbean
- Any other Black background
-

Mixed/Multiple ethnic groups

- White and Black Caribbean

- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background

White

- Welsh/English/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Other ethnic group

- Arab
- Other (please specify):

14. Do you identify as:

- Heterosexual or straight
- Bisexual
- Gay or Lesbian
- Queer
- Prefer not to state
- Other (please specify):

15. Do you consider yourself disabled?

- Yes
- No
- Physical
- Sensory
- Learning

16. Do you have a long term condition such as diabetes, anxiety, depression?

- Yes
- No
- Prefer not to say

Please list condition here

17. How old are you?

“No braille facilities or specific means to feedback or any other methods for visually impaired, blind or deaf people.

We are often left out or not considered important in things like this – most of us do not have experience of feeding back as we are not usually asked – especially by most professionals and organisations.”

Local Resident



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