Carers and Digital Participation

Access to public, economic and social life is increasingly being driven by the internet and digital technology. The last two years has seen the pace of change accelerated due to the impact of COVID-19, requiring services both to respond to the immediate demands of the pandemic and to maintaining essential health and social care services.

The extent to which carers have been able to engage with digital services in this new landscape has been affected by a number of factors: access to devices; cost; connectivity; and, digital literacy. Little carer specific research in this area currently exists but more general research highlights that disability, age, employment status and social isolation/exclusion are key factors in determining the extent to which individuals have access to, and use of, the internet, devices and online services.

For example, a 2018 survey by Citizen’s Advice Scotland¹ found that amongst respondents aged between 65 – 79 years of age:

- Only 25% used the internet often
- 46% never used the internet
- 18% have difficulty using a computer
- 16% cannot use one at all

A 2019 ONS publication² found that an increasing proportion of non-internet users were aged 65+ and that women in this age group were more likely than men not to use the internet.

The same CAS report³ also highlighted that geographic location was also a significant barrier for those living in remote and rural areas leading to a ‘double disadvantage’ of limited access to physical services as well as those provided online.

The experience of carers in using digital technology in their caring role was examined as part of the Carers UK ‘State of Caring’ Report (2021). This included use of online GP appointments, online mental health support, NHS App, Apps to support care coordination, online social care assessments and digital platforms such as zoom and teams to maintain social and family connections. Across all areas surveyed, carers reported that digital technology had made a positive impact on their caring role although the extent to which this was evident varied significantly depending on the digital support accessed. For example, 42% stated that online GP

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² Office for National Statistics Exploring the UK’s Digital Divide P Serafino 2019
³ ibid
appointments had made their caring role easier compared to 14% who reported that it made their caring role more difficult. Whereas 9% reported that online mental health services had made their caring role easier, 8% stated that it had made their caring role more difficult. The most striking finding was the percentage of carers not using the digital technology and supports available. For example, 48% of carers did not use online consultations for health and social care, 72% did not use online mental health support and 62% were not using the NHS Apps.

Echoing the findings of the 2019 ONS Study, accessing online video consultations for health and social care dropped with age with approximately only 4 in 10 (41%) carers aged 65+ using this facility compared to 53% of carers aged 18 – 64. One in five (20%) carers aged 65+ cited a lack of digital skills as a contributory factor compared to 10% of carers aged 18 – 64 years.

Carers also reported that whilst digital technology had made it easier to remain in contact with friends and family (59%), levels of physical activity had dropped with 38% citing this as a negative impact.

Looking to the future, the same percentage of carers (29%) stated that they would like to continue accessing support services digitally as those who would not. Carers were generally more supportive of continuing to access health and social care online at 45%.

In considering their ongoing use of digital technology, carers identified a number of barriers including a lack of privacy, out of date devices that could not support software packages such as zoom and the importance of face-to-face contact.

"On-line support group has been so positive to understanding my partner’s condition, supporting others, identifying with other carers."

"I tried Zoom to keep up with groups I am part of but found my husband who has dementia would interrupt or became annoyed when I was using it so I had to stop"

Engagement with BME carers highlights a number of additional factors to be considered including higher rates of digital exclusion, language and literacy difficulties in English and/or preferred language/mother tongue and lower levels of digital literacy. The ONS study found that older South Asian people were significantly less likely to use the internet that White people within the same age cohort.

Similar findings were highlighted as part of the EQIA process and consultation activities in support of the ‘Near Me’ video consulting programme.

As digital services have evolved in response to the pandemic, ‘digital choice’ and addressing digital exclusion has come to the forefront:

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“A person-centered approach to digital health and care is also one that promotes choice. Choice for citizens means digital and non-digital options offered in parallel, on an equal footing. People will not be forced to use a digital service if it is not right for them, but it will be made available to those who want it.”

Phase 1 (COVID Recovery)

- Identification of informal carers as a distinct beneficiary group within the existing Connecting Scotland programme providing free access to devices, wifi, data and faster connectivity
- Continuation of 24 month data package as part of Connecting Scotland support
- Connecting Scotland support to include access to/purchase of language software to support BME carers with no or limited literacy in English
- Assurances that direct face to face services will not be reduced as part of a wider movement to digital services but will be given equal footing
- Additional investment in Carers Centres to build digital capacity to provide a blended service (digital and non-digital)

Phase 2 (Carers Strategy)

- Require all HSCP’s to identify clear actions to address ‘digital choice and inclusion’ within local carer strategies and action plans
- Carer involvement in the design and delivery of digital services/solutions to support them in their caring role

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