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Straddling the divide

Digital exclusion during COVID-19 and beyond

Health and care
Technology
Community
NHS
Connections
Inequalities
Social care

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Author: Sophia Dimitriadis

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Summary

COVID-19 risks widening inequalities caused by digital exclusion, but also acts as a catalyst to accelerate digital inclusion efforts.

- People who are digitally excluded may struggle to purchase often vital goods and services, look after their health and socially interact within the safety of their homes.
- If digital exclusion, often associated with social exclusion and poor health, is not tackled, there is a risk that existing health inequalities could increase.
- But COVID-19 has also created a chance to address digital exclusion. Innovators in business and local government have adapted fast to support those digitally excluded by:
    - Making their products and services more inclusive and actively considering the needs of their most vulnerable users;
    - Adapting products to make them safely useable during COVID-19;
    - Directly addressing barriers to digital inclusion in the community.
- The crisis is also challenging a common belief and a key barrier to digital inclusion - that digital tech is not useful.
- But the lack of coordination behind efforts to tackle digital exclusion risks leaving many behind. To prevent this, national and local government could work together to:
    - Actively encourage the adoption of the most useful tech;
    - Help disadvantaged groups to master digital skills;
    - Create a nationally co-ordinated volunteer service to achieve this - making use of the numerous NHS volunteers who have yet to be called into action.

People who are digitally excluded will struggle to receive vital goods and services, stay safe and socially connect.

The coronavirus has made the consequences of digital exclusion more severe. While many people are using the internet and making use of new apps and technologies to access essentials, contact healthcare professionals and socially connect, those who are digitally excluded may have to risk their lives by physically going outside to access the products and services they need.

Moreover, if there is a second peak, up to a fifth of employed carers may not be able to go to work.[1] With no one visiting, especially if people are not digitally connected, those receiving daily or regular care from a service may be at greater risk of incidences such as falls and self-medicating errors, while also being likely to suffer more severely if these occur.

In the UK, around 11.9 million people[2] lack the digital skills they need for everyday life. Older adults, who are in general (although not always) more likely to be at higher risk of contracting or developing severe symptoms of COVID-19,[3] are also more likely to be digitally excluded. Although a significant and growing number of older adults are online, only 47% of adults aged 75 years and over recently used the internet.[4] This means a significant proportion of people self-isolating may be

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[1] https://www.theguardian.com/society/2020/mar/04/care-workers-could-be-redeployed-to-uk-coronavirus-hotspots

[2] https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is

[3] https://www.ageuk.org.uk/discover/2020/04/older-people-risk-from-coronavirus/

[4] https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019

stuck in their homes with limited options to avoid social isolation, get essentials and stay safe.

If we fail to tackle digital exclusion, health inequalities are likely to increase.

People who are digitally excluded are also more likely to be socially and economically disadvantaged. They are likely to have lower incomes,[5] and to be from a lower socio-economic background than those digitally included, with only a fifth of over-75s in the lowest socio-economic group using the internet.[6] Previous ILC research also found that non-internet users are more likely to report that they often feel isolated or lonely.[7]

At the same time, those most at risk from COVID-19 and therefore most likely to need to self-isolate or shield for longer are already more likely to be disadvantaged. Indeed, people with underlying health conditions, especially those affected from a younger age, are far more likely to live in deprived areas.[8] Moreover, people who live alone, who may already face barriers to social inclusion, may be at greater risk from COVID-19, as they are more likely to have long-standing health conditions[9] and around half of all people aged 75 and over live

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[5] https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is

[6] https://www.ofcom.org.uk/__data/assets/pdf_file/0026/80828/2016-adults-media-use-and-attitudes.pdf

[7] https://www.bl.uk/britishlibrary/~/media/bl/global/social-welfare/pdfs/non-secure/n/u/d/nudge-or-compel-can-behavioural-economics-tackle-the-digital-exclusion-of-older-people.pdf

[8] https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity

[9] https://www.health.org.uk/news-and-comment/news/older-people-living-alone-are-50-more-likely-to-visit-ae-than-those-who-live-with

alone.[10] They may particularly struggle if they are not able to socially connect; compared to those who live with others. They are more likely to be lonely,[11] have mental health problems and are 50% more likely to visit A&E.[12]

This means that without further action to tackle digital exclusion, it will be the most disadvantaged who aren't able to socially connect, safely obtain necessities and look after their health. Since deprivation is strongly related to poor health outcomes, existing health inequalities could, as a result, be reinforced.

In the context of the recent Marmot review,[13] which bluntly revealed how on-going and enduring health inequalities are continuing to rise, and how, shockingly, health outcomes are actually falling in some of the most deprived areas, this is simply not acceptable.

Innovators in business and local government are adapting fast to support the most vulnerable to use inclusive digital products and services.

Fortunately, a range of innovators in business, local government and the voluntary sector have adapted quickly or accelerated the adoption of existing innovations to respond to these issues

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[10] https://www.campaigntoendloneliness.org/the-facts-on-loneliness/

[11] https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=13&ved=2ahUK EwiNneyWsProAhUZHcAKHepdBSQ4ChAWMAJ6BAgDEAE&url=https%3A%2F%2Fwww. redcross.org.uk%2F-%2Fmedia%2Fdocuments%2Fabout-us%2Fresearch-publications%2Fhealth-social-care-and-support%2Fco-op-isolation-loneliness-overview.pdf&usg=AOvVaw1bXmhUCABlbGhVX6rSfbQ7&cshid=1587501600543283

[12] https://www.health.org.uk/news-and-comment/news/older-people-living-alone-are-50-more-likely-to-visit-ae-than-those-who-live-with

[13] http://www.instituteofhealthequity.org/the-marmot-review-10-years-on

fast. Several examples discussed in recent ILC-UK[14] and Ageing 2.0[15] webinars include:

- **Parsley Box**, a food delivery service, with over-the-phone, as well as online delivery options, predominantly targeting older consumers;
- **PillTime**, an online pharmacy, which dispenses and delivers NHS prescriptions to people's homes for free;
- **Visionable**, a company that creates digital tech solutions to connect health services;
- **Alcove**, a company which creates personalised care tech solutions for people to live independently in their homes and a series of innovations made by local government in Greater Manchester.

Key actions these innovators have made include:

Making their products and services more inclusive:
For example, by ensuring technologies are easy to use, services are accessible from the simplest web browser or device, (i.e. the lowest common denominator), or offering an additional phone delivery service for those who value human connection or lack the confidence to order online - at least at first.

Taking into account the needs of the most vulnerable users:
For example, offering options to make a three-way call - anticipating a patient might want a carer in a meeting, delivering pre-sorted and clearly labelled medicines to prevent people from taking medicines incorrectly and recognising the desire for a simple device/app which assembles services vital to health

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[14] https://ilcuk.org.uk/webinar-bridging-the-gap-bringing-food-drugs-and-social-connections-to-the-home/
[15] https://www.aging2.com/events/details/aging-20-london-presents-webinar-time-to-shine-for-remote-care/#/

and well-being in one place, including food and medicine delivery services, tele-health appointments, online gym classes and loneliness chats.

Adapting products to be safely useable during COVID-19:
For example, Alcove quickly removed the need to install one of their products – it can easily be set up remotely – eliminating the risk of catching COVID-19 from an installer.

Actively addressing digital exclusion in the community:
For example, since the start of the pandemic, local government employees in Greater Manchester have been providing free devices (and SIM cards) to those who have no devices (and WiFi) themselves, as well as helping disadvantaged groups to master digital skills.

This crisis is forcing us to overcome social and cultural barriers to achieve digital inclusion faster than ever before.

A shifting landscape is emerging. In response to the urgency of the situation, these organisations' efforts are rapidly dismantling the complex cultural and social barriers to digital inclusion.

Firstly, there are people who lack the skills to use digital tools and/or face barriers to obtaining the technology/ access to the internet from the outset. As we have seen, the move towards digitally inclusive products, suitable for people without pre-existing digital skills, and the surge in new initiatives to teach skills and provide products to those most in need, are tackling these obstacles.

Secondly, there is also a group of people who face far more subtle barriers. They have the skills but don't have the confidence and in particular, motivation or desire to obtain or use these tools[16]. Around three out of five non-users aged 65 and over in Great Britain reportedly do not have internet access because they do not think they need it.[17]

However, this situation is changing, with the crisis making people notice how useful technology can be and its potential benefits to quality of life – resulting in an unprecedented increase in the demand for digital tech and services. This is not just coming from older and/or more vulnerable consumers themselves. While many people previously didn't feel the need to buy digital tech for their ageing parents or support them to use it, companies like Alcove, PillTime and Parsley Box are suddenly seeing demand soar from concerned family members, pointing to a broader cultural shift.

This presents a real chance for society to capitalise on these trends to tackle digital exclusion faster and reduce the inequalities discussed above. If the most disadvantaged members of society increasingly use digital tech and services supportive of mental and physical health and are more confident and motivated to use the latest digital health innovations, this could boost their health outcomes and reduce health inequalities in the longer term. It could also free up time for informal carers and increase their independence.

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[16] https://www.hsj.co.uk/technology-and-innovation/inclusion-crucial-for-a-digital-first-health-service/7027443.article

[17] Age UK analysis of ONS Opinions and Lifestyle Survey, Internet Access Module, 2014

The lack of national coordination behind these efforts could leave some people behind. We need a nationally coordinated approach.

The fact that these efforts are not coordinated, however, means that many people may still be excluded, especially the most disadvantaged. As Helen Bowey, CEO of Alcove, pointed out in a recent webinar,[18] many businesses selling digital tech to older/vulnerable adults feel that policymakers aren't doing enough to make use of the present widespread shift to digital and coordinate current efforts to ensure no one is left behind.

Besides putting the lives and health of the socially and digitally excluded on the line amid COVID-19, this could lock those 'left behind' out of fast improving health and care technologies, while others benefit, which could worsen health inequalities further down the line.

We can't afford to leave this to chance – no one can be forgotten. Fortunately, there are likely to be plenty of ways to achieve this.

National government could support local governments to actively encourage the adoption of the most useful digital tech amid self-isolation, by showcasing the benefits to people in vulnerable circumstances and their loved ones via their standard hard copy resources, helping disadvantaged groups to master digital skills and potentially even providing a phone service to answer questions related to tech.

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[18] https://www.aging2.com/events/details/aging-20-london-presents-webinar-time-to-shine-for-remote-care/#/

Donated tech devices could also be given for free to the minority who face cost barriers.

COVID-19 has also shown us that there is an abundance of goodwill out there; charities have been working hard to support those left behind, while the response to the call for volunteers to support the NHS has been overwhelming - it is significantly oversubscribed. In fact, the majority of the 750,000 people who signed up to help are yet to be called into action.[19] Could we not make use of these surplus volunteers to create a national volunteer service to tackle digital exclusion, coordinated by national and local government, just as is happening in Greater Manchester? We should also consider how to bring together those who signed up or volunteered during the pandemic to tackle digital exclusion post-COVID, as this issue is not likely to go away.

While we don't suggest any clear answers here, the take-home message is that there is potential to go further, to push forward with the great work happening under our noses. We can't afford not to do this. The consequences for inequality are simply not acceptable.

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[19] https://www.theguardian.com/world/2020/may/03/nhs-coronavirus-crisis-volunteers-frustrated-at-lack-of-tasks