VCSE health & wellbeing alliance

Tackling inequality and disadvantage: Key actions policy makers, commissioners and provider organisations can take when developing an approach with a digital component, February 2023

While health and care providers have for many years used technology in their work, during the early days of the pandemic, there was a significant acceleration in the adoption of digital tools for patient facing interactions. The shift to digitally enabled health and care has made it easier for some people to access health and care and made it harder for others.

The groups of people who already experience the greatest barriers to accessing health and care are often also those most likely to experience digital exclusion. For this reason, we are concerned that digitally enabled services have the potential to widen existing inequalities and worsen the inverse care law.

People experience digital exclusion for a wide number of reasons – not having a device, lack of skills or confidence, low awareness of how to use digital tools in a safe way, lack of motivation to use digital tools and more. It's important to remember digital exclusion is not binary or fixed and also that there are wider factors which put some people at risk, such as poverty, low levels of literacy, low levels of fluency in English and more.

It's also important to recognise that digital tools can be used to reduce health inequalities, for example, we have heard that the shift to digital has meant that:

- Some people with learning disabilities are more independent as a result.
- Some autistic people benefit from telephone appointments as it reduces sensory issues around attending the GP practice in person.
- Some people in remote locations have reported that they have found it easier to access services that they wouldn't have been able to before.

With all this in mind, we have developed five key actions you can take to tackle inequality and disadvantage when using digital tools:

1. **Put choice and personalisation at the centre of all your work**

   There are lots of reasons why people may prefer not to or cannot use digital tools for their health and care. Many people might be comfortable using digital channels for some things, and at some points, but not necessarily for everything or all the time. Make a clear public commitment to respect the choices individuals make about when and how they want to access health and care services through remote and digital models and keep to your promise.

2. **Ensure all elements of your work are accessible and inclusive**

   We hear lots of examples of digital tools which fail to meet the communication needs of people with sensory loss, people who have low or no literacy and people who do not speak English fluently. We are also aware of many

instances where access and design assumptions make digital tools inaccessible – for example, assuming that everyone has a fixed address or that people have a particular home environment to use a particular digital tool. Ensure that you consider accessibility and inclusion from the outset and put in place practical measures to achieve this.

3. **Make sure to co-produce your work with people living with ill health, disability and those at greatest risk of exclusion**

   Many decisions to adopt digital tools in health and care are driven by an interest in more efficiently meeting demand. Often people living with ill health, disability and disadvantage aren't consulted until the final stages about how this affects their quality of care, if at all. Often, the issues we hear about digital tools could easily be resolved through user testing with diverse groups of people. However, it's important that efforts go further than this. By involving people with lived experience from the beginning and by investing in initiatives which they feel would make the most difference, you will stand the best chance of leveraging digital tools to create high quality care and reduce health inequalities.

4. **Work to achieve parity of access, experience and quality of care between digitally enabled and non-digitally enabled care**

   Some people will never access health and care services using digital platforms and they shouldn't experience poorer quality of care because of it. All decisions around how to implement digital tools have the potential to either reduce or worsen health inequalities. As just one example, the decision about how many appointments are available to book online vs. by phone can impact upon people experiencing digital exclusion. Consider and respond to the equality impact of every decision. Make sure your staff team is supported and empowered to provide equitable care.

5. **Invest in support for people experiencing digital exclusion**

   Think creatively about practical things you can do to support and enable people (who want to) to use digital tools. This might include organising a demo session for a home monitoring device, helping people to access free devices, re-imbursing data costs, partnering with a local charity to provide support on using a new technology and much more.

Throughout all of this, it's important to remember the importance of human interaction for delivering care in a way that supports dignity and respect. The voluntary sector stands ready and willing to help and support this.

Appendix A: An insight into how digital exclusion affects some groups who experience health inequalities

A spotlight on carers

According to an online survey of 5,904 people by Carers UK[1]:

- 21% of carers shared that it was difficult for them to find a private space and this made it harder for them to use digital services to connect with others.
- 10% of carers reported that their ability to use digital technology was limited because they struggled to afford equipment, WiFi or data.

For many carers, their caring responsibilities are their greatest source of stress. Speaking to a health professional about how this is affecting their health or to a peer support group about how they are coping can be helpful, but it might be very difficult to find a private spot to have these conversations.

Many carers report that the heavier reliance on digital within health and care services has made services harder to navigate and added to their workload.

A spotlight on Black, Asian and minority ethnic communities

Research shows that compared to extensive users, people who are 'limited users' of the internet are around 1.5 times more likely to be from Black, Asian and minority ethnic groups[2]. Race Equality Foundation report that the digital divide is most evident for older adults from minority ethnic groups, who are more likely to be recent internet users. People from minority ethnic groups are often at a triple disadvantage with low digital access, low digital literacy and low socioeconomic status. For some the move to digital has resulted in disengagement with health services. In particular, some people from Black, Asian and minority ethnic communities who speak English as their second language have been reluctant to access digital health.

A spotlight on people with learning disabilities

Research by Ofcom in 2019 found that people with learning disabilities were less likely to use the internet than non-disabled people[3]. Research by The Open University found that people with learning disabilities benefitted from online connection through the Covid pandemic as others did but the digital divide and a lack of in-person support to facilitate use were the greatest barriers[4].

The research project demonstrated what can enable digital connection and inclusion for people with learning disabilities and remove these barriers by developing

[1] https://www.carersuk.org/images/News_and_campaigns/Caring_Behind_Closed_Doors_Oct20.pdf
[2] https://www.culturehive.co.uk/resources/fixing-the-digital-divide-facts-and-stats/
[3] https://www.ofcom.org.uk/__data/assets/pdf_file/0026/132965/Research-summary-learning-disability.pdf
[4] https://www.open.ac.uk/health-and-social-care/research/shld/sites/www.open.ac.uk.health-and-social-care.research.shld/files/files/Keeping%20Well%20and%20Staying%20Connected%20-%20Full%20Report.pdf

supporters skills in helping people use technology and develop their skills and confidence to extend their use of digital beyond social activities.

The Digital Life line Project distributed equipment, skills support and data to 5,500 people with learning disabilities to close the Digital Divide. People reported improved mental health and reduced isolation but few people were able to use technology to access formal services.[5]

People seeking asylum and refugees

Many people seeking asylum live in accommodation provided by the Home Office whilst they await the outcome of their asylum application – this accommodation usually does not have access to WiFi, or the WiFi is unreliable, or unaffordable. This makes it difficult to access health information and use online health platforms.

It is also common for people seeking asylum struggle to meet their basic living needs. People seeking asylum are given £40.85 each week on an 'ASPEN' card and many find this is not sufficient to cover their basic needs and purchase mobile phone credit. Moreover, ASPEN cards cannot be used for direct debits, which prevents many people seeking asylum from acquiring broadband and mobile phone contracts.

Fluency levels in English and difficulties navigating a new healthcare system impact access to health and care, including through digital routes, for many asylum seekers and refugees.

A Spotlight on LGBTQ+ people

LGBTQ+ people are particularly vulnerable to loneliness and isolation. According to a 2020 report from LGBT Hero, 56% of LGBTQ+ people said they experienced loneliness 'very often' or 'every day'[6]. Existing senses of isolation are exacerbated for LGBTQ+ people who already experience digital exclusion, such as LGBTQ+ people experiencing homelessness, LGBT+ elders, or LGBT+ migrants who are not fluent in English. LGBTQ+ elders are also more likely to be single, living alone and without family support.

From Stonewall's 2018 'LGBT in Britain Health Report', 52% of LGBTQ+ people aged 18-24 have thought about taking their own life in the last year[7]. Digital exclusion means that young LGBTQ+ people may struggle to access mental health services in a safe and confidential way. Many young LGBTQ+ people do not feel safe disclosing their identity to their families or carers, or experience abuse at home related to their sexuality or gender. Young LGBTQ+ people are also at a greater risk of experiencing homelessness. These young LGBTQ+ people may not have

[5] https://www.goodthingsfoundation.org/insights/dcms-digital-lifeline-fund-evaluation-report/
[6] https://www.lgbthero.org.uk/loneliness-and-being-lgbtq-2
[7] https://www.stonewall.org.uk/lgbt-britain-health

anywhere confidential that they can speak to healthcare professionals, or experience digital exclusion due to homelessness or precarious housing.

Depending on the nature of the digital platform, LGBTQ+ people and those with multiple intersections are also more vulnerable to trolling and abuse. Some online platforms and systems require trans and nonbinary people to choose a gender that doesn't fit their identity or use old names. These experiences provide further barriers to LGBTQ+ people accessing digital services.

A spotlight on older people

A large majority of 50-64 year olds (88%) and 65-74 year olds (75%) in England use the internet every day or almost every day, compared to under half (46%) of those aged 75+. Others use it less often, but among those aged 75+ more than two out of five (42%) do not use the internet.[8]

While the pandemic may have encouraged some older people to get online, usage has increased most among groups already using the internet regularly, and so far, there is little evidence that significant numbers of those previously digitally excluded have been prompted to get online during the first few months of the pandemic.[9]

Many older people report the difficulties they have faced when it comes to accessing health and care services digitally, particularly with the accelerated shift to digital and remote technology over the Covid-19 pandemic. This has led to some older people reporting that they have just given up completely and are unable to access the health and care services they need.

For some older people who do not have access to a smart phone or who are not online at all it has increased barriers to access and placed greater burden on carers and family members. Age UK have also heard from those older people who are digitally enabled and have digital skills who find it difficult to navigate confusing and inconsistent digital systems.

People in contact with the criminal justice system

Digital inclusion is a particular challenge for people in contact with the criminal justice system. Access to digital technology is restricted: mobile phones and internet access are prohibited, and access to computers is limited. As such, people are not able to maintain their digital literacy skills whilst in prison. People can struggle with digital equipment and services on release. Many do not have access to a device that can connect to the internet, making it harder to access goods and services including benefits, medical records, housing and employment support. Data poverty is also an issue. Voluntary organisations report providing digital equipment and upskilling

[8] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/digital-inclusion-in-the-pandemic-final-march-2021.pdf
[9] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/digital-inclusion-in-the-pandemic-final-march-2021.pdf

service users so they could make use of video calling and messaging services. For many people leaving prison, barriers to digital inclusion are compounded by difficulties obtaining suitable housing, a bank account and identity documents.

Roma community

Many Roma, especially older people, do not have the right devices or internet access to use digital services. Many people from Roma communities lack the skills to use online booking systems or attend video appointments, and will need help from friends, family members or frontline professionals to access online healthcare.

Digital exclusion is exacerbated by low literacy skills, as Roma people have often received limited education in their countries of origin. Many people from Roma communities also have poor English language skills and require an interpreter or health advocate to attend consultations. This can present a further barrier to accessing digital services, as many health and care professionals do not know how to dial in an interpreter to three-way telephone calls or the Attend Anywhere digital platform used by hospitals.

According to research on digital immigration status by Roma Support Group[10] and New Europeans[11], of the community members using their services:

- only 20% own a tablet or laptop
- 80% need help to fill in an online form
- 54% of people over 65 do not have their own smartphone, email address and/or computer

10https://www.romasupportgroup.org.uk/uploads/9/3/6/8/93687016/statement_on_the_impact_of_the_eu_settlement_scheme_digital_only_status_on_roma_communities_in_the_uk_final_oct_2020.pdf
11https://neweuropeans.uk/wp-content/uploads/2021/02/Digital-Status-Handle-with-care-report-NEUK.pdf

Further resources

Age UK, Feb 2022. 'Digital Instruction Guides'. View here.

Association of Mental Health Providers and NHS Confederation, Dec 2020. 'Digital inclusion in mental health: A guide to help increase choice and improve access to digital mental health services'. View here.

Banerjee, A. 2021. Digital health interventions and inequalities: the case for a new paradigm. *BMJ Evidence-Based Medicine*, *26*(3), pp.77-78. View here.

Carers UK, Oct 2020. 'Caring behind closed doors: six months on'. View here.

Good Things Foundation, Sep 2020, 'Digital Inclusion in Health and Care: Lessons learned from the NHS Widening Digital Participation Programme'. View here.

Good Things Foundation, Aug 2021, 'Digital exclusion & health inequalities: Briefing Paper'. View here.

Good Things Foundation, 2021, 'Digital Nation UK 2021'. View here.

Lemos & Crane, 2013. 'The potential for empowering homeless people through digital technology'. View here.

Lloyds Banking Group, Sep 2021 'Essential digital skills report'. View here.

Mind, August 2020. 'Digital services for people with mental health problems and digital exclusion during the coronavirus pandemic'. View here.

National Voices, May 2021. 'Unlocking the digital front door - keys to inclusive healthcare'. View here.

Pathway, Mar 2017. 'Digital health inclusion for people who have experienced homelessness – is this a realistic aspiration?'. View here.

Poole, L., Ramasawmy, M. and Banerjee, A. 2021. Digital first during the COVID-19 pandemic: does ethnicity matter?. *The Lancet Public Health*, *6*(9), pp.e628-e630. View here.

Prisoner Learning Alliance, Jul 2020. 'The Digital Divide: Lessons from prisons abroad'. View here.

Ramasawmy, M., Poole, L. and Banerjee, A. 2021. Learning our lesson: using past policies to improve digital and ethnic inequalities beyond the pandemic. *Archives of Public Health*, *79*(1), pp.1-4

SeeAbility and Open University, 2021. 'Staying Connected Toolkit for people who manage services and supervise carers and support staff on helping people with learning disabilities, get online and be able to access a range of services'. View here.

Spanakis et al, 2022. ‘Measuring the digital divide among people with severe mental ill health using the essential digital skills framework’. View here.

Switchback, January 2021. ‘Action needed to protect prison-leavers and the public during Covid-19’. View here.

The Valuing People Alliance, June 2022. ‘Top Tips for people with learning disabilities and autistic people: Digital Inclusion in health and care services’. View here.