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Triaging digital inclusion:

A pilot in four London boroughs

Final evaluation and learning report

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Executive summary

Background

This report presents the findings of the independent evaluation and learning review of a 'digital inclusion triage' pilot delivered by four London boroughs – Barnet, Kensington and Chelsea, Southwark and Westminster – and co-ordinated by the London Office of Technology and Innovation (LOTI).

The aim of the pilot was to test whether a triage process for digital inclusion could help councils identify digitally excluded residents when they engaged with council services and signpost them to locally available digital support.

The research objectives of the evaluation and learning review were to answer the following headline questions:

- What can the triage process tell us about local digital support needs?
- What lessons can be learned about how to effectively triage digital inclusion?
- What impact has the triage process had?

The London Office of Technology and Innovation **(LOTI)** was established to help its members collaborate on projects that bring the best of digital and data innovation to improve public services and outcomes for Londoners.

The evaluation used a mixed methods approach consisting of qualitative and quantitative analysis of three key data sources:

- **Project data on 499 residents** captured by boroughs as part of the pilot
- Data generated from **nine semi-structured interviews with practitioners**
- Data generated from a phone **questionnaire of 57 residents** who had been signposted to support

Key findings

Digital inclusion needs

- Older residents tended to be over-represented both in terms of residents who were triaged and who had a digital need, while residents aged under 45 tended to be less likely to be reached by the triage process or be digitally excluded.
- 'Developing digital skills' was the largest digital inclusion need identified during the pilot followed by 'Getting access to a digital device' and 'Support with broadband at home'.
- The need for digital skills support increased with age up to 80+, after which it remained high, while the need for help with getting access to a device or broadband connection was greater for younger age groups.
- For many residents, digital exclusion was multifaceted and often resulted from a combination of low digital skills and financial challenges that prevented access to devices or broadband at home.
- Despite high levels of need for accessing devices and broadband, very few residents were signposted to support for this. This suggests there may be a mismatch between need and existing digital support.

Implementation insights

- There was significant variation in how the triage process was delivered both across and within boroughs, reflecting the early stage of the intervention. Key differences were triage channel (in-person or phone) and resourcing approach (add-on to a frontline role or dedicated resource).
- Training helped practitioners to identify digitally excluded residents. A more standardised approach to training and support may help ensure all staff have the skills and knowledge to identify digital exclusion.
- The digital inclusion questionnaire was well designed and user friendly. It was widely reported as both easy to use and a helpful tool to identify digital needs – with only a few areas for improvement.
- There is a need to ensure that sufficient digital support capacity is available across the borough to meet the increased demand that would come from an effective digital inclusion triage process.
- The majority of residents spoken to via face-to-face channels did not want to complete the digital inclusion questionnaire.
- There is a need for digital support to help some digitally excluded residents engage with online council services, especially where face-to-face and telephone channels are being replaced with digital-only ones.

- The most common implementation challenges experiences included:
  - Lack of capacity of frontline staff to triage residents
  - Insufficient capacity or range of support available to which residents could be signposted
  - Confusion or lack of understanding for some practitioners caused by lack of training, support or resources
  - Many residents simply wanted to get support with the issue they came in about, particularly for face-to-face routes
  - Lack of engagement from some triage channels

Impact

- Nearly three in four residents triaged were digitally excluded, suggesting that a significant proportion of residents reached by the triage process experience some kind of digital exclusion.
- Models that relied solely on frontline staff to triage residents face to face in addition to their normal tasks appeared unsuccessful at triaging high numbers of residents (fewer than 20 residents were triaged by each staff member).
- Triage approaches that use phone channels to contact residents and utilise dedicated triage staff appear to be more effective.
- The triage process appears to be effective at accurately identifying residents' digital inclusion needs but there is insufficient data to be conclusive.
- Nearly three quarters of residents who were signposted to support did not receive any digital support despite over half still actively wanting help.
- Most residents who received support found it helpful with informal digital skills support being the most commonly accessed form of support.

Recommendations

A. Boroughs should consider models that use dedicated digital inclusion staff to triage digitally excluded residents.

B. Boroughs should not use triage models that rely on frontline staff to triage residents face to face in addition to their existing roles.

C. Boroughs should focus on improving the capacity of existing digital support to ensure they are able to meet the level and range of residents' digital needs.

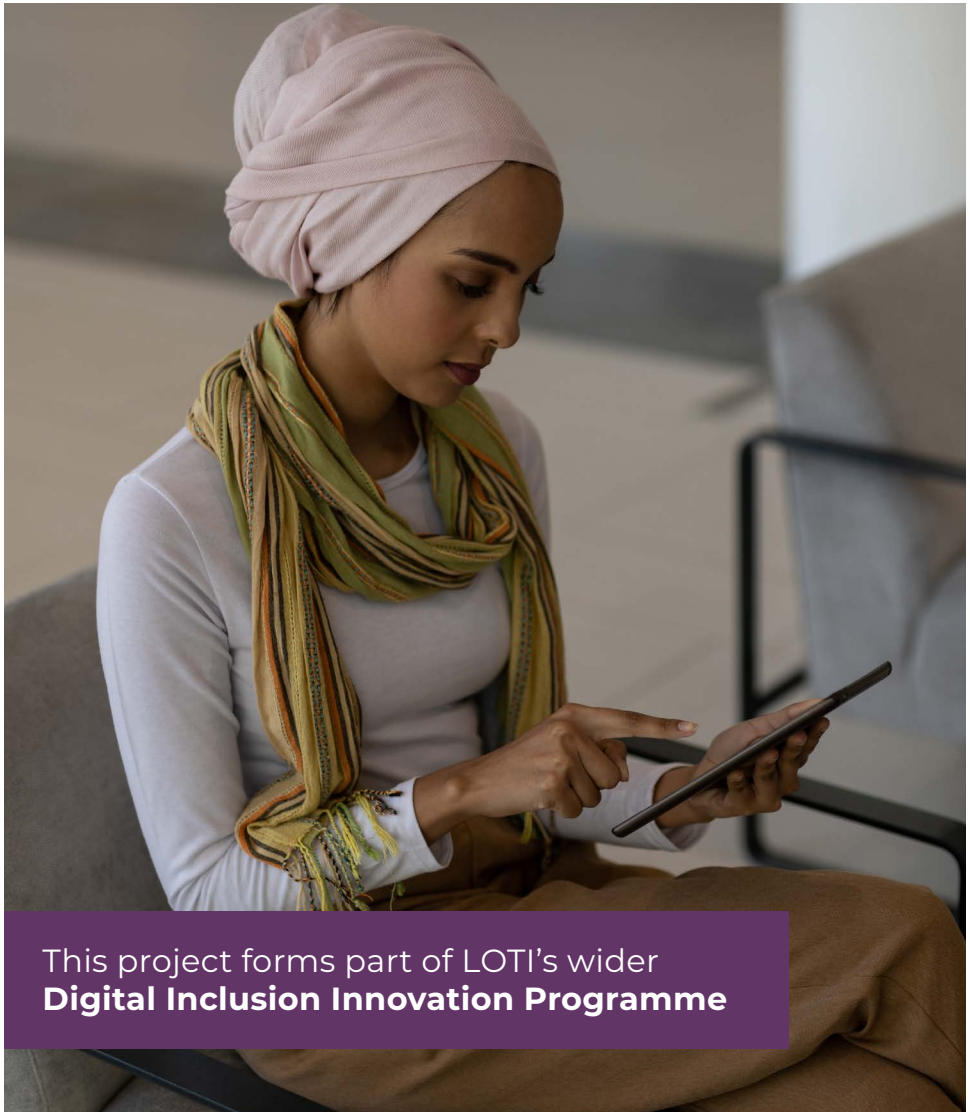
D. Boroughs should explore other means of reaching and supporting digitally excluded residents, such as building the capacity of the local VCS.

Contents

Part 1

Introduction

1. The digital inclusion triage pilot



1.1 Context and background

Digital exclusion is a key concern for many London boroughs and with the COVID-19 pandemic bringing certain issues to the fore (e.g. low digital skills and confidence, lack of access to digital devices and lack of affordable internet connections), there is now even greater focus on it.

One of the main challenges facing councils that want to support digitally excluded residents is how to effectively identify and reach them. Introducing a digital inclusion triage service where digitally excluded residents are identified through their engagement with council services could help with this.

For this pilot, a process for digital inclusion triage was designed by the London Office of Technology and Innovation (LOTI) and four participating London boroughs: Barnet Council, Royal Borough of Kensington and Chelsea, Southwark Council and Westminster City Council. The four boroughs tested the process over an 8-week period stretching from April 2022 to November 2022.

This project forms part of LOTI's wider Digital Inclusion Innovation Programme that supports boroughs to tackle digital exclusion in London. It builds on LOTI's previous work to map the geographical spread of digital exclusion and gain a deeper understanding of the nature of residents' digital inclusion needs through a set of **digital inclusion segments.**

1.2 Aims of the project

The purpose of the pilot was to learn how to effectively identify digitally excluded residents at their first point of contact with the council and signpost them to relevant digital support services.

Specifically, the pilot aimed to generate insights about local digital inclusion needs, how to implement the triage process effectively and any potential impacts of the process on residents.

In order to do this, the four participating councils aimed to triage 200 residents each over the course of the 8-week pilot.

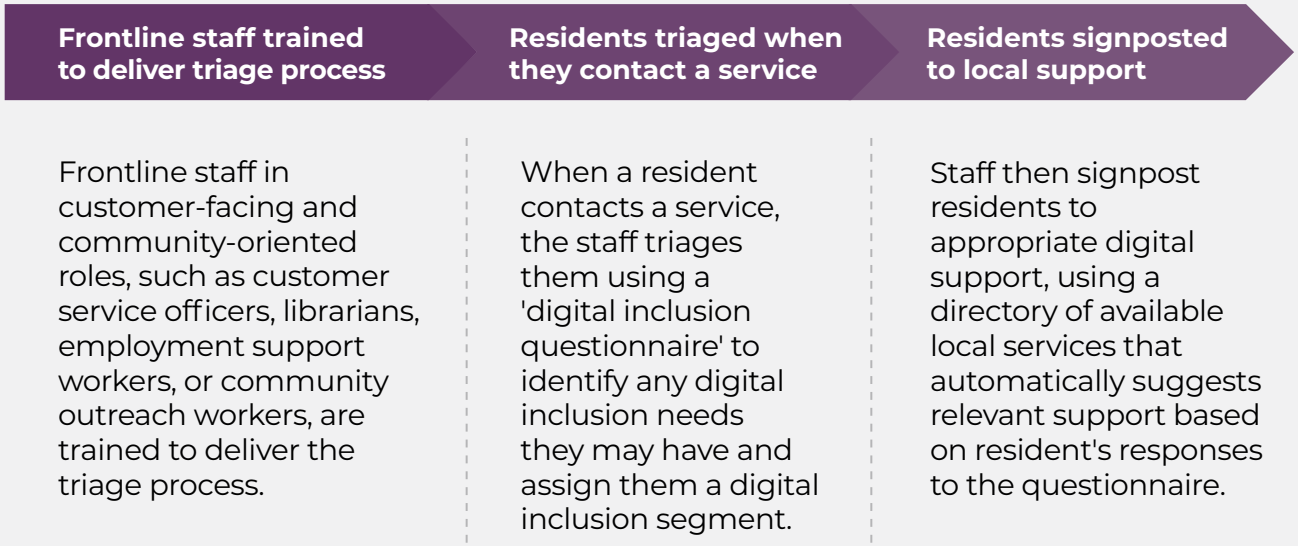
The ultimate goal of the triage process is that more residents with digital support needs will access appropriate local support (see figure 2 for the full theory of change).

The specific outcomes (explored further in section 4) the process seeks to achieve are:

- **Digitally excluded residents are reached**
- **Digital support needs are identified accurately**
- **Residents are signposted to appropriate digital support**

1.3 The process

Figure 1. Overview of the default digital inclusion triage process



This approach, based around a number of shared practices and resources, could be tailored by the four boroughs to suit local needs. It included:

I. A set of **golden questions** developed by LOTI as the basis of the digital inclusion questionnaire (these were customised by e.g. Westminster).

II. Standardised **digital inclusion segments** developed by LOTI that categorise residents' needs (Southwark added segments and Westminster opted not to use the segments).

Figure 2. Digital inclusion triage theory of change

Theory of change for the digital inclusion triage process

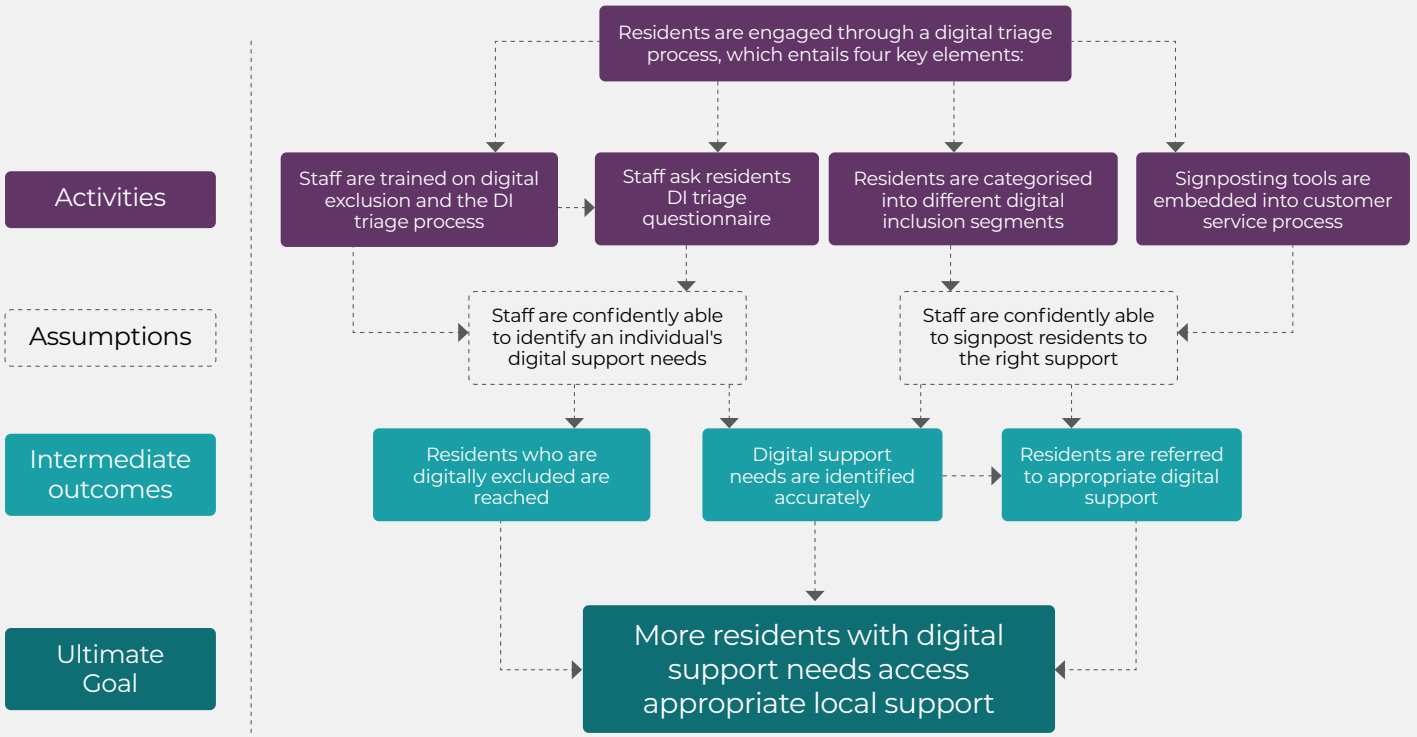


Figure 2 outlines the theory of change for the digital inclusion triage process, which illustrates how the key elements are linked to their intended impacts.

The findings are explored in Part Two of this report. In section 2, the report explores who was triaged and what their digital needs were. Section 3 discusses how the triage process was implemented in practice. Section 4 covers the impact of the process, looking specifically at the three intermediate outcomes set out in the theory of change.

1.4 Evaluation and learning approach

The evaluation of the pilot digital inclusion triage services focused on three overarching learning areas – digital inclusion needs, implementation insights and impact.

The evaluation team used a combination of methods including analysis of project data on residents' digital needs, semi-structured interviews with council and third party practitioners and follow-up phone questionnaires with residents.

There were, however, some limitations and challenges in this approach. For example, the sample sizes were smaller than expected and there was a significant variation in delivery models across the four boroughs.

You can find more details about the evaluation and learning approach in **Appendix A**

Part 2

Findings

2. Digital inclusion needs

2.1 Which residents needed digital support?

Figure 3 shows the distribution of the 499 residents triaged across the four boroughs while figure 4 shows the breakdown of the 360 residents identified with a digital inclusion need (72.1% of all residents who were triaged).

Figure 3. Number of residents triaged (by borough and total)

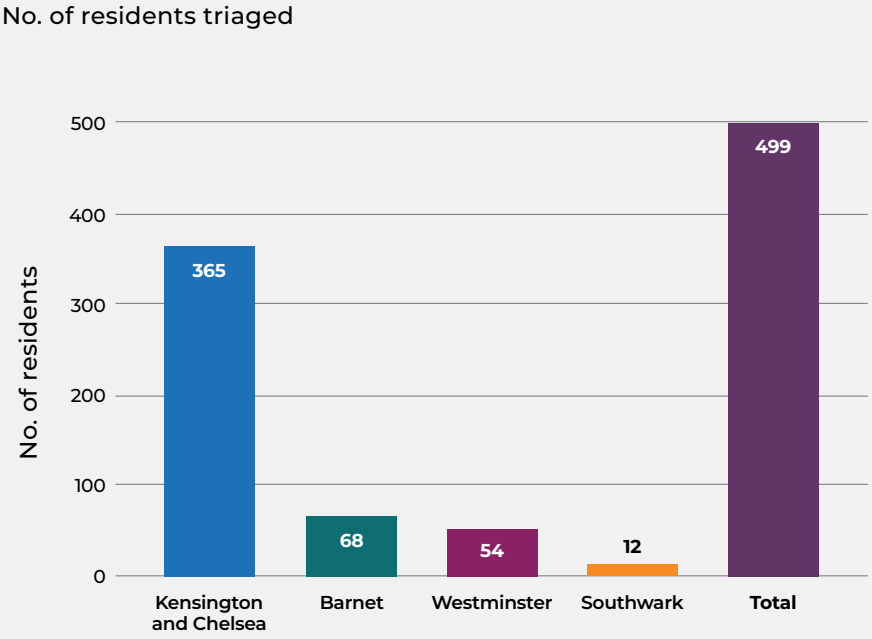
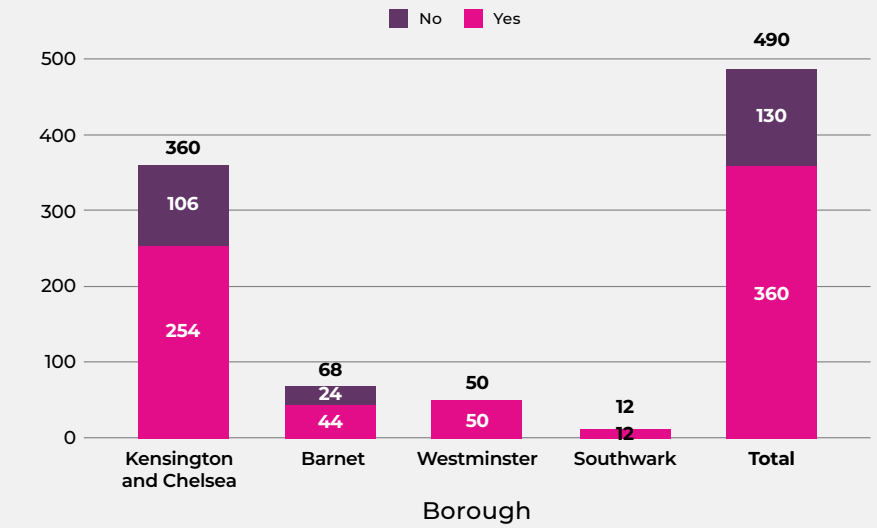
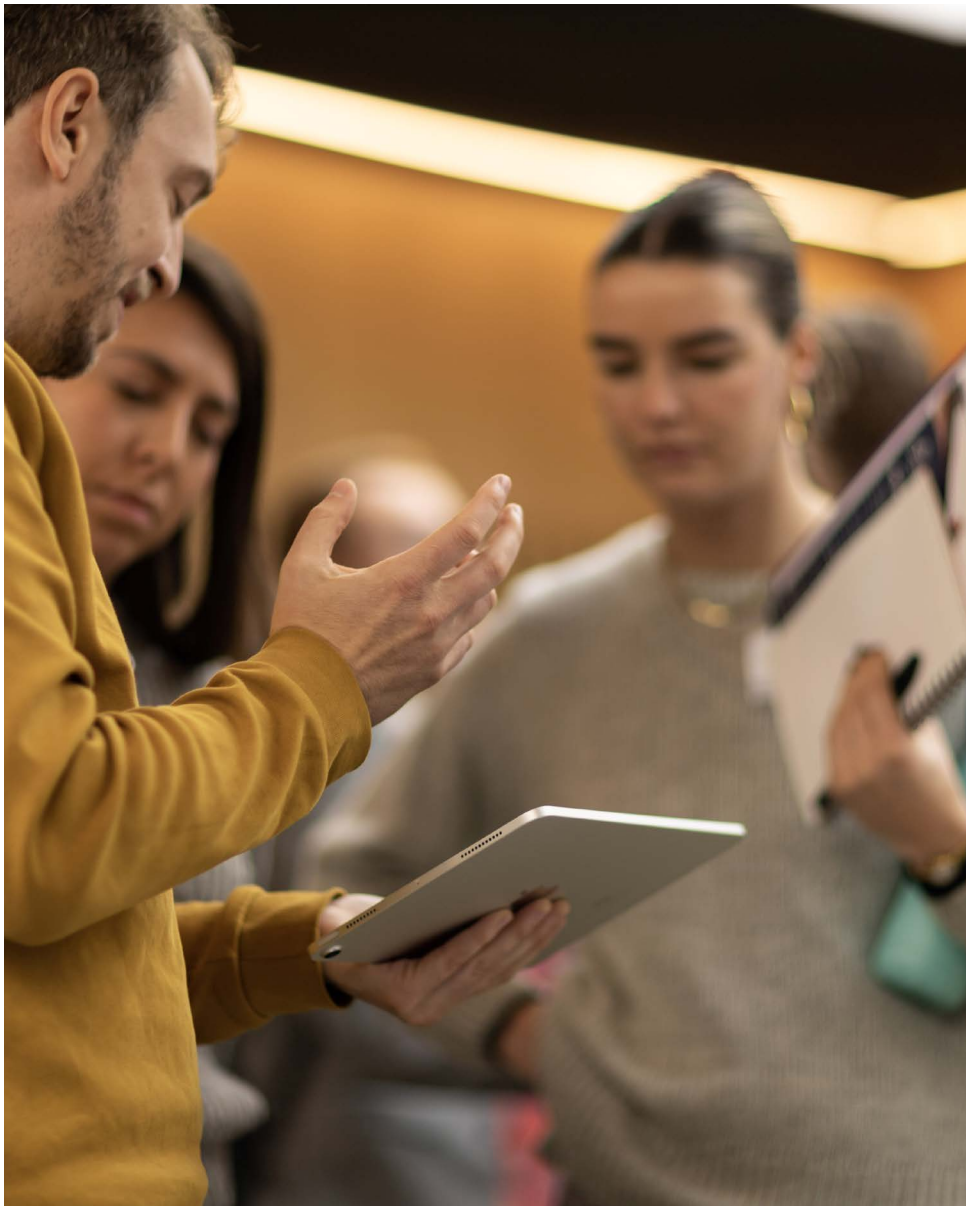


Figure 4. Number of residents identified with a digital need (by borough and total)[1]



[1] For five Kensington and Chelsea residents and four Westminster residents, it was unclear whether they had a digital inclusion need.



As figure 5 shows, most of the residents triaged had not received any digital support previously. It should be noted, however, that there was only data on this for 80 residents (16% of all residents triaged) across two of the boroughs (Barnet and Southwark) so confidence in this finding is limited.

Figure 5. Proportion of residents who had previously received digital support

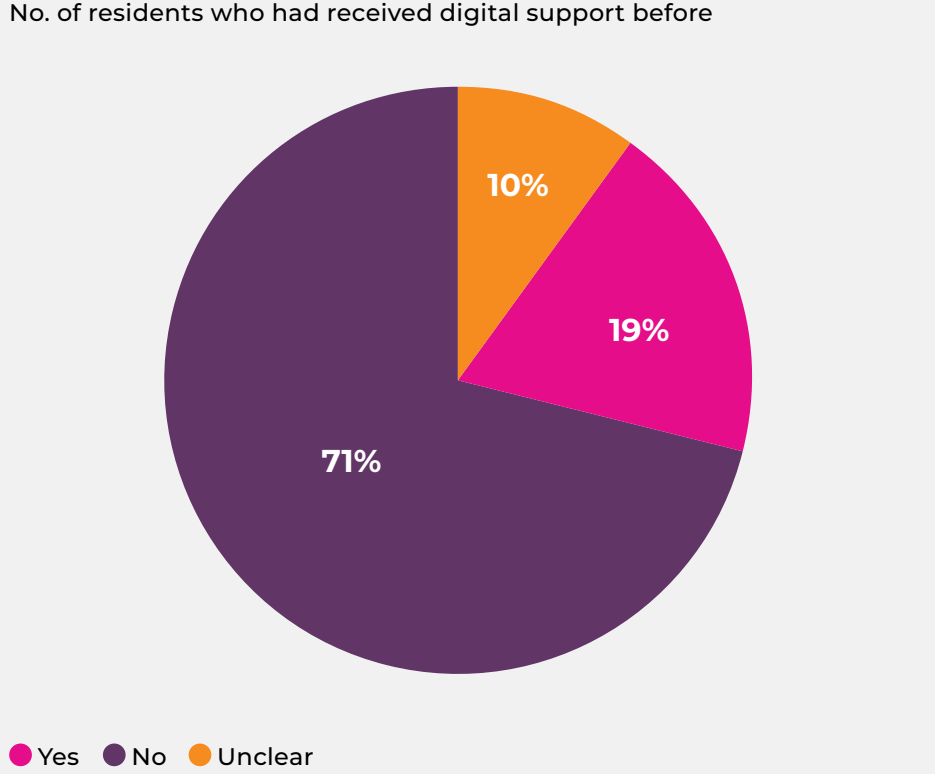
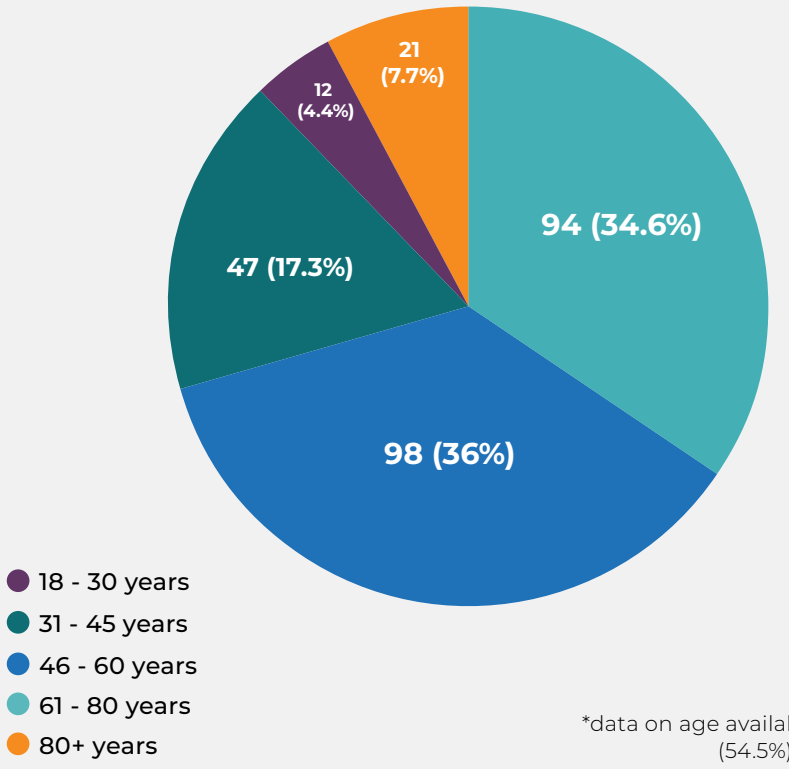


Figure 6 shows the age profile of residents who were triaged while figure 7 shows the age profile of residents who were identified with a digital need. Age was the only demographic data collected so a fuller demographic analysis of who was triaged was not possible.

Figure 6. Age profile of residents who were triaged

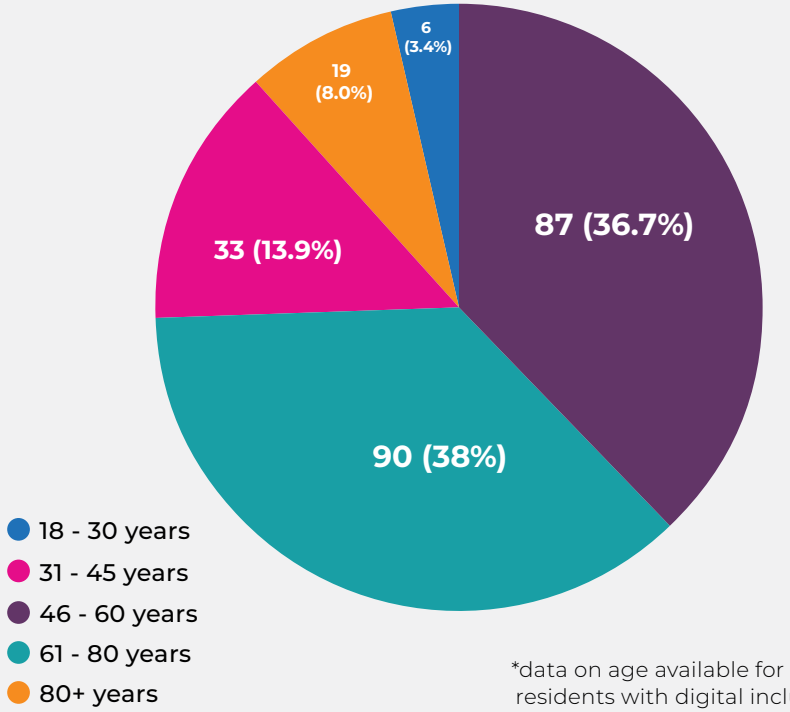
Age range of all residents triaged*



*data on age available for 272 (54.5%) residents

Figure 7. Age profile of residents with a digital need

Age range of all residents with a digital inclusion need*



*data on age available for 237 (65.8%) residents with digital inclusion need

As figures 6 and 7 show, older residents were more likely to be triaged and more likely to have a digital need than younger residents. Approximately four out of five residents triaged or with a digital need were 45+. The largest age group with a digital need was the 61-80 age group, which made up 38.0% of all residents, followed closely by the 46-60 age group, which accounted for 36.7% of all residents.

A similar pattern can be observed in figure 7 with older residents even more likely than younger residents to have a digital need. This pattern becomes even clearer when we compare the proportions of residents triaged and residents with a digital need in each age group with the general population of London.

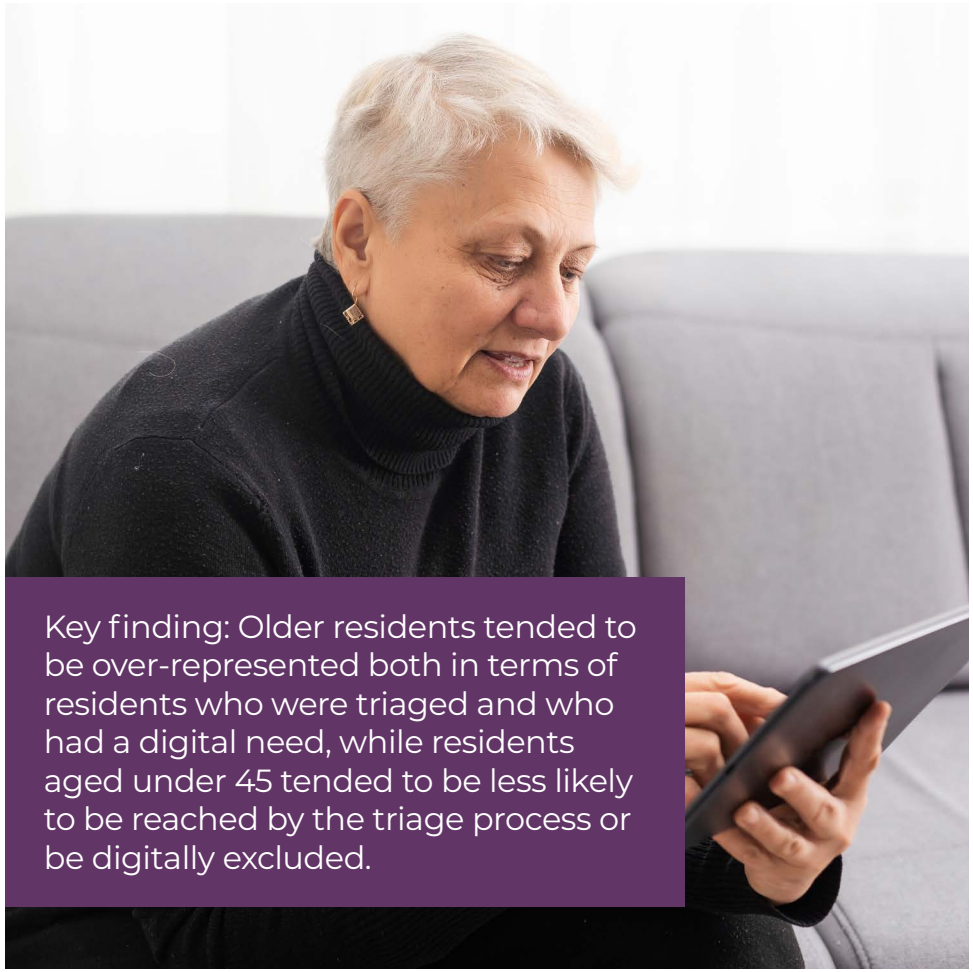
Table 1. Age profile of residents who were triaged and residents identified with a digital need compared with London's general population[2]

Age group	Proportion of residents triaged (%)	Proportion of residents with digital need (%)	Proportion of London's population (%)
18-30	4.4	3.4	19.6
31-45	17.3	13.9	24.6
46-60	36.0	36.7	18.7
61-80	34.6	38	12.6
80+	7.7	8	2.8

[2] Figures are based on 2021 census data from the ONS **Age by single year (Regions)** dataset.

As table 1 shows, all age groups over 45 are over-represented (both in terms of the proportion of residents triaged and residents with a digital need) with twice as many 46 to 60-year-olds and nearly three times the proportion of residents aged over 60 in both categories compared with London's general population.

Conversely, under 30s made up less than 5% of all residents triaged or with a digital need, which is significantly lower than the proportion of London's population in this age group (19.6%). 31 to 45-year-olds were also under-represented but by a smaller amount.



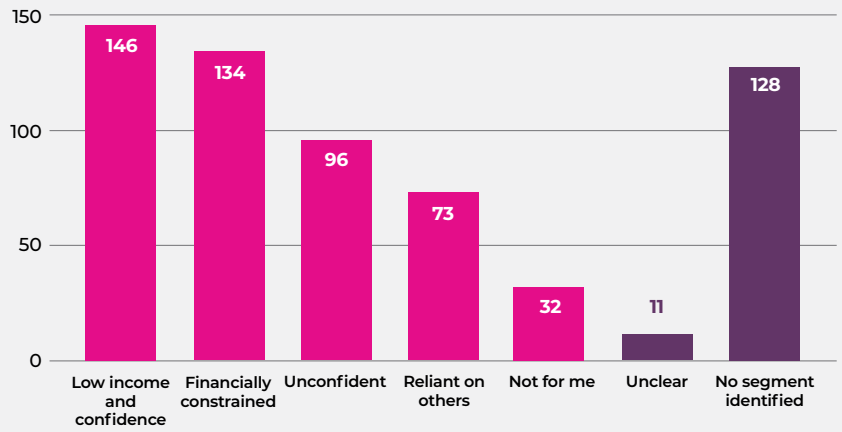
Key finding: Older residents tended to be over-represented both in terms of residents who were triaged and who had a digital need, while residents aged under 45 tended to be less likely to be reached by the triage process or be digitally excluded.

2.2 What digital needs did residents have?

Figure 8 shows which of the **digital inclusion segments** defined by LOTI the 360 residents with an identified digital inclusion need fitted into. It is noteworthy that, for the two most common digital inclusion segments in this pilot, financial barriers were a key feature.

Figure 8. Breakdown of residents triaged by digital inclusion segment[3]

Which digital inclusion segments did residents meet the criteria for?



[3] The totals do not add up to 360 as a number of residents were assigned multiple segments.

The most common segment for residents was 'Low income and confidence' (40.5%).`

LOTI defines the key barriers for this group as a "lack of equipment, a lack of confidence, over-complexity and the high cost of devices".

The 'Financially constrained' segment was the next most common (37.2%). The main barriers for this group are "high costs of wi-fi data and devices".

The next most common segment was 'Unconfident' with just over a quarter of all residents coming under this category (26.7%). Key barriers include "lack of confidence, uncertainty and lack of trust".

Residents were least likely to fall into the 'Reliant on others' segment (20.1%) in which the key barriers are "impairments, getting someone to do what they need and over-complexity" and the 'Not for me' segment (8.9%) in which the key barrier is "lack of interest".

It is worth noting that the 'Not for me' segment is likely under-represented in these figures as multiple practitioners suggested that many of the residents who declined to be triaged would have fallen into this category.

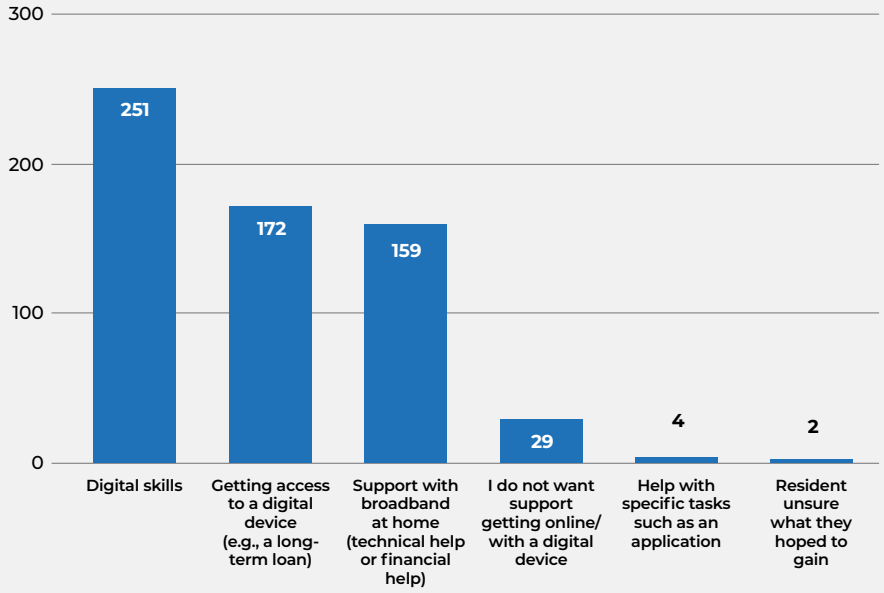
Figure 9 shows what the 360 residents with an identified digital inclusion need wanted to gain from support. Three main support needs were clearly seen. If we compare the segments to what residents said they wanted to gain from digital support, we see expected similarities between segments and needs.

The most common need is support to develop digital skills, which accounts for seven in 10 (69.7%) residents with a digital need. More than half (54.7%) of all residents with a digital need wanted help getting access to a digital device while just under half (44.2%) wanted support accessing broadband at home – both these digital support needs can be associated with financial challenges.

Key finding: 'Developing digital skills' was the largest digital inclusion need identified during the pilot followed by 'Getting access to a digital device' and 'Support with broadband at home'.

Figure 9. Breakdown of residents triaged by what they wanted to gain from digital support[4]

What did residents want to gain from support?



[4] The totals do not add up to 360 as many residents had multiple digital inclusion needs.

Figure 10 shows the breakdown of digital needs for each age group. The need for digital skills support increased with age, rising from 37.5% of 18 to 30-year-olds to 73.6% of 46 to 60-year-olds and 76.7% of 61 to 80-year-olds. 73.7% of all residents aged over 80 needed digital skills support.

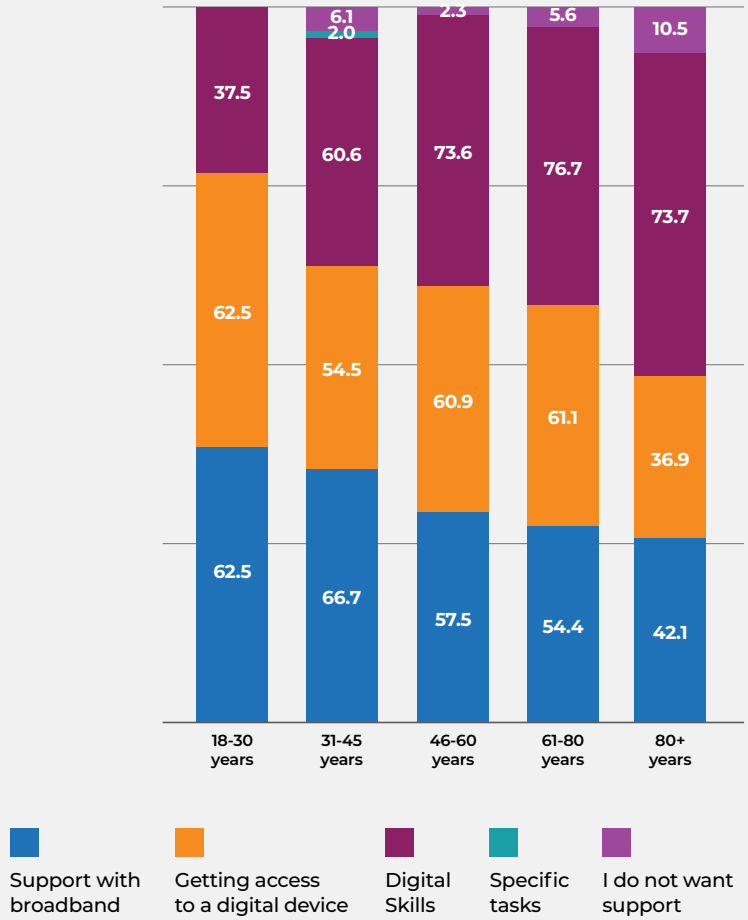
The inverse is the case for support accessing both a digital device and a broadband connection. A higher proportion of younger residents needed support in these areas, which are closely associated with economic deprivation, but there was still a need for over half of all residents for all age groups.

Residents who did not want support getting online (6.3%), wanted help with specific tasks such as completing an online application (1.1%) or who were unsure of what they hoped to gain (0.6%) were less commonly seen.

Key finding: The need for digital skills support increased with age up to 80+, after which it remained high, while the need for help with getting access to a device or broadband connection was greater for younger age groups.

Figure 10. Proportion of digital inclusion needs for different age groups

Percentage of residents with each digital inclusion need within each age group



Nearly half (47.7%) of residents with a digital inclusion need had more than one need.

For example:

- **81 residents (22.5%)** wanted support with digital skills, broadband at home and getting access to a digital device.
- **38 residents (10.6%)** wanted support with digital skills and getting access to a digital device but had sufficient broadband.
- **31 residents (8.6%)** wanted support with broadband at home and getting access to a digital device but had sufficient digital skills.
- **18 residents (5%)** wanted support with digital skills and broadband at home but already had their own device.

Key finding: For many residents, digital exclusion was multifaceted and often resulted from a combination of low digital skills and financial challenges that prevent access to devices or broadband at home.

2.3 What support were residents offered?

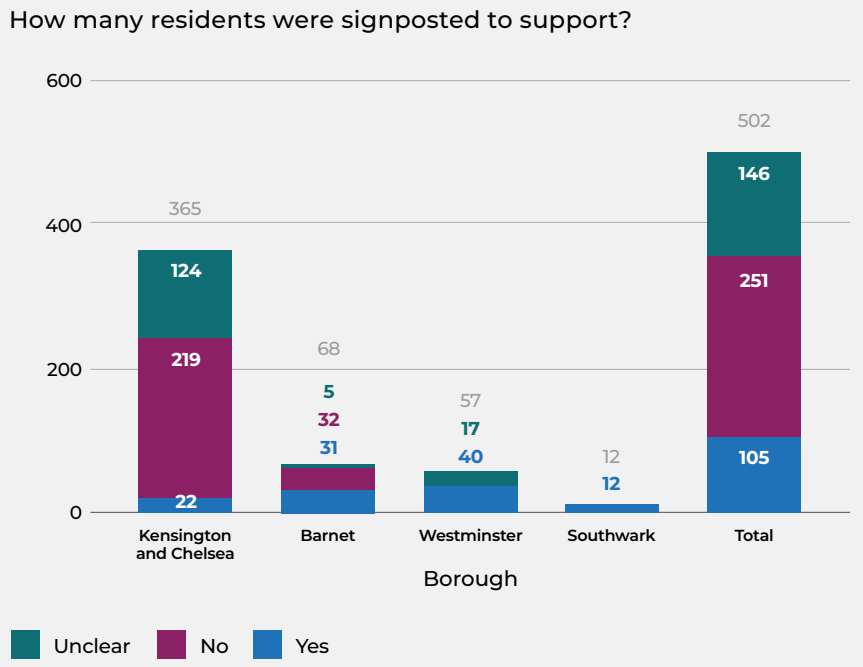
It appears that around twice as many residents triaged were not signposted to digital support as those who were. However, as figure 11 shows, there was significant variation across boroughs.

The reason that such a high proportion of residents from Kensington and Chelsea were not signposted was due to operational delays, which meant that staff only started signposting residents to digital support approximately halfway through the pilot.

> Due to inconsistencies in data entry, it was unclear whether a significant proportion of residents had been signposted to support or not. These figures should therefore be viewed with caution.

For those residents who were signposted to support, figure 12 provides a breakdown of the different types of support they were referred to. Three quarters (75.6%) of all residents were signposted to digital skills support with the most common setting being digital skills support delivered in libraries (48.8%). This aligns well with the greatest need being digital skills support.

Figure 11. Number of residents signposted to digital support (by borough and total)[5]

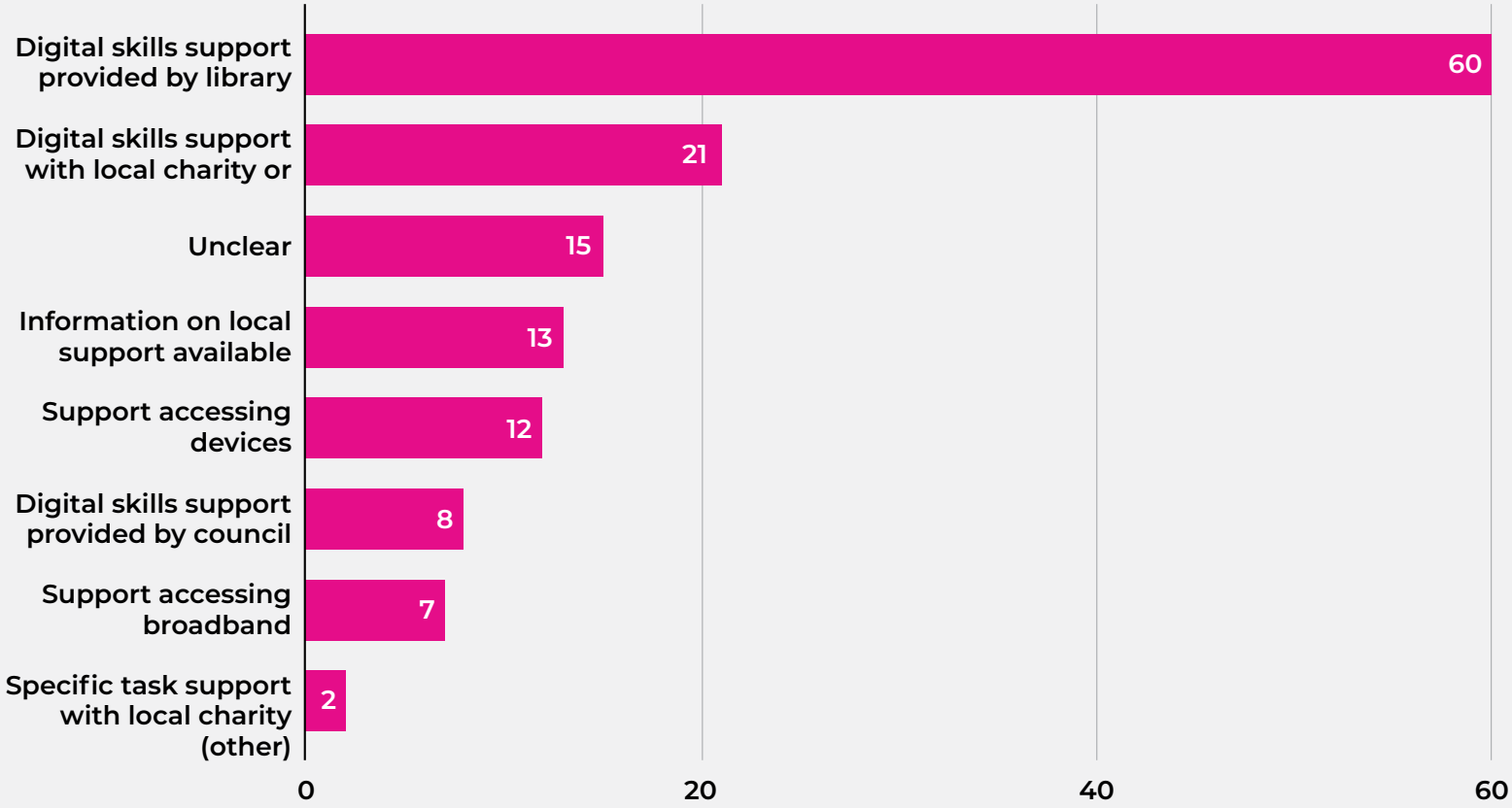


[5] The 57 total for Westminster includes three duplicates.

However, only 19 residents (or 18.1% of all signposted residents) were signposted to support for accessing either a digital device or broadband, despite 60.6% of residents with a digital inclusion need saying they wanted to get support with at least one of those. This may be indicative of a gap in service provision or lack of support, at least in some boroughs.

Figure 12. Breakdown of digital support that residents were signposted to

What were residents signposted to?



Key finding: Despite high levels of need for accessing devices and broadband, very few residents were signposted to support for this. This suggests there may be a mismatch between need and existing digital support.

3. Implementation insights

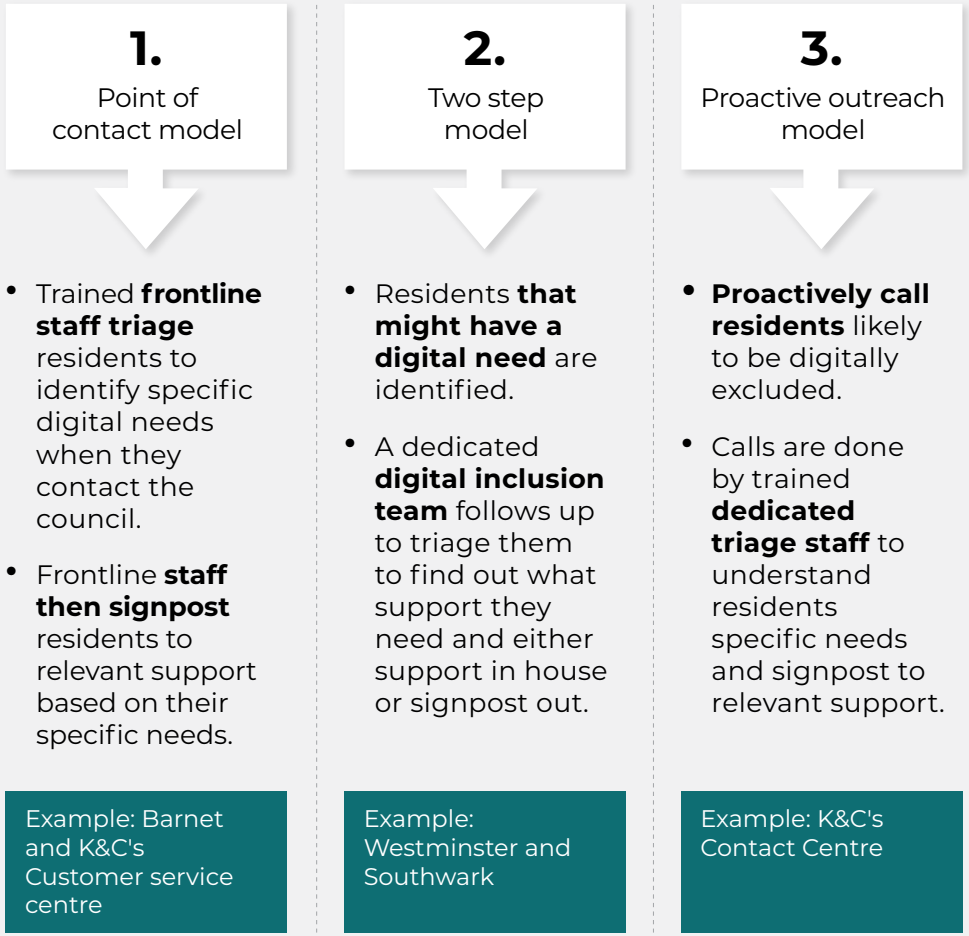
3.1 How was the digital inclusion triage process implemented?

A. How was the process implemented across boroughs?

There was a reasonably large degree of variation across boroughs in terms of how the triage process was implemented, with three distinct variations or models emerging. Figure 13 provides a high-level summary of the key features of each of these.

The fact that different delivery models were observed is perhaps unsurprising and can be seen to reflect the emergent nature of the intervention, as well as the distributed management and delivery of the pilot across four separate boroughs. You can find a summary of each borough's specific delivery models in the **case studies**.

Figure 13. Three digital inclusion triage models



There was also a wide range in the number and type of triage pathways (i.e. the actual teams and services that delivered the triage process) across all four boroughs. For example, Southwark had one triage pathway, both Kensington and Chelsea and Westminster used two and Barnet delivered the pilot through four triage pathways.

As table 2 shows, the various triage pathways ranged from dedicated digital inclusion teams to council-run customer facing teams, such as customer service teams, libraries, housing support and employment and benefits support, and a local community partner.

Table 2. Services or 'triage pathway' that delivered the digital inclusion triage pilot

Service	Barnet	Kensington and Chelsea	Southwark	Westminster
Digital inclusion team			✓	✓
Customer services	✓	✓		
Employment, housing or benefits support	✓			✓
Library	✓			
Community partner	✓			

B. How was the process implemented within boroughs?

A significant degree of variation was also observed in the delivery approach within boroughs. For example, three boroughs (Barnet, Kensington and Chelsea and Westminster) adopted a mixture of in-person and phone approaches to triage residents while one borough (Westminster) used a combination of an automated telephone route and a face-to-face route run by frontline staff.

Table 3. Differences in approaches across the various triage pathways

Triage pathway	Face to face	Phone	Frontline staff add-on	Dedicated triage staff
Barnet: BOOST service	✓	✓	✓	✓
Barnet: Customer services	✓		✓	
Barnet: Libraries	✓		✓	
Barnet: Colindale Community Trust	✓		✓	
Kensington and Chelsea: Contact Centre		✓		✓
Kensington and Chelsea: Customer Service Centre	✓		✓	
Southwark: Digital inclusion team	✓			✓
Westminster: Housing contact centre (automated)		✓		✓
Westminster: Housing offices	✓		✓	✓

Another key difference in approaches concerned the resourcing approach taken – namely whether frontline staff were tasked with administering the triage process on top of their existing roles (Barnet, Kensington and Chelsea, Westminster) or whether dedicated staff had been assigned specifically to triage residents (Kensington and Chelsea, Southwark and Westminster). A breakdown of key differences in triage channel and resourcing approach can be found in table 3.

Key finding: There was significant variation in how the triage process was delivered both across and within boroughs, reflecting the early stage of the intervention. Key differences were triage channel (in-person or phone) and resourcing approach ('add-on' to a frontline role or dedicated triage staff).

3.2 Did the key elements of the pilot work as intended?

A. Did staff receive sufficient training and support to carry out the triage process?

Where practitioners received support, they generally reported feeling more able to identify residents who were digitally excluded and more knowledgeable of digital support available in their local area.

> "Before you would get frustrated and didn't know where to begin. But after the training and information from Digital Friends, we were more confident. To the point where I can offer advice and guidance within my own community."
>
> Practitioner, Kensington and Chelsea Contact Centre

Support varied across boroughs, however. Some practitioners reported receiving training or a briefing but others did not recall receiving any training and one practitioner was not aware of the pilot at all. In addition, two of the practitioners who were put forward to be interviewed declined because they did not know about the digital inclusion triage pilot.

In Westminster, the digital inclusion team provided training to the council's housing officers. It ran eight x 45-60 mins group sessions that focused on a range of areas, including:

- What digital exclusion is and how it affects people
- Who it affects (e.g. people in social housing are more likely to be impacted)
- An introduction to the five digital inclusion segments
- A presentation of the referral postcards to be completed by practitioners when they support a digitally excluded resident

Barnet, where there were four services or 'gateways' delivering the pilot, took a different approach. Before the pilot began, it brought together the leads of each service in several pre-launch briefings and meetings and provided training and support to practitioners. Regular check-ins during the pilot were also held to bring the four gateways together for updates and to share lessons. These were well planned and organised but, unfortunately, they suffered from a lack of engagement from some of the gateways.

Key finding: Training helped practitioners to identify digitally excluded residents. A more standardised approach to training and support may help ensure all staff have the skills and knowledge to identify digital exclusion.

B. Was the digital inclusion questionnaire helpful for identifying and segmenting digital needs?

All the practitioners we interviewed who used the questionnaire reported that it was user-friendly. It was described as “simple”, “straightforward” and “easy to use”, for example.

> “It was very user friendly and easy. I was initially a bit worried, but I was able to read it out to a resident and say ‘these are the options, you can pick as many as you want’. That part you could tell a lot of thought went into. Simple and straightforward without jargon and mumbo jumbo.”
>
> Customer service advisor, Kensington and Chelsea

> “We’ve found the questionnaire pretty straightforward to use. It’s not hard to follow.”
>
> Customer service advisor, Barnet

Practitioners who used the questionnaire also reported that it was a useful tool to help them identify residents' digital needs and was largely accurate at categorising most people.

> “I think [the questions] are pretty useful. It’s hard to identify someone’s need otherwise. It does help uncover issues that we might not otherwise know.”
>
> Customer service advisor, Barnet

A number of minor areas for improvement were identified, however:

- Some practitioners could only select one digital inclusion segment/need.
- The digital inclusion segments overlapped and were not mutually exclusive (e.g. unconfident, low confidence and low income, financially constrained).
- There was a gap in need where some residents needed digital support with specific tasks such as completing online council forms.
- Some parts of the questionnaire could be automated, such as only needing to fill in a practitioner’s details once rather than every time.

> “It was accurate to a large extent and categorised most people.”
>
> Digital inclusion officer, Southwark

Key finding: The digital inclusion questionnaire was well designed and user friendly. It was widely reported as both easy to use and a helpful tool to identify digital needs – with only a few areas for improvement.

Perhaps the biggest challenge was that the frontline staff who were tasked with delivering the digital inclusion triage process did not have the capacity to do so properly. While the digital inclusion questionnaire was found to be straightforward and easy to use, it still involved opening and using a separate document, asking residents multiple and often sensitive questions at the end of a query and filling in over a dozen data fields. For already busy staff, this additional requirement proved too big of a barrier.

C. Are there appropriate local digital support services and did the process help staff signpost residents to them?

Most of the practitioners interviewed said the digital inclusion triage process helped them feel more able to signpost residents to digital support that they were previously unaware of.

> "I had a list of referrals where I could signpost people to and an information sheet with a range of organisations on. It was really helpful once we had it."
>
> Customer service advisor, Kensington and Chelsea Contact Centre

The capacity and appropriateness of such services received more mixed responses from practitioners. This is clearly an area that is highly variable and depends on the particular digital inclusion funding and service context in each borough.

That said, practitioners across multiple boroughs reported that some services they signposted to were either not available to residents or lacked sufficient capacity while, in Kensington and Chelsea, practitioners only began signposting roughly halfway through the pilot.

> "Some of the services it says we offer just aren't available or available [everywhere] across the borough. For example, the router service hasn't worked very well and we have no access to devices in the borough at the moment for someone who wants to borrow one."
>
> Digital inclusion officer, Southwark

> "The capacity of VCS partners is always a struggle. But it's important to bring them together at the start and also be really clear about a single person to contact when relevant."
>
> Team manager, Barnet BOOST service

> "You can't signpost people to something that doesn't exist. It's going to be disappointing and could be counterproductive because it's just getting off the ground and might fail them."
>
> Digital inclusion officer, Southwark

This finding from practitioner interviews is supported by both the project data (section 2.3), which showed a mismatch in digital need and the support signposted to, as well as residents' responses to the follow-up questionnaire (section 4.3), showing that only a minority of residents received support.

Key finding: There is a need to ensure that sufficient digital support capacity is available across the borough to meet the increased demand that would come from an effective digital inclusion triage process.

3.3 How did residents engage with the process?

A. Were residents happy to be triaged for digital needs?

Most residents in the pilot had contacted the particular council service about another issue. There were no reports of residents minding being asked about digital support needs when they had made contact about something else and those who completed the questionnaire were reported to have been happy to do so.

> "People were quite happy to do it. Residents have been quite interested and happy to answer the questions."
>
> Digital inclusion officer, Southwark

> "Some residents are happy to complete but others are not interested, don't have time, or don't need digital help... but the ones that have completed the questionnaire have been happy to."
>
> Customer service advisor, Barnet

However, many practitioners (particularly in face-to-face routes) reported that most of the residents they spoke to either did not want to do the questionnaire or did not want support. Common reasons given were that they did not need help, or they just wanted to have their query answered and then leave.

> "The biggest barrier is people don't want to complete the forms. People just want their query resolved and then leave. Others just don't want digital help – either because they don't need it or don't want it. They're not rude about it, they just don't want to get involved."
>
> Customer service advisor, Barnet

> "Sometimes it can be a bit difficult unless they specifically come in with a query they need access to a computer for... When people come in they just want to be helped."
>
> Housing officer, Westminster

> "A lot of people didn't want to take part in the survey for whatever reason."
>
> Digital inclusion coordinator, Barnet

Even the majority of residents in Westminster who had indicated they wanted digital support via an automated telephone prompt following a call to the council's Contact Centre ultimately said they did not want any help.

> "We were calling back so many people and the majority of people didn't actually want support... There was a week we had about 40 numbers sent across. It took me and my colleague four hours in total. Out of those 42 residents, only four people were a yes [to wanting support]."
>
> Project officer, Westminster's digital inclusion team

Interestingly, some practitioners (especially those working with residents face to face) reported that those who did want some digital support tended to want support with a specific task there and then, rather than wait for a referral.

> "People have been reluctant at the start but not because they don't want help or to learn but because of how long it might take or distrust that someone will actually contact them. Everyone's own issue is the most important to them and they want help now."
>
> Housing officer, Westminster

> "Most residents [we support in person] need help transacting with the council online. Some are happy to learn but most want someone to help them get it done there and then – or a few days later."
>
> Customer service advisor, Barnet

> "When people need [support] they need it, so we couldn't take the risk of waiting and nothing potentially happens."
>
> Chief Executive, Colindale Community Trust in Barnet

> "Lots of people just needed help now. For example, to fill in [council] forms."
>
> Customer support advisor, Kensington and Chelsea Contact Centre

Key finding: The majority of residents spoken to via face-to-face channels did not want to complete the digital inclusion questionnaire.

B. What were some of the challenges in engaging residents?

As mentioned above, the most common challenge was that most residents simply did not want to complete the digital inclusion questionnaire. One common reason, beyond simply not needing support, was that many residents did not want to engage with digital services in the first place.

> "I've had a lady shouting at me, 'I've never done this before, I'm not going to do it now.' It's something you can't change, I can't force people to do something they don't want. I can only ask what the reason is that they don't want to do it and who can help?"
>
> Customer services officer, Kensington and Chelsea Town Hall

> "For some, they just said, 'I'm just too old and it's too late [to learn]'".
>
> Customer support advisor, Kensington and Chelsea Contact Centre

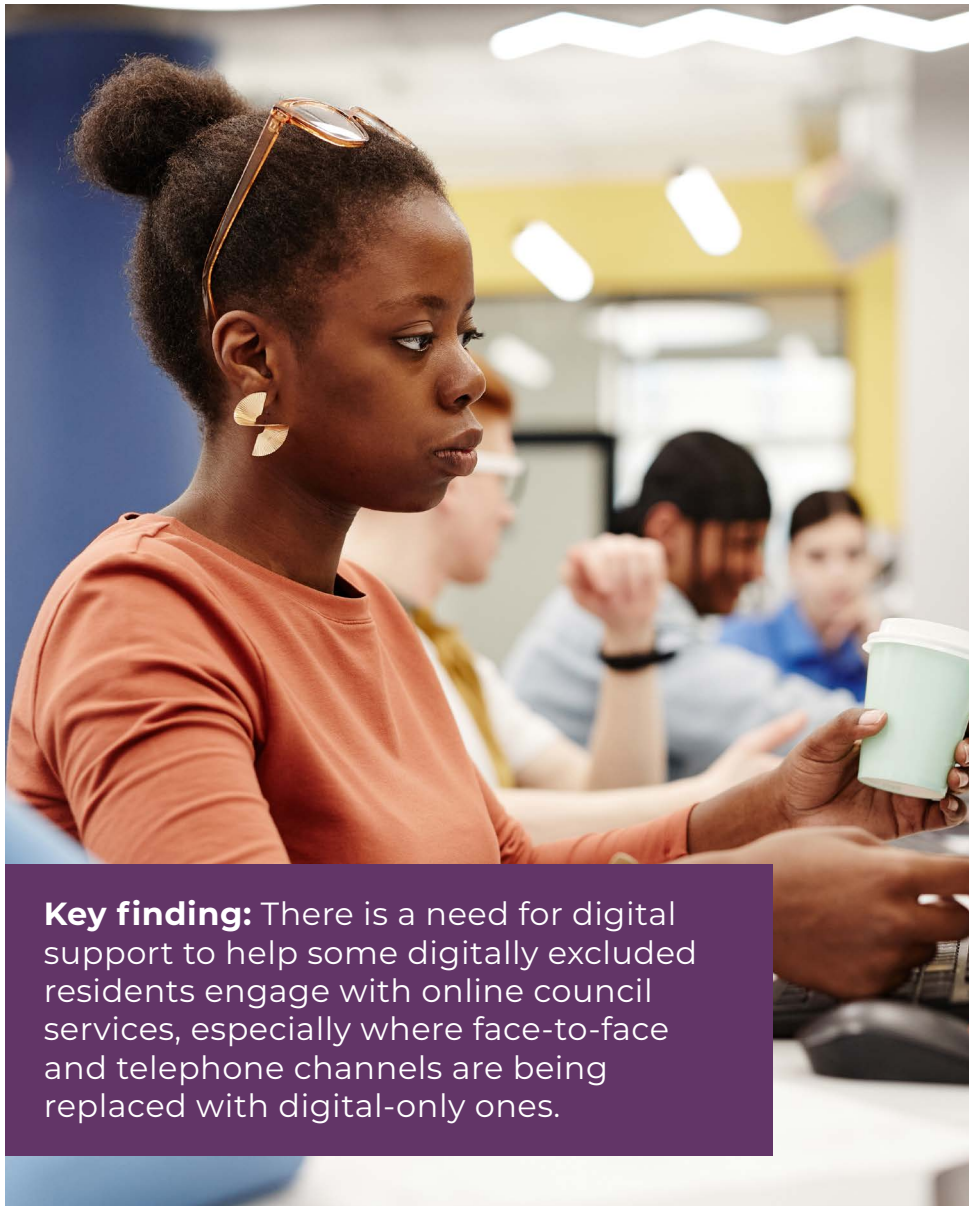
In the context of the trend towards digitisation of council services, it is particularly significant that practitioners reported many residents who either cannot or will not engage with services online and are upset at feeling like they are being forced to do so.

The following rather Kafkaesque story highlights this point particularly well:

> "I had a woman come in who wanted to make a complaint about everything going online and I had to say 'I'm sorry, but [the complaints form] is online, madam'. And she just waved her hands and said 'I give up!' and walked out without saying anything else. You come in to make a complaint about everything going online and now I'm sending you online. You know, you have to laugh."
>
> Customer services officer, Kensington and Chelsea Town Hall

A related barrier that was commonly reported was a concern about security and safety online – many residents mistrusted who was contacting them or how their data would be used.

> "Security worries were common... there's a lot of mistrust... I've been on the phone today and people even ask if I even work for the council! People are generally suspicious when they have to give out their details."
>
> Customer services advisor, Barnet



Key finding: There is a need for digital support to help some digitally excluded residents engage with online council services, especially where face-to-face and telephone channels are being replaced with digital-only ones.

3.4 What were the key implementation challenges?

A. Lack of capacity of frontline staff to triage residents

A lack of capacity of frontline staff implementing the digital inclusion triage process was the largest and most commonly shared challenge across boroughs. We often heard how frontline staff were already overstretched and how they were asked to learn a new process and triage residents on top of their day jobs.

For example, one practitioner from Westminster acknowledged that "it was a big ask to put on top of everything else they do". In practice, it meant that the triage process was often seen as an add-on and was not fully embedded in the various triage channels, which often led to fewer residents being triaged than anticipated.

> "If we had more resources, we would have liked a digital inclusion team or digital ambassadors to staff reception and ask those questions but we didn't have capacity to do that."
>
> Project officer, Westminster digital inclusion team

> "[Libraries] only have staff during limited hours and you've got to be a library member [to get support]. The majority of visitors to libraries occur during unstaffed hours. Librarians rotate around libraries and they're really busy and over-stretched while they're there and they work on lots of different other community initiatives."
>
> Barnet BOOST service

Some boroughs sought to overcome this challenge by training apprentices to triage residents while they were waiting to be seen (e.g. Barnet) or using dedicated digital inclusion staff to proactively follow up with residents thought to be digitally excluded (e.g. Westminster).

B. Insufficient capacity or range of support available to which residents could be signposted

Several practitioners felt that the current capacity of local digital support was insufficient to meet the current needs, let alone the increased demand that would arise from an effective triage process.

> "The biggest fault with this type of idea is that it's almost ahead of the borough's capacity to support people's digital needs. We've got a very under-funded service that can't meet the [current] demand... If you established digital support across the borough that was accessible to people, then this sort of thing would work. But at the moment, we're saying we can triage people's needs but if we did the numbers would just overwhelm the current capacity."
>
> Digital inclusion officer, Southwark

> "There's some scepticism [in our team] about whether the support will be provided. It's more about being confident about referring people and they'll get the support."
>
> Chief Executive, Colindale Community Trust in Barnet

> "There's a need for people to get the help they need now, not in a couple of weeks."
>
> Customer service advisor, Kensington and Chelsea

> "You can't signpost people to something that doesn't exist. It's going to be disappointing and could be counterproductive because it's just getting off the ground and might fail them."
>
> Digital inclusion officer, Southwark

C. Confusion or lack of understanding for some practitioners caused by lack of training, support or resources

While not an issue across the board, feedback from a small number of practitioners suggested that some triage routes, particularly in-person routes, could have benefited from more active support and resources to help staff triage and signpost residents to digital support.

For example, one practitioner did not appear to have received training, was not aware of the digital inclusion questionnaire and did not have access to any resources to help them signpost residents to support, instead relying on their own knowledge of support available locally.

> "Information [about where to signpost] hasn't surfaced yet... I mean who's meant to give us that information? The council? I would have to go look up that information when talking to the customers. I can't signpost the customer if I don't have the information."
>
> Customer services officer, Kensington and Chelsea Town Hall

Another practitioner was not sure what issues counted as digital exclusion and did not know whether or not to refer certain residents.

> "Does the digital inclusion scheme include things like residents who don't have smartphones? Would we signpost to the digital inclusion scheme? Because I have had people who have come in and they haven't had smartphones."
>
> Housing officer, Westminster

D. Many residents simply wanted to get support for the issue they came in about

Several practitioners who supported residents face to face (e.g. customer service advisors and a housing officer) told us that, for the majority of residents they engaged with, it was either inappropriate to take them through the questionnaire because of the nature of their query or they were unable to because the resident just wanted to have their specific query resolved.

> "The biggest barrier is people don't want to complete the forms. People just want their query resolved and then leave. Others just don't want digital help – either because they don't need it or don't want it. They're not rude about it, they just don't want to get involved."
>
> Customer services advisor, Barnet

> "A lot of residents that come in are upset about something. So to strike a balance, you have to use your judgement and know when to [do a digital triage] with the residents."
>
> Project officer, Westminster digital inclusion team

> "It took a while to get engagement and responses from housing officers – could be because of their [recent] restructure, staff juggling a lot of things, or the nature of what residents come in for."
>
> Project officer, Westminster digital inclusion team

E. Lack of engagement from some triage channels

In all boroughs except Southwark, there were multiple triage pathways (i.e. services that were implementing the triage process). This caused some challenges where there was a lack of engagement from the different services. It was a particular challenge for Barnet, which had four triage pathways or 'gateways' across different parts of the councils and a community organisation.

> "[We had] low engagement from library service. I have been trying to speak with my library contact for the last eight weeks and they didn't respond to the interview request. Across 6-7 libraries, they offer digital support but they don't share their data with us."
>
> Digital inclusion officer, Barnet

4. Impact

4.1 Were digitally excluded residents reached by the triage process?

A total of 499 residents were reached by the triage process across nine different service pathways in four boroughs. Nearly three quarters (72.1%) of these residents were identified as digitally excluded with 139 residents (27.9%) either explicitly not meeting the criteria for a digital inclusion segment or with their segment entry left blank[6].

It should be noted that boroughs recorded the data differently to each other – some boroughs did not record when they spoke to someone who indicated they either did not have a digital need or did not want to be triaged. For example, Westminster had a significantly lower rate of digital need identified for every resident spoken to but these residents were not recorded as having been triaged and therefore do not factor into these data. As such, it is likely that the proportion of residents identified with a digital need through the triage process is significantly lower in practice.

Key finding: Nearly three in four residents triaged were digitally excluded, suggesting that a significant proportion of residents reached by the triage process experience some kind of digital exclusion.

[6] 111 of these residents were from Kensington and Chelsea as 103 were already confident using digital devices and the internet and another eight residents did not feel that any of the segments applied to them and no data suggested otherwise. 24 were from Barnet (17 – no segment identified; 7 – field left blank). Four residents from Westminster also had their segment field left blank with no other relevant data. All 12 residents from Southwark were placed in a digital inclusion segment.

The effectiveness of the triage process varied significantly across different models and triage pathways with only one of the pathways able to triage more than 50 residents in an 8-week period.

As figure 14 shows, face-to-face channels triaged fewer residents than phone channels. Specifically, approaches using phone channels triaged over four times more residents than face-to-face channels.

Similarly, frontline staff triaging residents in addition to their existing role rather than using dedicated triage staff (either through a digital inclusion team or a reallocated workload for frontline staff) was less successful. Dedicated triage staff were able to triage nearly six times as many residents as frontline staff who were tasked to do so on top of their day job.

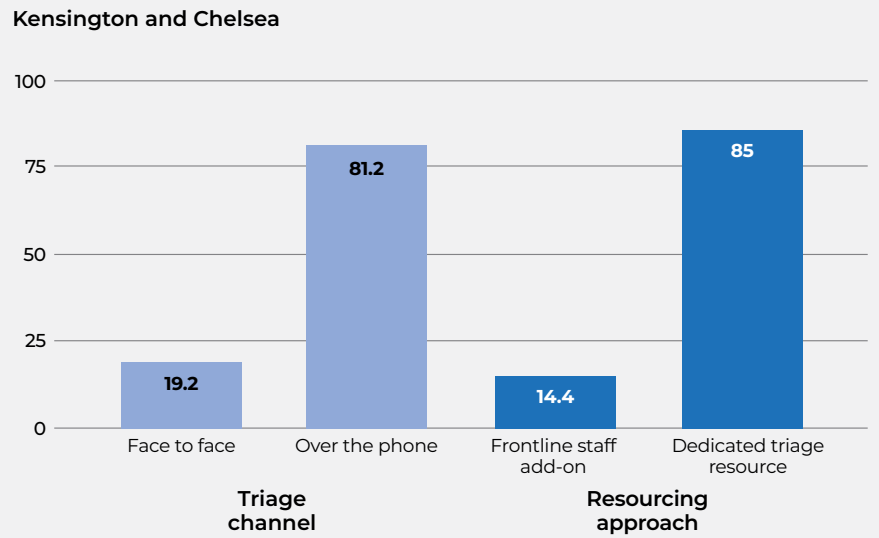
These findings are particularly significant because, as illustrated in table 3, face-to-face approaches were employed in seven of the nine triage pathways while phone channels were used in three[7]. The balance for resourcing approach was more even with five triage pathways having frontline staff triage residents as an add-on to their existing role while five triage pathways utilised dedicated triage staff[8]. Of particular note is that no triage pathway that relied solely on frontline staff to triage residents face to face and on top of their existing roles was able to triage more than 20 residents during the pilot period (the totals ranged from four to 17).

[7] Barnet's BOOST service employed both face-to-face and phone channels.

[8] Barnet's BOOST service used both frontline staff and dedicated digital inclusion staff. Westminster's two triage pathways are counted as dedicated triage staff as triaging was done by the council's digital inclusion team.

Figure 14. Proportion of residents triaged by triage channel and resourcing approach

Percentage of residents triaged by triage channel and resourcing approach



Key finding: Models that relied solely on frontline staff to triage residents face to face in addition to their normal tasks appeared unsuccessful at triaging high numbers of residents (they each triaged fewer than 20 residents).

Kensington and Chelsea are a particularly interesting example because it essentially used two models – a) an approach where frontline customer service staff triaged residents who came into the Town Hall face to face and b) an approach where designated staff in the council's Contact Centre proactively called residents previously identified as potentially digitally excluded. This proactive approach delivered by dedicated triage staff triaged 348 residents (over 95% of all residents triaged in the borough) and more than twice as many as all of the other eight triage pathways combined.

Other triage models that utilised dedicated triage staff over the phone, such as Westminster's automated contact centre channel followed by proactive calls from the council's digital inclusion team or Barnet's BOOST service, which used a mixed approach, were the next most effective triage channels in terms of number of residents triaged (45 and 43 respectively).

Given the early stage of the intervention, unique circumstances in each borough and the relatively short duration of the pilot, caution should be exercised when interpreting these findings. But the results suggest that approaches that utilise a mix of dedicated triage staff and phone channels to triage residents may be more effective.

Key finding: Triage approaches that use phone channels to contact residents and utilise dedicated triage staff appear more effective.

4.2 Were digital support needs accurately identified?

Insights from the practitioner interviews suggest that staff were able to use the digital inclusion questionnaire to accurately identify residents' digital needs and signpost them to relevant support based on their need.

> "It was accurate to a large extent and categorised most people."
>
> Digital inclusion officer, Southwark

Data from follow-up phone questionnaires with residents support the view that digital support needs were accurately identified – over 90% of residents indicated that they found the support they received relevant. Of the 15 residents who went on to receive digital inclusion support, only one felt that the support was not relevant to their needs.

This suggests that, at least for these residents, the triage process was able to accurately identify their digital needs and signpost them to relevant support. Given the very limited sample size, however, caution should be taken when interpreting these findings.

The only resident who reported that the support was not relevant said they contacted Westminster City Council requesting support with broadband costs as they were in significant financial difficulty due to benefit reductions. They did not receive financial support but received information about the lowest cost private options. These were still very expensive and they could not afford them. This suggests that the need was accurately identified but the support itself did not meet the need.

Two other residents (also from Westminster) received support about broadband. They reported the support was relevant as they wanted to know about reduced cost broadband packages and received relevant information but the broadband packages provided were more expensive than the packages they were already on. This resonates with insights from practitioners, several of whom mentioned during interviews that they were not able to support residents with broadband costs other than to provide information about broadband packages.

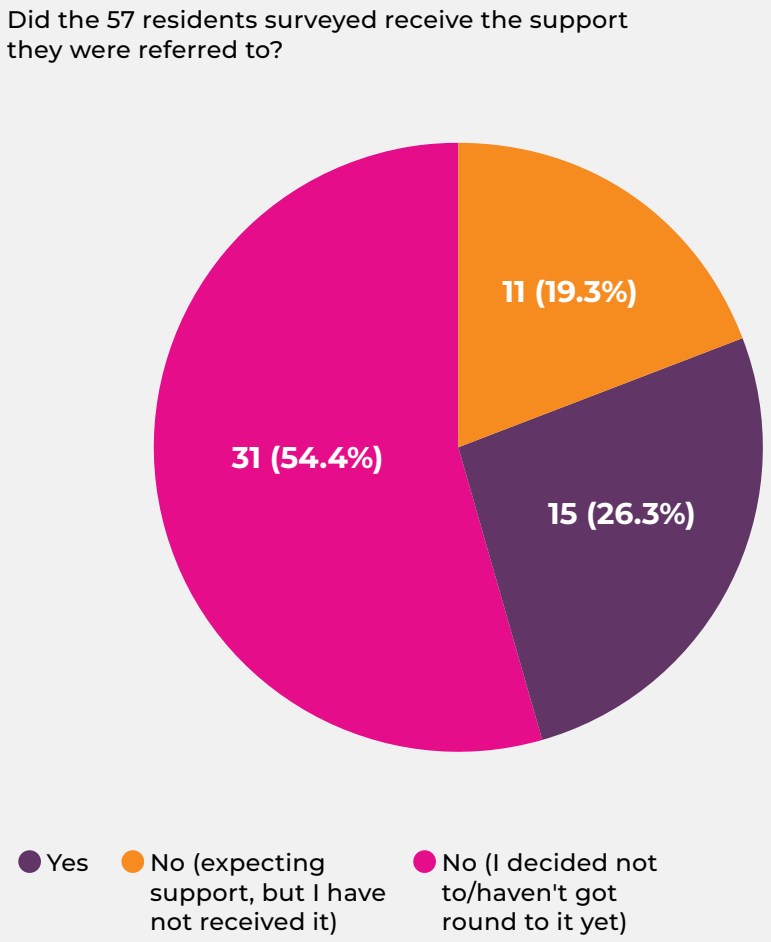
Key finding: The triage process appears to be effective at accurately identifying residents' digital inclusion needs but there is insufficient data to be conclusive.

4.3 Have residents with digital needs accessed local support?

A. Did residents receive support?

Nearly three quarters (73.7%) of all residents who took part in the pilot reported not receiving digital inclusion support while just over a quarter (26.3%) of residents (i.e. 15 out of the 57 residents were surveyed) had received support. Worryingly, as figure 15 shows, over half (54.4%) of residents were expecting some form of digital support but had not yet received it when we spoke to them. This accounted for the overwhelming majority of residents who did not receive support while one fifth (19.3%) of residents had either decided not to receive support or had not got round to it yet.

Figure 15. Signposted residents who received support (yes) or did not receive support (no) (all boroughs)



Over half of the Barnet and Westminster residents who were signposted to support wanted it but did not receive any while a majority of signposted residents in Southwark reported receiving support. You can find a breakdown of residents who received support for Barnet, Southwark and Westminster respectively in the **case studies**.

Table 4 contains a breakdown of reasons given by the 11 residents who reported deciding not to access support or that they had not got round to it yet. As the data suggests, at least six of the 11 residents (54.5%) in this category still wanted digital inclusion support but experienced specific barriers to access, such as those in the categories 'Childcare responsibilities', 'Health condition' and 'Resident was supposed to follow up but didn't know how to'. Three (27.3%) residents reported that they did not have time or it was not a priority while only one resident (9.1%) in this category told us they had never been interested in the support in the first place.

Figure 17 provides a breakdown of the contact status of residents who were expecting digital support but had not received it. Of the 31 residents in this category, at least 29 (93.5%) said they had no contact and no support offered at all after being referred. The majority of residents in this category (19) did not know how to contact their referral provider to follow up themselves.

Table 4. Reasons residents decided not to access support

Reason given by resident	Number (%)
Health condition	4 (36.6)
Did not have time to access support / not a priority	3 (27.3)
Childcare responsibilities	1 (9.1)
Not interested in support from the beginning	1 (9.1)
Supposed to follow up but did not know how to	1 (9.1)
Did not want to elaborate	1 (9.1)
Total	**11**

Of particular concern, eight of the 29 residents (27.6%) who had not been offered any support expressed their distress and another emphasised that they were "desperate to learn". There were also complaints among the 19 residents (61.3%) who had no support offered and did not know how to contact their referral provider.

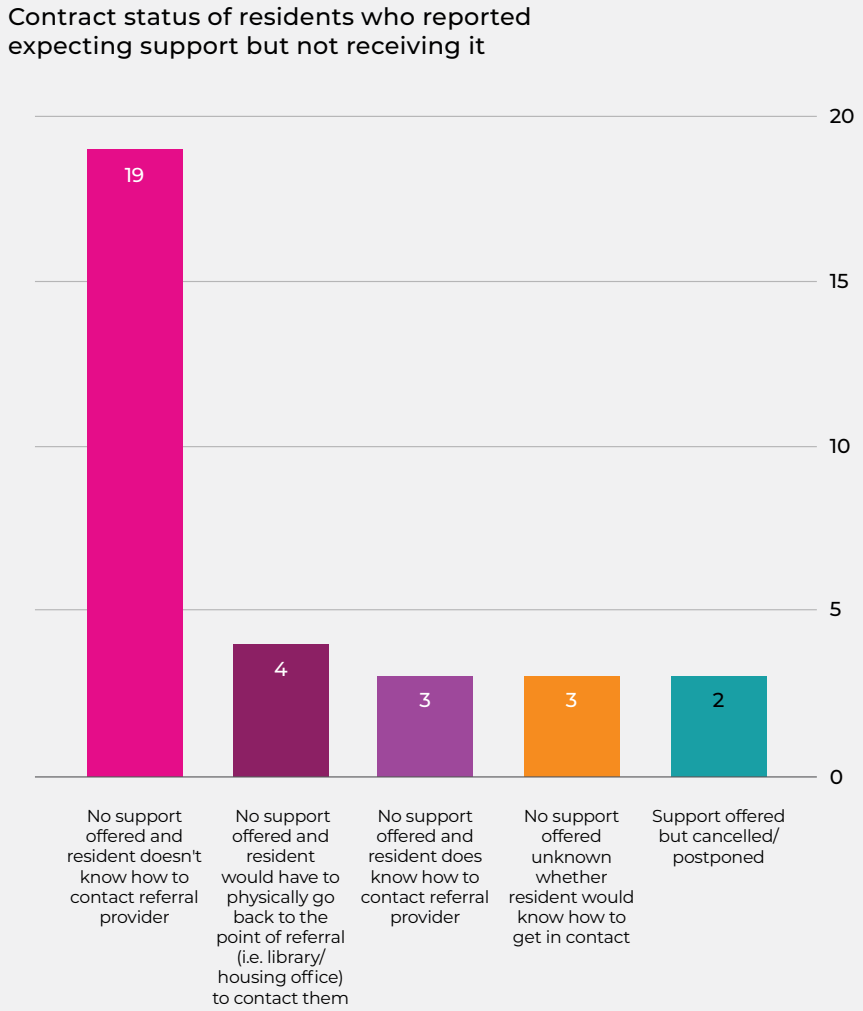
For example, one resident was a single mother who shares her laptop with her three children. They often need the laptop at the same time and were also struggling to pay for wi-fi. She had filled out a form for digital support more than six months before our survey but never heard anything from the council. She was very frustrated by the lack of contact and instruction on how to follow up, saying:

> “It is ridiculous to ask people to sign up for this support if you are then not going to contact them.”

Another resident seeking support with basic digital skills expressed anger at not having been contacted three months after triage:

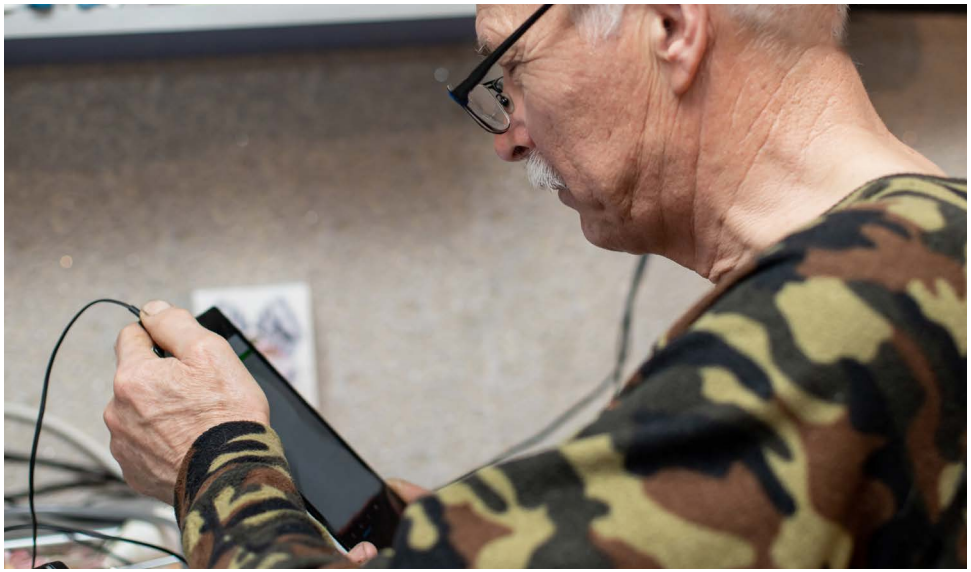
> "What's the point in asking me what I want if you don't do anything?"

Figure 16. Contact status of residents expecting support but who did not receive it



One resident had a conversation with someone at the council around two months before we spoke to them during which digital support was mentioned as part of another assessment. The resident received a follow-up call where she was told she could be loaned a laptop to help with her current job search. She never received any follow-up regarding this, however, and did not know who to contact. The resident said they felt confused and annoyed at being offered something which has not actually happened:

> "Why say you will do it, if you won't? I didn't even ask for it but now I am annoyed about it."



It was not clear why residents who were signposted did not receive support but the high proportion (71.3%) is strongly suggestive of a problem with the process. Possible reasons may include one or a combination of the following:

- **Insufficient support capacity:** We heard from a number of practitioners who raised questions about whether the capacity of the current mix of services in their borough was sufficient to meet the existing demand (or who were not aware of what was available).
- **Lack of clear referral pathways:** Due to the new, unestablished and short-term nature of the triage process, the referral pathways were not sufficiently understood or established, leading to residents who were referred to support falling through the cracks.
- **Misunderstanding of support offered:** Many residents we spoke to were vulnerable and often unsure of the specific details. This raises the possibility that there may have been a misunderstanding about expectations or the support that was offered.

Key finding: Nearly three quarters of residents who were signposted to support did not receive any digital support despite over half still actively wanting help.

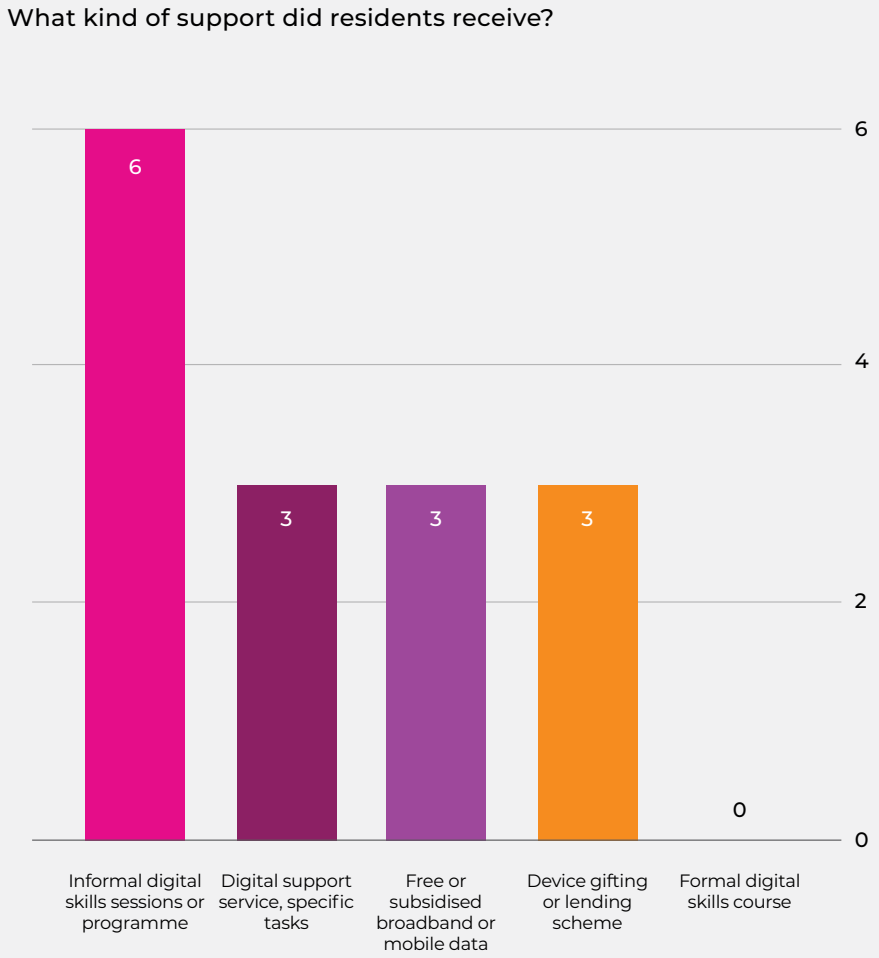
B. What support did residents receive?

Residents received support ranging from informal digital skills sessions, support with specific digital tasks, receiving devices or access to broadband. Figure 18 shows the different types of support residents received, although the total numbers are very low.

The most common form of digital inclusion support accessed was 'Informal digital skills sessions' (40% of all instances of access). 'Digital support service', 'Free or subsidised broadband or mobile data' and 'Device gifting or lending scheme' comprised 20% each of all instances of accessing support. The only form of digital inclusion support not accessed at all was a 'Formal digital skills course'.

Three in four residents who received support found it helpful. Most of these residents (seven) were from Southwark with two from Westminster and two from Barnet. All six residents who attended an informal digital skills programme found this support helpful – they reported learning skills such as how to start up the computer, how to use Word and Excel, how to attach and manage emails and how to use Zoom. These residents also said they enjoyed the inviting atmosphere and the friendly tutors.

Figure 17. Breakdown of the type of digital support residents received



> "It was an achievement for me to actually get there [due to health condition]. The volunteer was friendly and put me at ease."
>
> Barnet resident

All three residents who accessed a digital support service for help with specific tasks found this support useful. One resident we spoke to who regularly receives help with specific tasks concerning technical issues on their computer at Southwark Pensioners Centre said:

> "It's good, I always get my problem solved when I go there."

Two of the three residents who received support accessing devices found the support helpful. One resident from Westminster told us they received support very quickly through the device gifting or lending scheme and are now using their device to pay bills, listen to music and read the news almost every day, which has made them much happier:

> "It has helped me very much. I feel independent, I am doing things for myself. Thank you very much indeed to the council, it has been a great help for me."

The resident who did not find this support helpful was from Barnet. They asked for help getting a digital device and with learning basic digital skills. They received an email awarding them money a few weeks later but said, even with this, they still could not afford their own laptop.

None of the three residents who received support with free or subsidised broadband (all from Westminster) found the support helpful as the information they were given only included broadband packages that were more expensive than their current package.

Key finding: Most residents who received support found it helpful with informal digital skills support being the most commonly accessed form of support.

The number of residents surveyed who received support was very low, significantly reducing the reliability of the findings, so caution must be taken when interpreting the findings and drawing any firm conclusions.

Part 3

Recommendations

A. Boroughs should consider models that use dedicated digital inclusion staff to triage digitally excluded residents

- Any comprehensive triaging of residents for digital needs should be carried out by a dedicated triaging resource – either a digital inclusion team, staff whose specific role it is to triage residents or specially-trained volunteers.
- Some options that boroughs could explore and test include:
  - Running a digital helpline that staff can signpost to and residents can call to get help with a basic online task over the phone, make an appointment to get digital support or be signposted to other relevant local support.
  - Proactively calling and triaging residents identified as potentially digitally excluded – calls could be made by frontline staff or an automated telephone system.
  - Building or increasing a pool of volunteers and embedding them in services engaging residents who are likely to be digitally excluded.

B. Boroughs should not use triage models that rely on frontline staff to triage residents face to face in addition to their existing roles

- Frontline staff, particularly those who engage with residents face to face (e.g. in Town Halls), should not be tasked with triaging residents as an add-on to their day jobs.
- They may, however, be supported to identify residents who may have a digital inclusion need – but they need a very simple way to quickly refer residents to a dedicated digital inclusion team.
- Some practical options that could be tested include:
  - Developing a standardised digital inclusion training package for frontline staff who are likely to be working with digitally excluded residents.
  - Creating resources such as flyers and booklets that frontline staff can give to residents with information about support available and a number to call.
  - Providing a very basic online form or portal that frontline staff can simply add a name and contact details for residents they think might need digital support.

C. Boroughs should focus on improving the capacity of existing digital support to ensure they are able to meet the level and range of residents' digital needs

- Given that an effective triage process relies on having sufficient and appropriate support to signpost to, boroughs need to ensure there is enough range and capacity to support residents with digital needs.
- Boroughs should explore ways to fill gaps in existing digital support, in particular around broadband support, accessing devices, and digital support to help with specific tasks, such as completing online council forms.

D. Boroughs should explore other means of reaching and supporting digitally excluded residents, such as building the capacity of the local VCS

- A digital inclusion triage process should be considered as only one of several possible ways to identify digitally excluded residents and help them to access appropriate support.
- Boroughs should explore how they can build on **previous research** that suggests working closely with local voluntary and community sector (VCS) organisations – developing their digital inclusion capacity can be an effective means of reaching digitally excluded residents.

Appendix A: Evaluation and learning approach

1. Learning areas and research questions

The evaluation of the pilot digital inclusion triage service focused on three overarching learning areas. Within each learning area, there were a number of research questions.

A. Digital inclusion needs (i.e. what the triage process reveals about local requirements for digital support)

a. Who was triaged and which residents need digital support?

b. What kind of digital needs do residents have?

c. What support were residents signposted to?

B. Implementation insights (i.e. what lessons can be learned about how to effectively triage digital inclusion)

a. How was the process implemented within and across boroughs?

b. Did the key elements of the pilot work as intended?

c. How did residents engage with the process?

d. What were the key implementation challenges?

C. Impact (i.e. what impact the triage process had on providing digital support)

a. Are digitally excluded residents reached by the triage process?

b. Are digital support needs accurately identified?

c. Have residents with digital support needs accessed appropriate local support?

2. Methodology and evaluation activities

The evaluation team used a combination of methods including analysis of project data on residents' digital needs, semi-structured interviews with practitioners (e.g. customer service officers, housing officers and digital inclusion officers) and follow-up phone questionnaires with residents.

A. Analysis of project data

The evaluation team conducted descriptive statistical analysis of project data from each borough, which was generated from the digital inclusion questionnaires used during the digital inclusion triage process. The four boroughs provided datasets on all residents who were triaged during the pilot period (a total of 499 residents across the boroughs).

Whilst there were sufficient commonalities and consistencies in data fields across the four boroughs to allow for comparison, there were a number of gaps and inconsistencies that required data cleaning and re-categorising to create a consistent aggregate dataset for analysis.

Specifically, Westminster did not use the 'digital inclusion segments' field or the 'What would you like to gain from support?' field – it used a single 'Support required' field instead.

In order to allow for analysis of aggregated data about digital inclusion needs, we assigned a digital inclusion segment for Westminster residents based on their responses to the 'Support required' field.

As Southwark created new digital inclusion segments, where possible, we assigned these to a common segment for analysis purposes at an aggregate level.

For the Southwark and Westminster analysis, we kept their unique sets of digital inclusion segments. We also inferred a digital inclusion need for Barnet and Kensington and Chelsea where other fields in the dataset suggested a need, such as those concerning referrals or general notes.

The following data fields were chosen for analysis:

- Digital inclusion segment
- Support needs
- Previous support received
- Age
- Triage channel (i.e. how the resident was triaged – in person or by phone)
- Triage pathway (i.e. who triaged the resident – from which we determined the resourcing approach)

B. Semi-structured practitioner interviews

Qualitative data on insights regarding the implementation of the triage pilot were generated from nine x 45-minute semi-structured interviews with a mix of practitioners and service managers who delivered the triage process across the four boroughs.

We conducted three interviews with practitioners from Barnet and Westminster, two with Kensington and Chelsea and one with Southwark. 13 interviews were planned initially but four practitioners either declined or did not respond to our interview requests. In addition, notes from four project check-in meetings held by Barnet were recorded for later analysis.

The practitioners were given an interview topic guide to help guide and structure the interviews and the evaluators took notes. The evaluation team then analysed the data from the interviews using a thematic analysis approach with pre-defined themes based on the key research questions (Braun & Clark, 2006).

C. Follow-up phone questionnaires with residents

Finally, the evaluation team conducted phone questionnaires with residents who had been signposted to digital support through the triage process to understand whether they accessed the support, what kind of support they accessed and what support they valued most.

As table 1 shows, a total of 57 **phone questionnaires** were completed with a response rate of 68.2%. The original target was to complete 600 questionnaires based on a total of 800 residents being triaged across the four boroughs.

In total, 499 residents were triaged across the four boroughs of whom 360 were identified as having a digital inclusion need. Unfortunately, the evaluators only gained consent for 101 residents to be contacted. 16 of these residents' entries had either no number or an invalid number, leaving a total of 85 residents to contact.

Table 5. Sample size of residents at various stages of the evaluation

Sample of residents	Sample size
Residents triaged	499
Residents identified with a digital inclusion need	360
Residents who gave consent to be contacted	101
Residents who gave consent with valid contact details	85
Residents contacted for the phone questionnaire	85
Resident phone questionnaires completed	57

The phone questionnaires were initially intended to be short and quick (five minutes) but due to the low number of participants, two additional open-ended questions were included to gain richer insights. The revised phone questionnaires took approximately 20-25 minutes to complete.

All residents who took part in the phone questionnaire gave their explicit consent and received a £10 voucher to compensate them for their time.

3. Limitations and challenges

A. Smaller than expected sample sizes

Significantly fewer residents than expected were triaged in all boroughs except for Kensington and Chelsea. In fact, nearly three quarters of all residents triaged reside in this borough. This caused two significant limitations.

- The project data available about residents' needs and demographics is skewed towards Kensington and Chelsea and is therefore particularly limited when broken down by individual boroughs for analysis. For example, the sample size for Southwark is only 12 meaning it is unlikely these samples are representative of the wider digitally excluded population. This means that the findings about digital needs in each borough should be viewed cautiously and not extrapolated to the wider population.
- There was a vastly reduced sample size of residents with which to do follow-up phone questionnaires (see 'Data protection issues' below). This limited the confidence in the findings around impact, particularly at an individual borough level.

B. Data protection issues

While Kensington and Chelsea triaged the majority of residents in the pilot, it did not seek consent for them to be contacted by the evaluation team. This significantly reduced the sample size for the follow-up phone questionnaires. A range of data sharing concerns also caused confusion and delays to pilot start dates and the availability of data for analysis.

C. Lack of a control or comparison group

The evaluation design for this pilot did not include a control or comparison group. Given that the triage process was newly developed and was being tested for the first time, it was felt that this was an appropriate design choice for this particular phase of the intervention. Nonetheless, this should be noted so that the findings are viewed as indicative of potential impact and warrant further exploration.

D. Significant variation in delivery models

Another limitation is the variation in models that were delivered across the four boroughs (see section 4.1 for further detail). This is not surprising given the very early stage of the intervention, but it essentially means that at least three different models were being tested. Once again, any findings relating to impact should be considered as indicative.

E. Small number of practitioner interviews

Due to budget constraints and a lack of engagement from some practitioners, only a small number of interviews took place. While the sample was sufficient to provide insights about the triage process as a whole, it is more difficult to provide borough-specific insights with a high degree of confidence. For example, only one practitioner was interviewed for Southwark.

About LOTI

The London Office of Technology and Innovation (LOTI) was established in July 2019 to help its members (currently 26 London boroughs, the Greater London Authority (GLA), and London Councils) to collaborate on projects that bring the best of digital and data innovation to improve public services and outcomes for Londoners.

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