

Medway Council and Kent County Council

Understanding Digital Inclusion in Kent and Medway

Findings and recommendations following a Kent and Medway digital inclusion survey.

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Contents

Executive summary	1
What is digital inclusion and why is it important.....	2
Methodology.....	3
Key Findings	4
Discussion.....	5
Recommendations:	7
Appendix 1: demographic of responses.....	8
Age and parent/guardian.....	8
Ethnicity	8
Services that respondents are using	9
Appendix 2: Survey Response: Digital Inclusion in Kent & Medway	10
Accessibility to digital device(s), smartphone(s) and the internet	10
Influence of Covid-19 on access to internet/digital device(s)	13
Digital Skills	14
Appendix 3: Sub-Analysis – Ethnicity	15
Accessibility to digital device(s), smartphone(s) and the internet	15
Digital skills.....	17
Appendix 4: Sub-Analysis – Age Group.....	18
Accessibility to digital device(s), smartphone(s) and the internet	18
Digital skills.....	21

Executive summary

Engagement with service-users across health and social care services has mostly moved from face-to-face to digital engagement, as a result of the Covid-19 pandemic. It is clear that digital engagement will be part of the “new normal” however we are currently unclear on how this will impact on both uptake and outcomes amongst our service users.

Insights from health and social care services and professionals have indicated that digital routes of engagement are not accessible for some service users, but currently this information is very fragmented. Therefore, a multi-agency working group was founded to explore the extent of digital exclusion across Kent and Medway, and to test solutions to increase digital inclusion.

A survey was completed to better understand the problems and causes of digital exclusion within Kent. For the purpose of this survey, we defined digital exclusion as one or more of the following:

- Limited access to digital devices;
- Limited access to internet/connectivity/data;

- Limited digital skills required to access digital services.

In total 710 people from the community responded to the survey, providing us with these key findings:

- 34% of the respondents stated they have difficulty with their access to digital device(s)/smartphone(s) and/or internet access, with the most commonly stated reason being affordability of the devices and/or internet connection;
- 39% of the respondents reported a lack in certain digital skills, with most of the respondents struggling with video-calling with health and social care professionals;
- Respondents from a BAME background reported greater difficulties in accessing digital devices, internet/data and as well as with their digital skills. People with a Roma background formed a significant proportion of the BAME group. It is their high levels of digital exclusion which account for the difference between the data from the respondents with a BAME background and those from a white background;
- Adults who are not parents score significantly lower on their digital skills, compared to adult who reported as parents.

Following these key findings, the following needs are identified:

- There is a need for new interventions supporting digital inclusion, supported by accurate data and research. New funding streams need to be identified to support these new targeted interventions to increase digital inclusion;
- There is a need to look internally within our services to make sure that:
 - a. Our digital services are user-friendly and there are clear instructions provided to support service-users to have the most positive experience when using digital tools to connect with health and social care professionals;
 - b. Staff are confident in their engagement with service users. Workforce development is necessary to make sure that we guide and encourage service users to adapt to these changing ways of working.

What is digital inclusion and why is it important

Covid-19 has changed the way we are delivering our services rapidly - we moved from face-to-face, to delivering most of our services digitally. However, national research has shown that a significant proportion of our population is digitally excluded, because they do not have:

- Digital devices to use the digital services (e.g. no/limited access to computer or smartphone)
- Access to the internet to use the digital services (e.g. no broadband at home)
- Digital skills needed to access the digital services

It is clear that digital delivery will be part of the “new normal” however we are currently unclear on how this will impact on both outcomes and uptake amongst certain groups.

According to the Office for National Statistics, in 2019 there were 4.8 million adults in the UK, or 9% of the adult UK population, who had either never used the internet or not used it in the last three months. Both

locally and nationally there are concerns that increasing digital exclusion will deepen health inequalities, therefore requiring new strategies to support those already facing disadvantage¹.

A multi-agency working group was founded to explore the situation and consider approaches to improve digital inclusion for service users in Kent and Medway. The parties involved are²:

- Kent County Council
- Medway District Council
- Kent Community Health NHS Foundation Trust (KCHFT)
- North East London NHS Foundation Trust (NEFLT)

A survey was created, to first learn more about the extent, causes and solutions from the perspective of those affected by digital exclusion. This document shows the findings of this survey, which have previously been shared in a workshop on the 26th of August 2020 with 70 stakeholders from across Kent and Medway.

Methodology

In total we received 710 responses to the survey. The survey was live between 29th of June 2020 and 14th of August 2020.

The survey was set up as a digital survey, promoted on Children Centre's Facebooks, and on library computers. Additionally, different agencies asked frontline staff to conduct the survey at a contact point within the service. The survey was largely completed with service-users during a contact to overcome any potential digital barriers to accessing the survey.

e.g.:

- Early Help workers completed the survey over the phone, when in contact with service-users;
- Health professionals also completed the survey over the phone, when in contact with service-users;
- Business support targeted extra vulnerable groups to submit the survey via the phone;
- Some charities and community groups supported completion of the survey with their clients.

Completing a survey during the COVID pandemic presented a number of challenges. Firstly, most survey responses had to be completed during a contact with a health or social care professional, as an online survey would not capture those who are digitally excluded and paper surveys were not possible during the pandemic. Engaging the resources of health and social care professionals at such a time was challenging. The numbers of surveys completed were therefore more limited than hoped.

The survey focused upon families, younger people, and disadvantaged adults. The survey has not captured the experiences of the older population who are likely to experience elevated levels of digital exclusion. Therefore, the findings from this survey should not be considered as a general representation of digital exclusion in Kent and Medway but of the service users who have accessed the services listed in appendix one. The survey has a focus on young people and their parents, reflecting the client groups supported by the main services involved. However, 26% of respondents identified themselves as adults 25 years or above, as opposed to a parent, a child, or young person.

Overall a good representation of Kent and Medway was established with respondents evenly spread-out over Kent and Medway. 24% of the respondents were 24 years old or below, with the majority of the adult respondents reporting to be parents.

¹ Office for National Statistics. (2019). Exploring the UK's digital divide. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04>

² A list of the specific services involved can be found at appendix 1

A good representation of those with a BAME background was established, with 13% of the respondents reporting a BAME background. There was a high take up of the survey by people of a Roma background with 19% of our BAME respondents identifying as Roma (2.5 % of overall respondents).

Key Survey Findings

- One third of all respondents reported having some difficulty with their access to digital device(s)/smartphone(s) and/or internet access, while two thirds reported no difficulty.
- The main barrier respondents reported was limited access to digital device(s) (25%). This was followed by limited access to internet connectivity/call minutes/texts (15%) and limited access to smartphone(s)(11%).
- Affordability was the main reason given by those who reported limited access to digital devices (56%) followed by having to share devices (24%) and not feel confident using the devices (22%).
- For those who had limited access to the internet/minutes/texts affordability was also the main barrier (56%) followed by not feeling confident to use the internet (33%) and only be able to access the internet out the house (24%)³.
- 39% of all respondents reported a lack in certain digital skills. The skill they felt that they most lacked, (reported by 24% of the respondents), was the ability to video-call with health and social care professionals. In comparison 19% reported a lack of skills to video-call with friends and/or family. Interestingly, some respondents who reported having the skills to shop online and order prescriptions online felt that they did not have the skills to video-call with health professionals and social care professionals.
- The lack of skills to video call with health and social care professionals becomes even more pronounced when adult responses are separated from those of young people. 46 % of adults who reported having limited digital skills report video calling with a health and social care professional as a skills they do not feel confident with.
- 18% of all respondents reported that Covid-19 has negatively affected their access to digital device(s) and/or internet suggesting an increased need to use digital options
- Respondents from a BAME background reported greater difficulties in accessing digital devices, internet/data as well as with their digital skills. Analysis of this data showed that a disproportionately high percentage of the BAME respondents (19%) came from a Roma background. Further analysis shows that it is the Roma responses that account for this difference between the data from those from a BAME background and those from a white background. It should be noted that the Roma sample is too small to provide more than an indication that requires further exploration.
- Young people report higher levels of confidence with their digital skills (78%) compared to adults 25 years or above (42%). Amongst adults 25 years or above reporting difficulties with digital skills there was a significant difference between those who identified as parents and those who did not. Adults who did not identify as parents report lower digital skills (58%) compared to parents age 25 years or above (35%).
- 72% of young people with limited access to digital devices state that affordability was the reason for their lack of access, compared to 50% of the adults. A lack of access due to “sharing the device(s)” was the second most stated reason by young people (38%), with only 17% of the adults reported this as their reason.

³ It should be noted that the survey was conducted during a time when many venues outside the house were closed due to COVID-19 pandemic

Sharing devices can be a significant issue and barrier to accessing remote consultations if there is a need for privacy around the contact.

- As expected adults report a much higher level of exclusion due to a lack of confidence using the device or the internet. 42% of those who had limited access to devices stated that a lack of confidence was a cause of their limited access. 49% stated that a lack of confidence was the reason for their limited access to the internet.

These findings are being shared to help inform solutions to address the challenges which will include a series of pilots across Kent and Medway

Discussion

The survey has been created to gain a snapshot of the levels and impact of digital exclusion upon residents of Kent and Medway as health and social care services rapidly moved towards use of digital tools for provision of care. Digital inclusion can be assessed using three measures;

1. Access to digital device(s);
2. Access to the internet;
3. Digital skills.

The key findings overall from this report are:

- The single largest reason for digital exclusion reported was a lack of access to digital devices caused by an inability to afford them;
- The main solution that residents felt they needed was access to a digital device with internet connectivity;
- 39% of respondents reported having difficulties with at least one out of a range of common digital skills;
- The digital skill most respondents reported not having was the ability to video call with a health and social care professional.

The survey has raised some further areas for discussion and future research:

1. Only the first half of postcodes was collected to prevent capturing of personal data. However, this has meant that we have been unable to cross reference the survey responses against the index for multiple deprivation and cannot identify the impact of income upon levels of digital exclusion across Kent and Medway. According to the Office for National Statistics the likelihood of having access to the internet from home increases along with income, such that only 51% of households earning between £6000-10,000 had home internet access compared with 99% of households with an income of over £40,001.⁴
2. Most respondents did not possess the digital skill: video calling with health and social care professionals. The biggest group of respondents struggling with this are the adults 25 years or above (46%). Interestingly, from the same group only 31% stated to have problems with video calling with friends/family. This means that 15% of adult respondents 25 years or above believe that video calling with health and social care professionals presents specific challenges beyond the ability to socially video call. Further exploration is needed to identify whether this belief comes from experiences of video consultations with health and social

⁴ Office for National Statistics. (2019). Exploring the UK's digital divide. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04>

care professionals where pathways to video consultation have not been simple, or, whether it reflects people's "comfortability" in using video calling with health or social care professionals or whether there are other alternative explanations.

As a part of a separate piece of research (currently ongoing) carried out by KCHFT's Health Visiting service in Kent, the main reason for service-users to not engage with the service through video calling, is not their digital skills but they stated not being comfortable doing a video call. Being comfortable in completing a digital task and having the skill to do the task are two different matters. The lockdown has fast tracked a culture change for health and social care professionals, with most supported to quickly adapt to digital solutions. Most did not start this process feeling comfortable or confident using video calling, but through the widespread prevalence of remote meetings have quickly adapted and learnt to feel comfortable with the new remote norm. There might be a need to support service-users to undergo a similar culture change as they adapt to the digital aspect of this offer. To support this process, we need to understand more about the breadth of reasons for declining a digital offer and how we can support service users to adapt to the new digital norm, where appropriate.

3. Respondents with a BAME background reported greater difficulties accessing digital devices and Wi-Fi/data than those with a white background. They stated affordability as the main reason for their lack of access. The second most common reason – a lack of confidence in the use of digital devices/internet – scored higher compared to the responses from people of a white background. Our data shows a clear difference in lack of digital skills in the respondents of a BAME Background, compared to the respondents of a white background. Across all digital skills people from a BAME background reported that they were less likely to have those skills than people from a white background.

Digging deeper it is clear that this data difference was driven by the answers from one group within the BAME category. 19% of the BAME respondents came from the Roma community (reflecting KCHFT's work with Roma communities through their One You Health Improvement service)⁵. The Roma respondents' data shows that they reported a significantly higher lack of access to digital devices, and/or internet/data and lower scores on digital skills than their BAME counterparts. Respondents from a BAME background no longer showed indicators of higher level of digital exclusion than respondents with a white background, if the Roma data was extracted. As the overall numbers of Roma completions is still relatively low, this data should be seen as an indicator that Roma stand out as a group with particularly high digital exclusion, rather than a finding. Separate research supports our findings, stating that the Roma community is at risk of exclusion due to lack in digital skills.⁶

4. There are significant differences in the responses around digital skills by respondents 25 years or above who are not parents. They report significantly lower digital skills, compared to parents in the same age group. For example, adults who do not identify as parents, report lower digital skill, with 58% reporting limited digital skills, compared to 35% of the parents 25 years or above. This suggests that parents are exposed to digital skills through their children leaving adults who are not parents disadvantaged with their digital skills. A study in 2014⁷, showed that around 30-40% of the parents are taught how to use digital devices, internet and social networking by their children, our results reflect this.

⁵ Areas with larger Roma populations include Chatham, Gravesend, Folkestone, Dover and Thanet.

⁶ <https://www.independent.co.uk/news/uk/home-news/roma-britain-community-digital-only-status-exploitation-b773296.html>

⁷ Teresa Correa. Bottom-Up Technology Transmission Within Families: Exploring How Youths Influence Their Parents' Digital Media Use With Dyadic Data. Journal of Communication, 2013; DOI: 10.1111/jcom.12067

Recommendations:

Following our findings from the survey, we make the following recommendations:

1) New interventions supporting digital inclusions:

- I. More data is needed to build a deeper and broader understanding of the digital exclusion across Kent and Medway;
- II. Funding streams need to be identified to support targeted interventions increasing digital inclusion across Kent and Medway;
- III. New interventions should focus on addressing the greatest barriers to digital inclusion identified in this report:
 - Digital exclusion created via the lack of affordability of digital devices;
 - A lack of digital skills, particularly amongst those who are 25 years or above, and have no children living with them. Specifically supporting with video calling health and social professionals;
 - Targeted support in the Roma community.

Consideration must be given to ensuring that sustainability is built into the service design of any new Intervention.

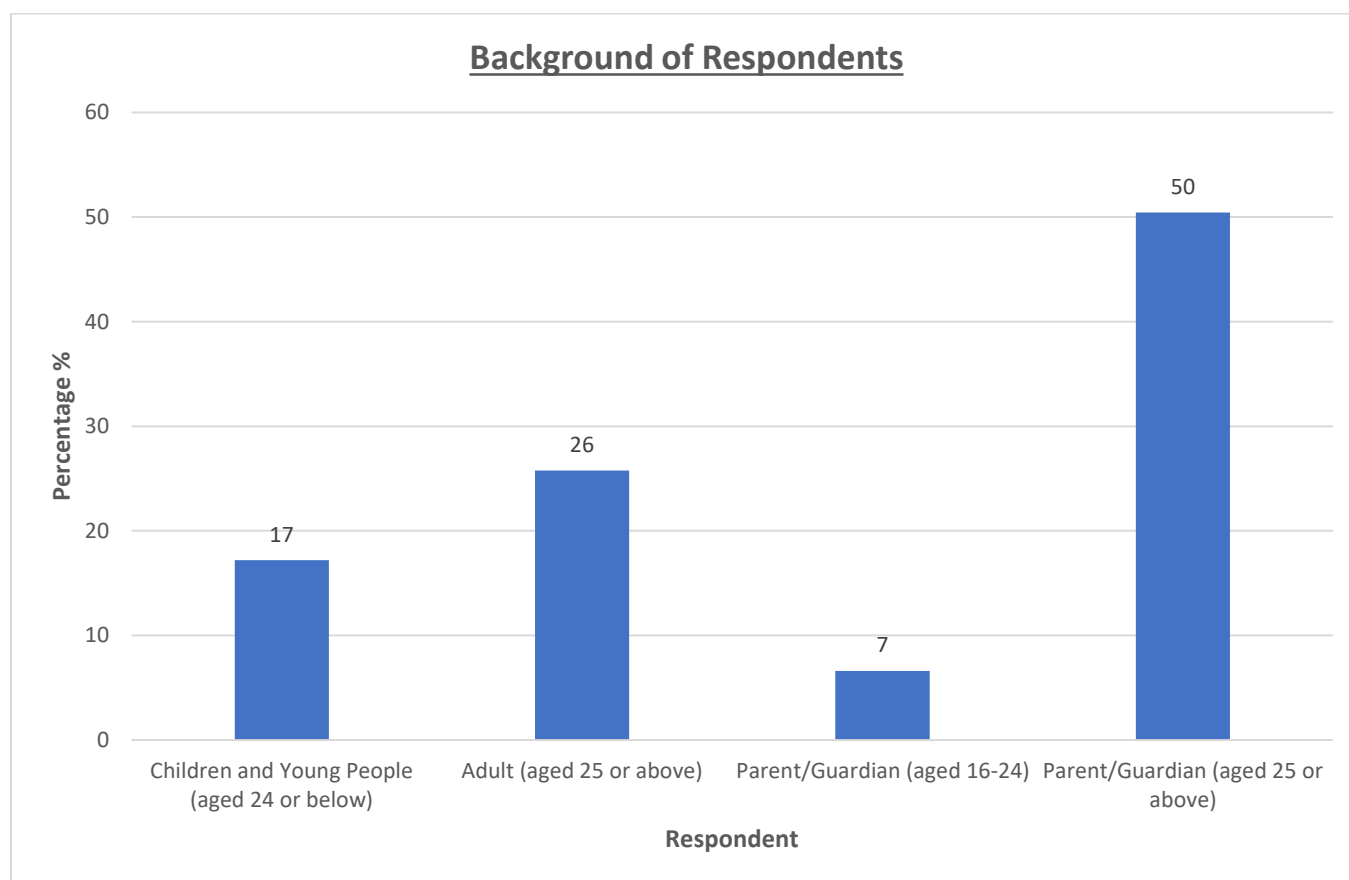
2) Changes within services:

- I. Staff need to be confident and comfortable in the digital engagement with service-users. Workforce development is necessary, to make sure that staff have the right skills to support the service-users who might not be as confident and comfortable digitally;
- II. Services need to explore digital exclusion with service-users, and signpost to local solutions where this is an appropriate response. An up to date list of public places with free Wi-Fi should be made available online and to our staff, to help with signposting;
- III. Services need to actively promote digital engagement, clearly stating its benefits and opportunities. Staff need to encourage and notify service-users about the different pathways of accessing services. A cultural change amongst service-users is necessary, as the traditional way of engaging is changing. Service-users need to be guided and encouraged by our staff during this change;
- IV. Digital engagement with service-users should be straight forward and user friendly. Clear guidance and support needs to be available for service-users, to support them to have a positive experience of using digital tools to connect with health and social care professionals.

Appendix 1: demographic of responses

Age and parent/guardian

Q. Are you a...?



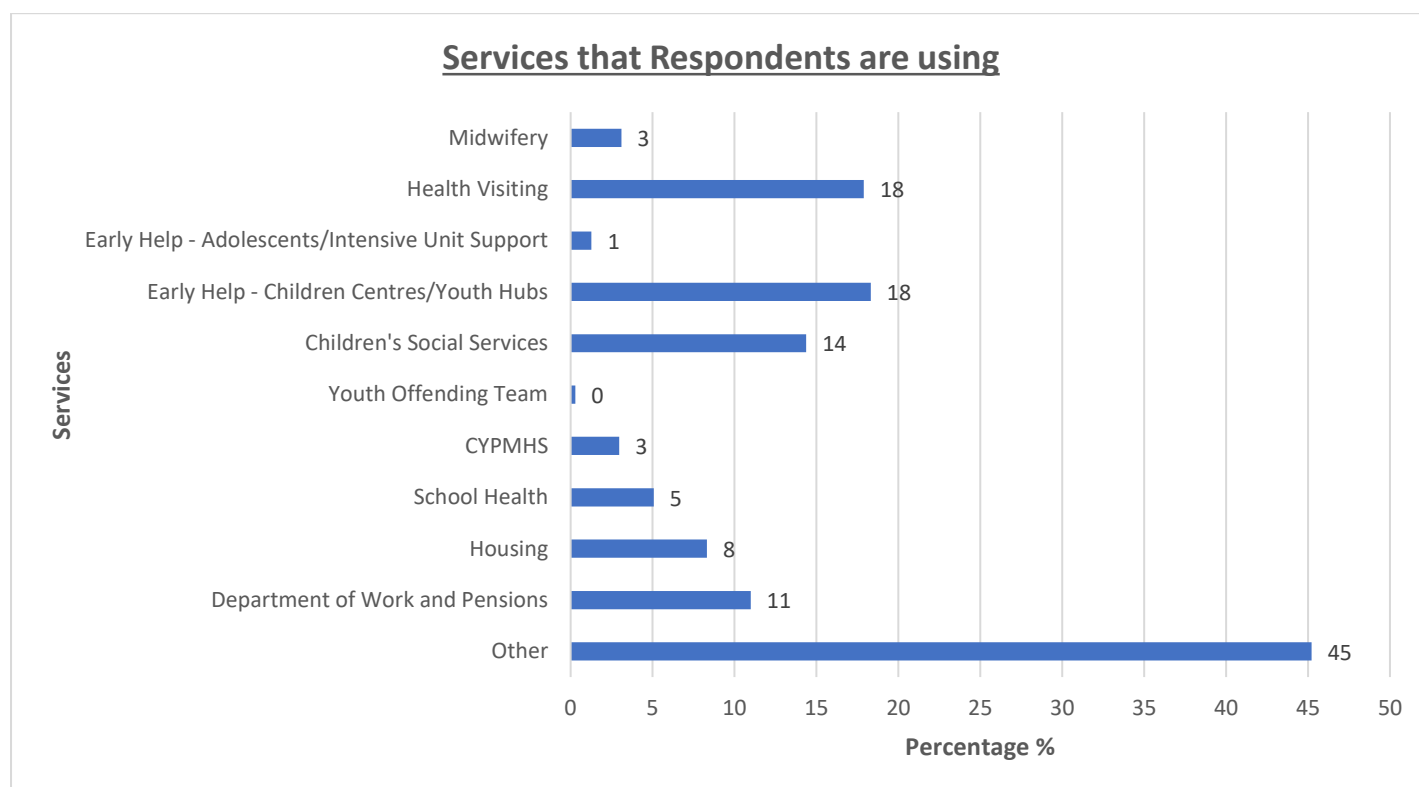
Ethnicity

<u>Ethnicity</u>	<u>Percentage</u>
White	
English/Welsh/Scottish/Northern Irish/British	77.3%
Irish	0.7%
Gypsy or Irish Traveller	0.6%
Any other white background	7.0%
Asian or Asian British	
Indian	1.7%
Pakistani	0.4%
Bangladeshi	1.0%
Chinese	0.3%
Any other Asian background	0.7%
Mixed	
White and Black Caribbean	0.6%
White and Black African	0.7%
White and Asian	0.4%
Any other mixed background	0.6%
Black or Black British	
Caribbean	0.6%
African	1.4%

Any other black background	0.4%
Other Ethnic Group	
Arab	0.9%
Roma	2.6%
Other ethnic background	1.1%
I prefer not to say	1.0%

Services that respondents are using

Q. Are you or your child(ren) currently being supported by any of the following services? (Please select all that apply)



In terms of the respondents who selected 'Other': The most commonly specified responses are categorised and listed below:

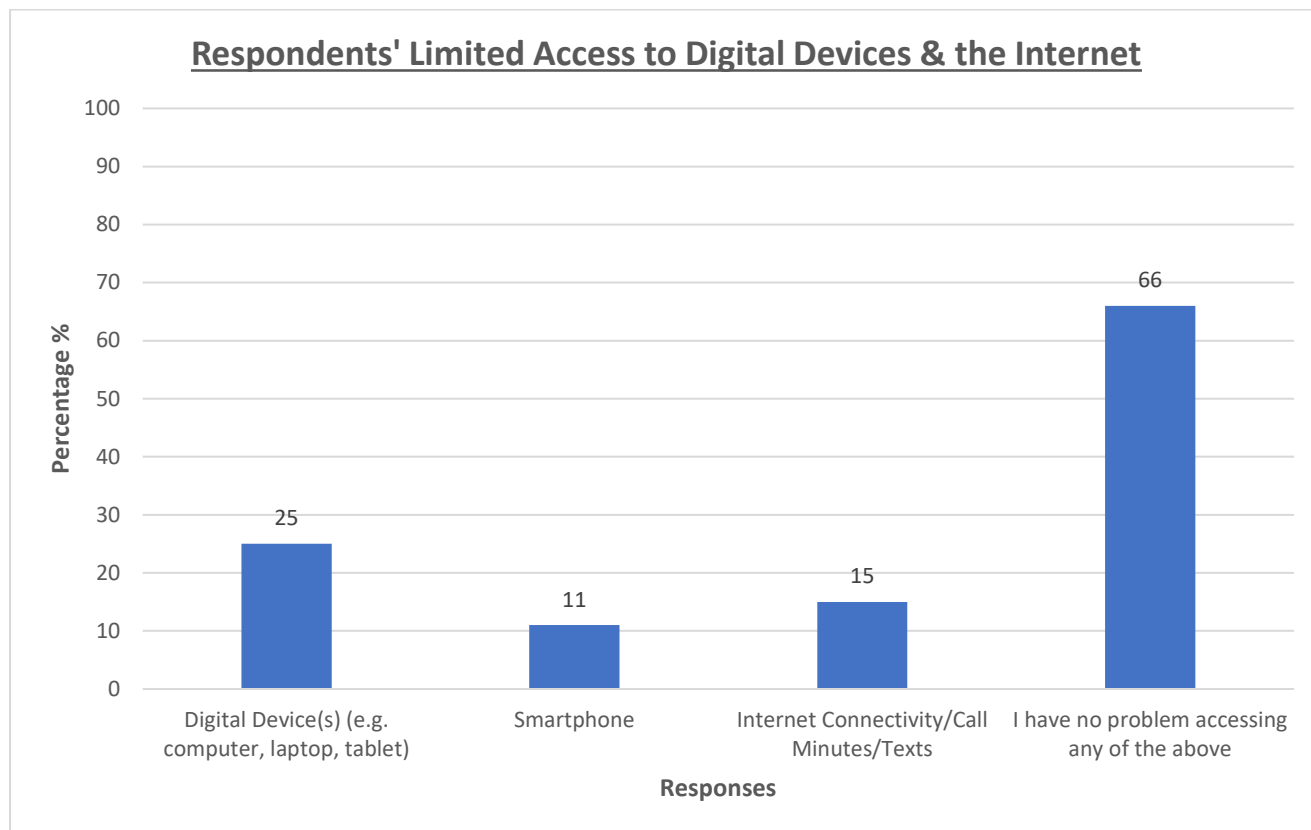
Service	Count
KCHFT	121
Drug and Alcohol	12
Some forms of Special Education Needs & Support or related	11
Mental Health Service	8
Financial support & related services	8
Children, young people and family service	6
Adult Services	3
School	3
Domestic Abuse Service	2
None, N/A or not being supported	120

Appendix 2: Survey Response: Digital Inclusion in Kent & Medway

Accessibility to digital device(s), smartphone(s) and the internet

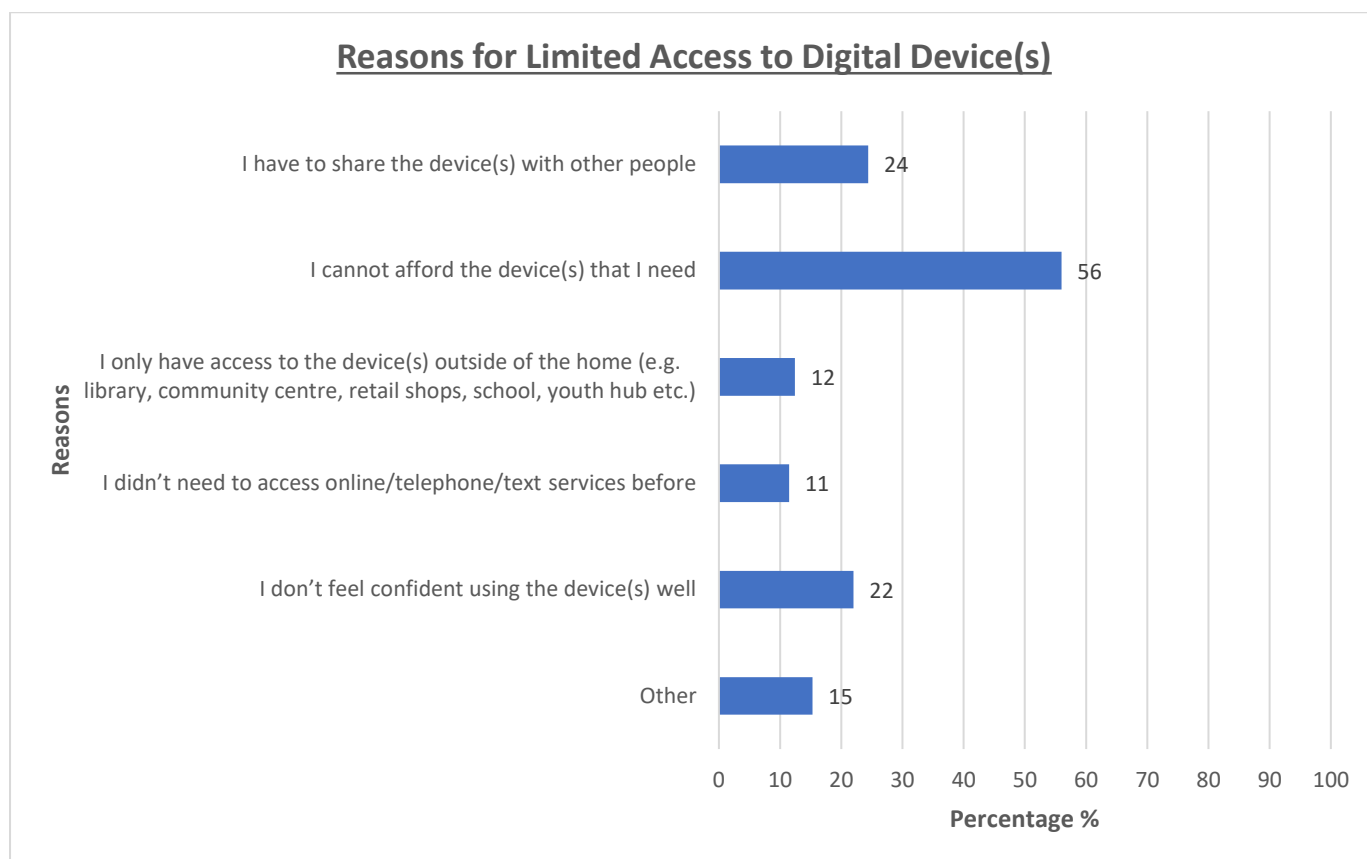
The following responses were received to the questions as follows:

Q. I have limited access to...



Q. Why is your access to digital device(s) (e.g. computer, laptop, tablet) limited? (Please select all that apply)

This question was only answered by respondents who had already said that they have limited access to “Digital Device(s) (e.g. computer, laptop, tablet)” and/or “Smartphone”.



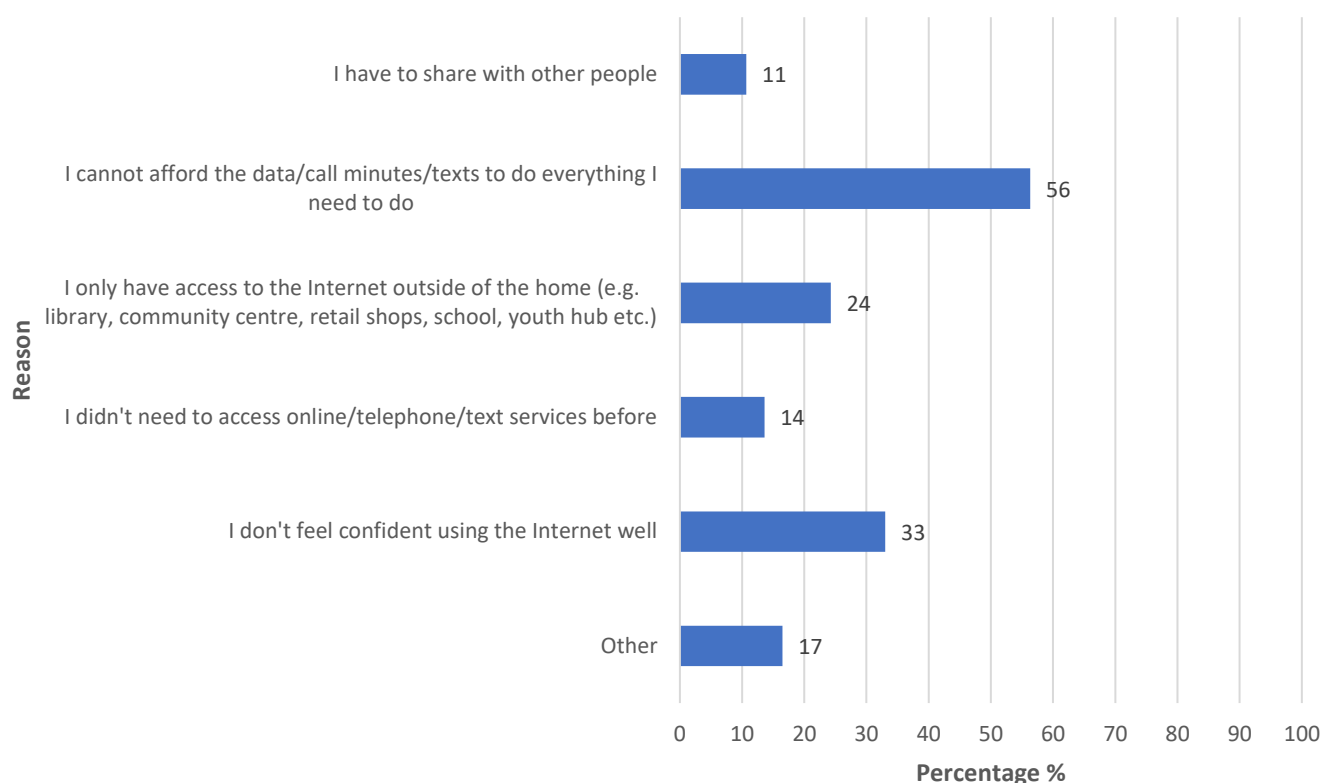
Respondents who selected “Other,” gave us the below alternative reasons for their limited access:

- Poor internet connectivity/access;
- Broken devices;
- Access to devices at work but not for personal use;
- Online security;
- Only use smartphone and do not need other digital devices.

Q. Why is your access to internet/call minutes/texts limited? (Please select all that apply)

This question was only answered by respondents who said that they have limited access to **“Internet Connectivity/Call minutes/Texts.”**

Reasons for Limited Access to Internet/Call Minutes/Text

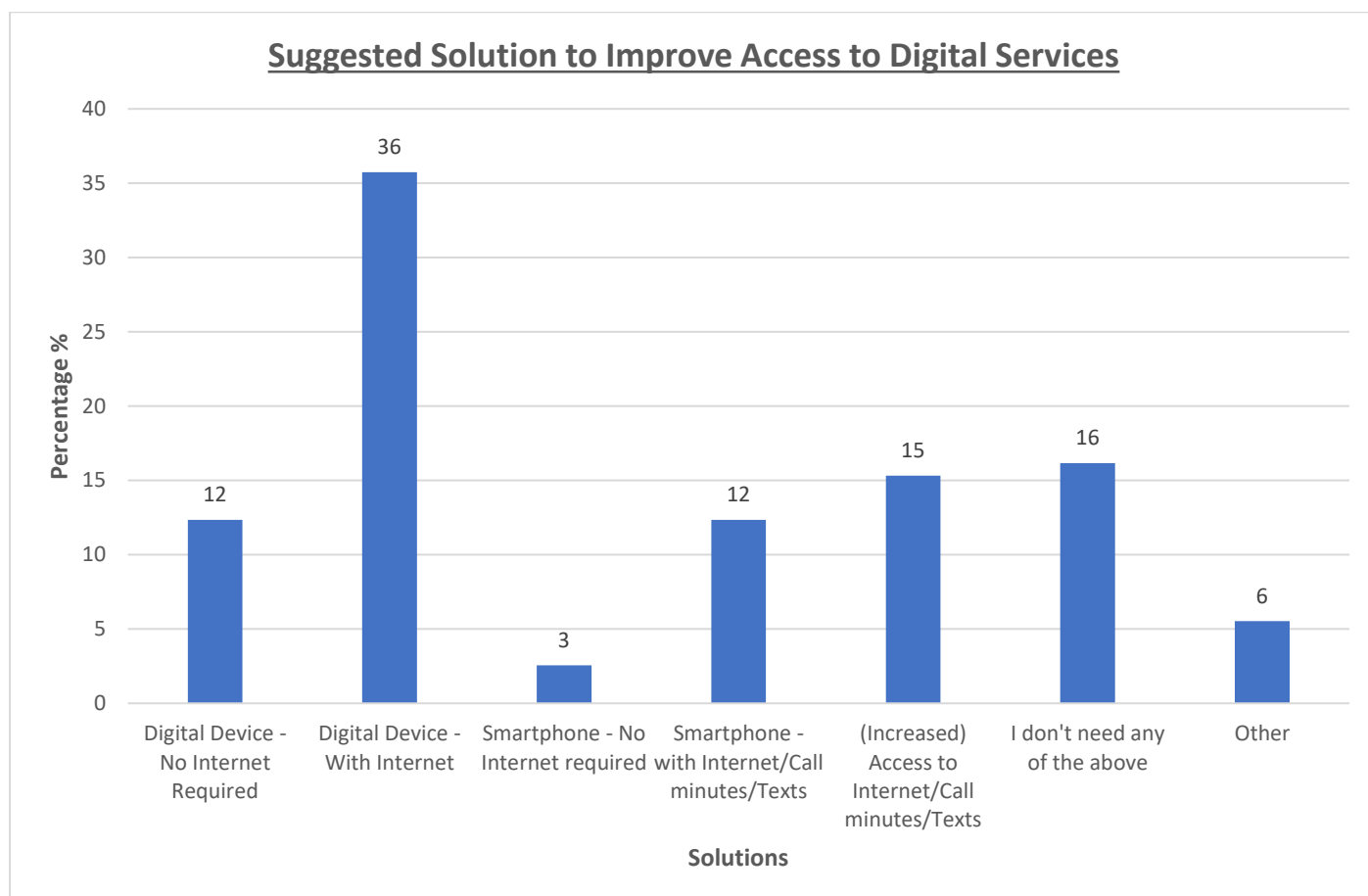


Respondents who selected “Other,” gave us the below alternative reasons for their limited access:

- Poor internet connectivity/access in their home/local area;
- Problems with housing, e.g. homeless and/or in temporary accommodation with no access;

Q. To improve your access to digital services, which of the following would be most useful for you?

This question was only answered by respondents who said that they have limited access to **“Digital Device(s) (e.g. computer, laptop, tablet),” “Smartphone”** and/or **“Internet Connectivity/Call minutes/Texts.”**

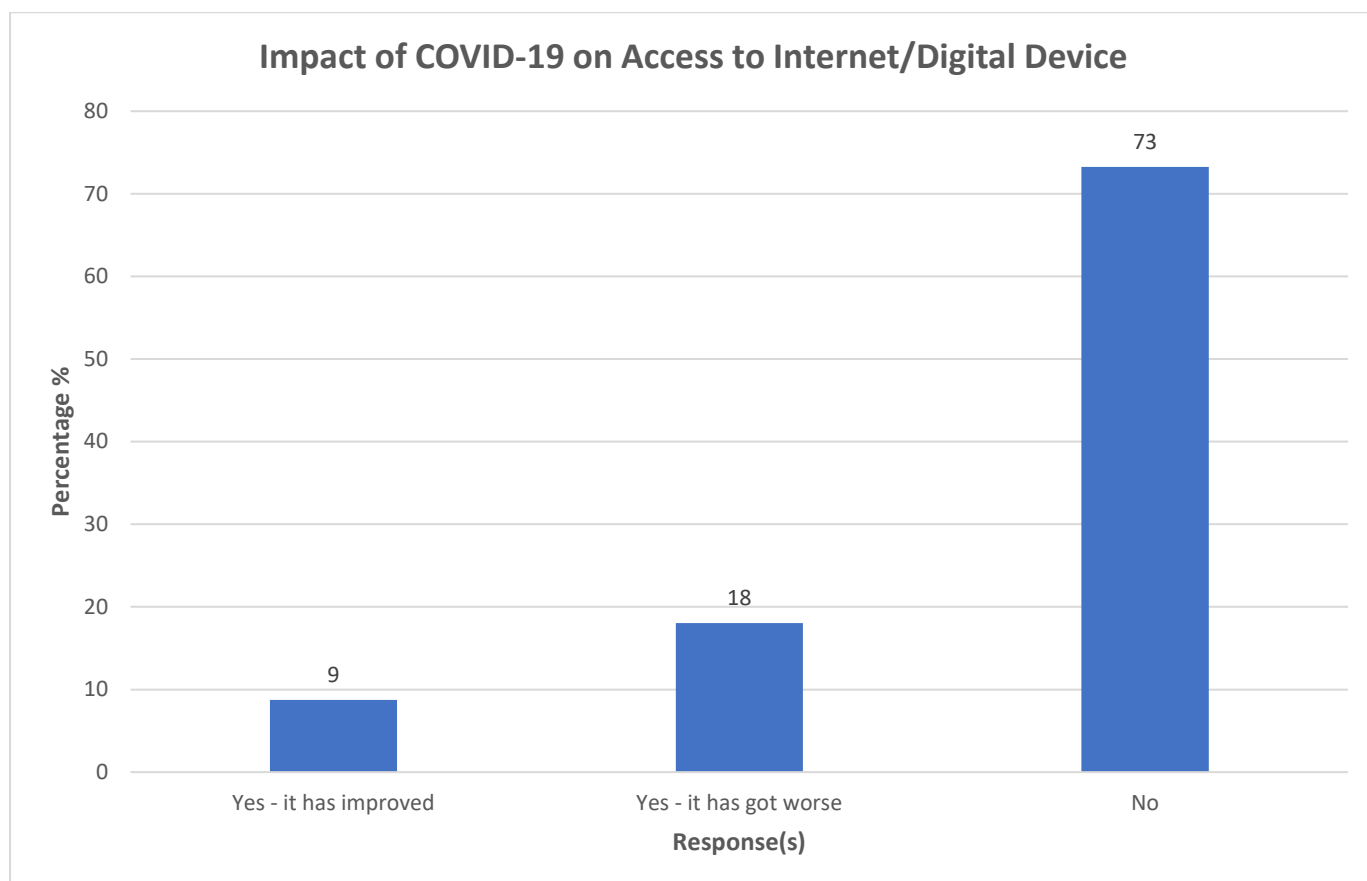


Respondents who selected “Other,” gave us the below alternative options for improvement of their access:

- Better internet connectivity/signal at home/in their area;
- Provision of broadband at home
- Financial support
- Housing support

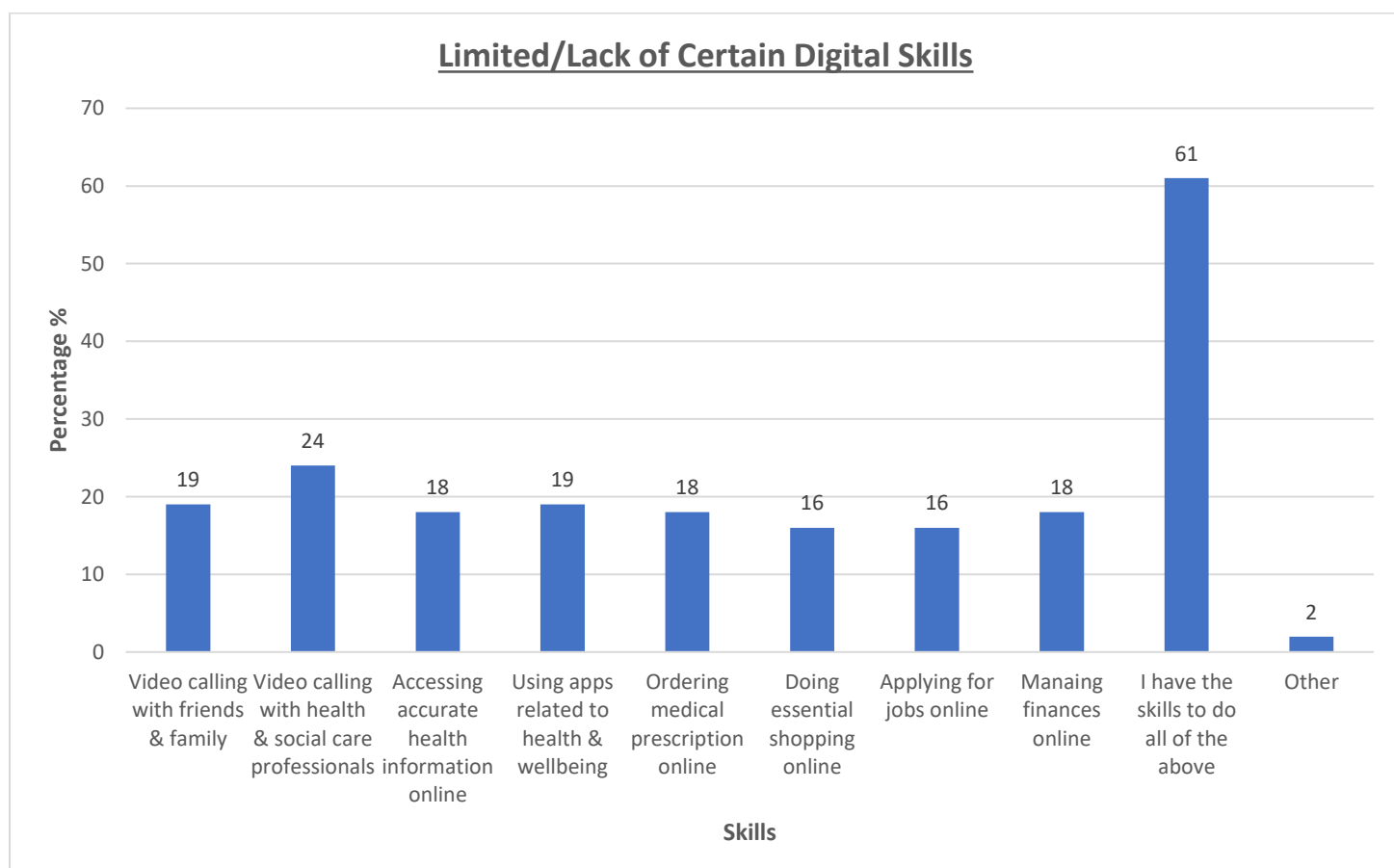
Influence of Covid-19 on access to internet/digital device(s)

Q. As a result of COVID-19, has your access to internet/digital device(s) (e.g. computer/laptop/tablet) been changed?



Digital Skills

Q. Which of the following do you not have the skills to do? (Please select all that apply)



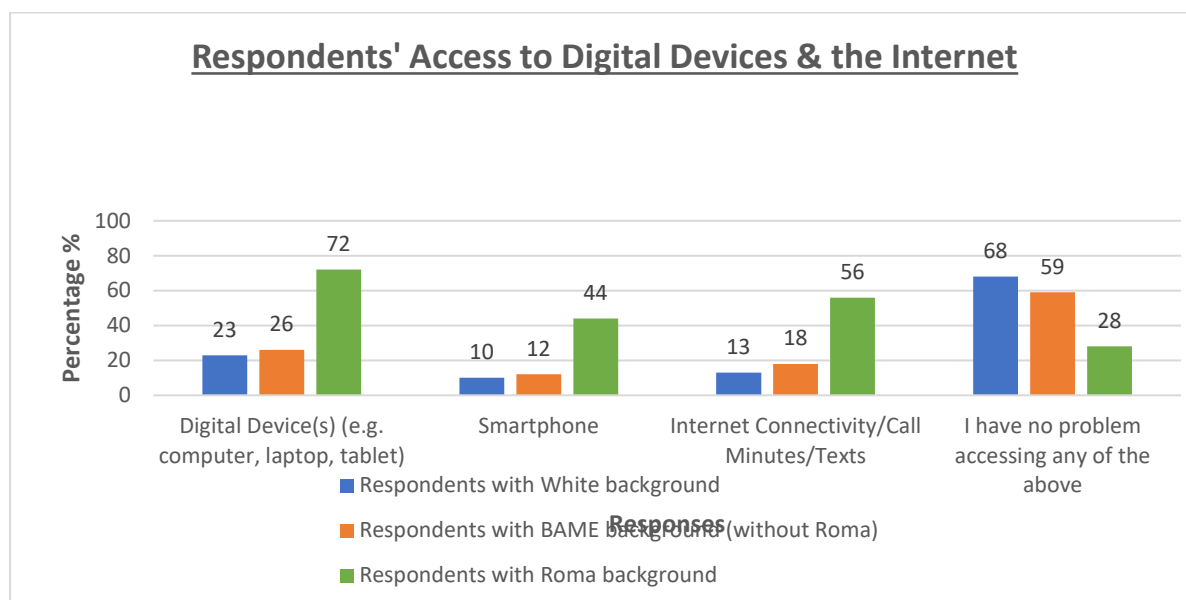
Respondents who selected 'Other,' provided us with the comments below:

- Limited digital skills because of a disability;
- Limited digital skills because of homelessness;
- Needing help of family members in doing digital tasks.

Appendix 3: Sub-Analysis – Ethnicity

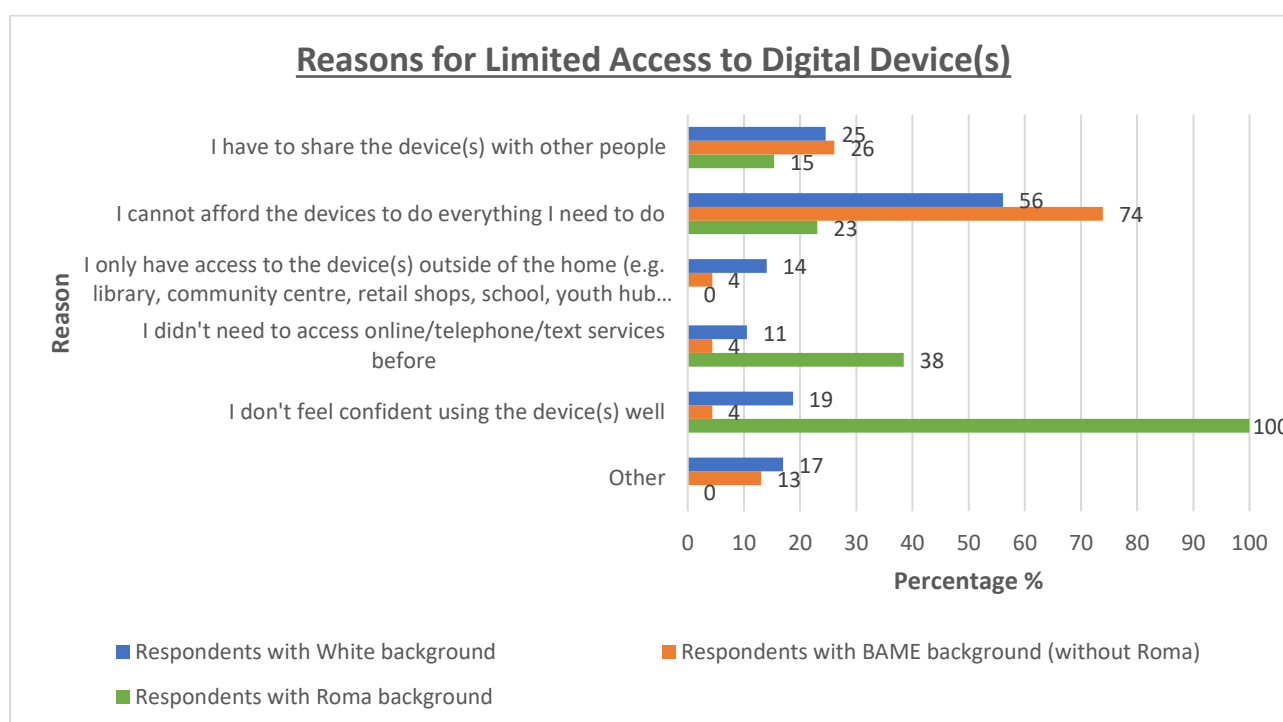
Accessibility to digital device(s), smartphone(s) and the internet

Q. I have limited access to (Please select all that apply)



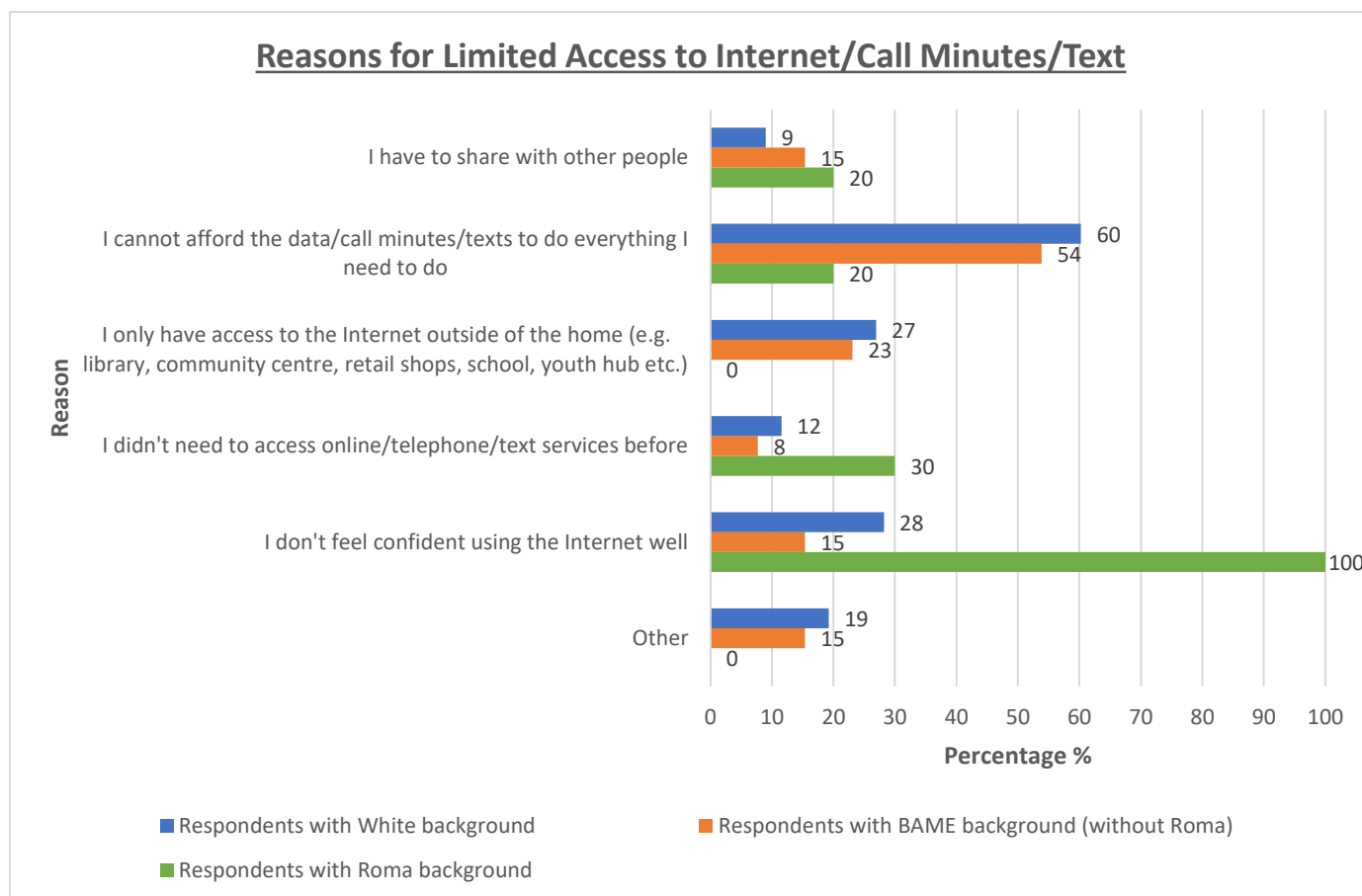
Q2. Why is your access to digital device(s) (e.g. computer, laptop, tablet) limited? (Please select all that apply)

This question was only answered by respondents who said that they have limited access to “Digital Device(s) (e.g. computer, laptop, tablet)” and/or “Smartphone.”



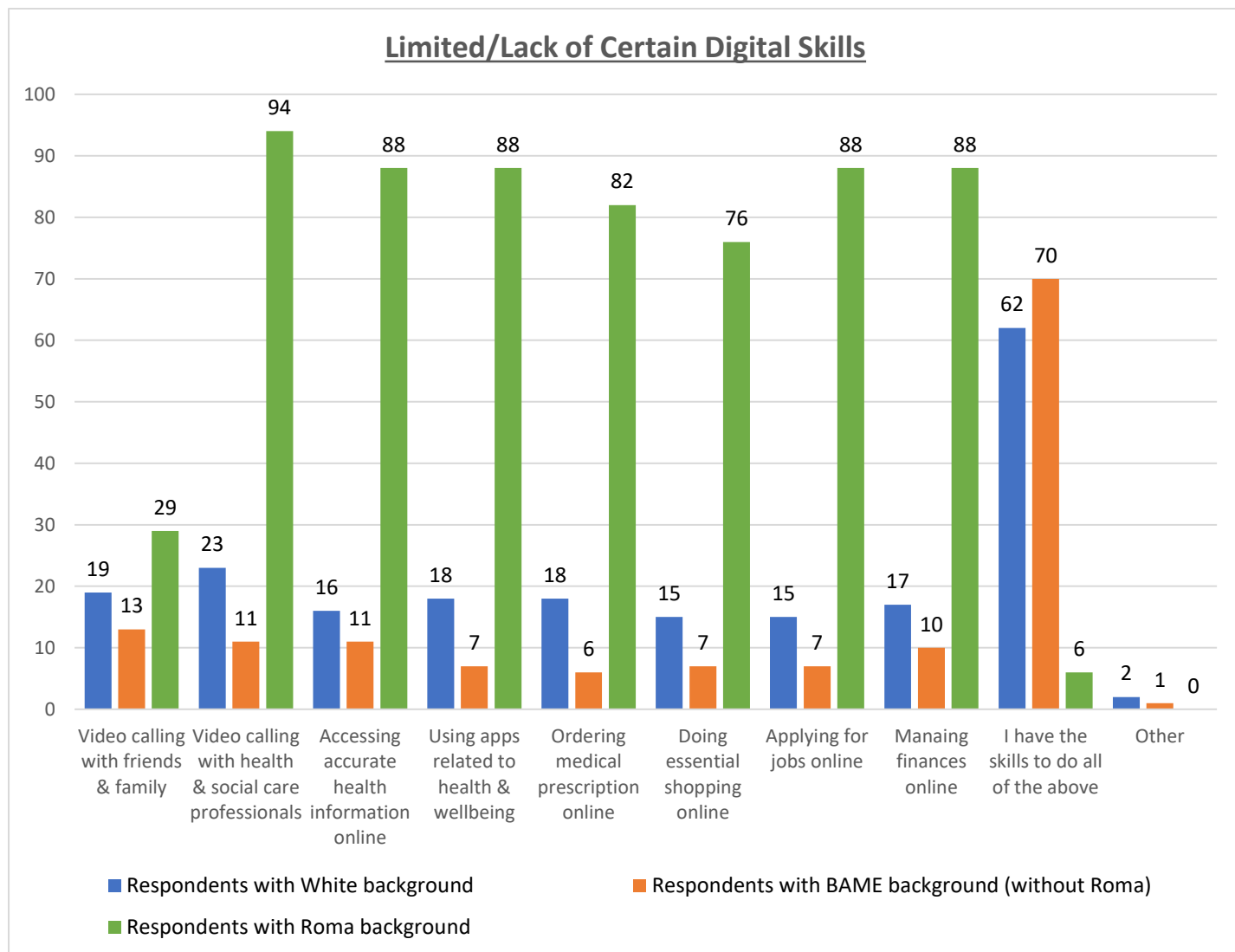
Q. Why is your access to internet/call minutes/texts limited? (Please select all that apply)

This question was only answered by respondents who said that they have limited access to “Internet Connectivity/Call minutes/Texts.”



Digital skills

Q6. Which of the following do you not have the skills to do? (Please select all that apply)

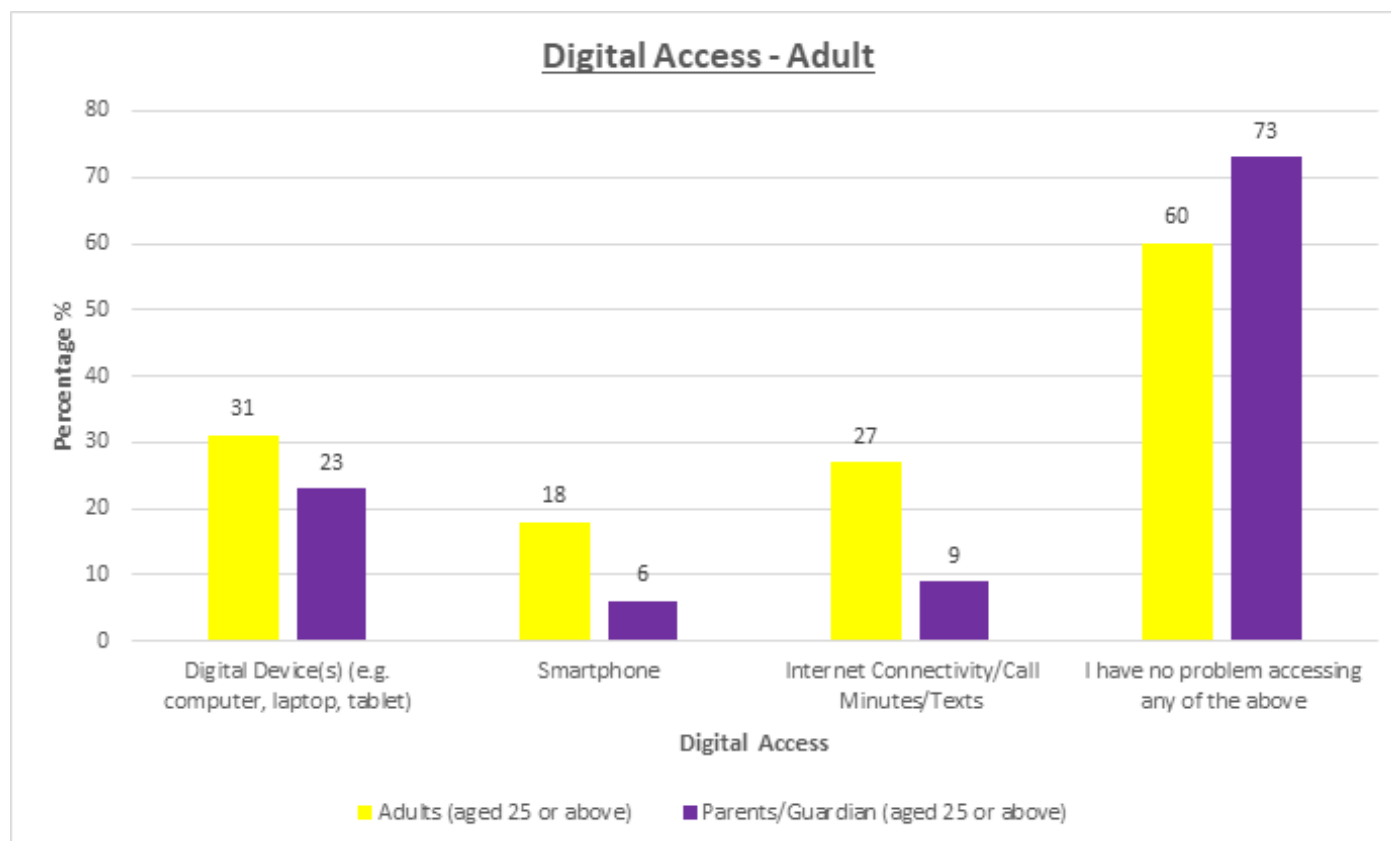
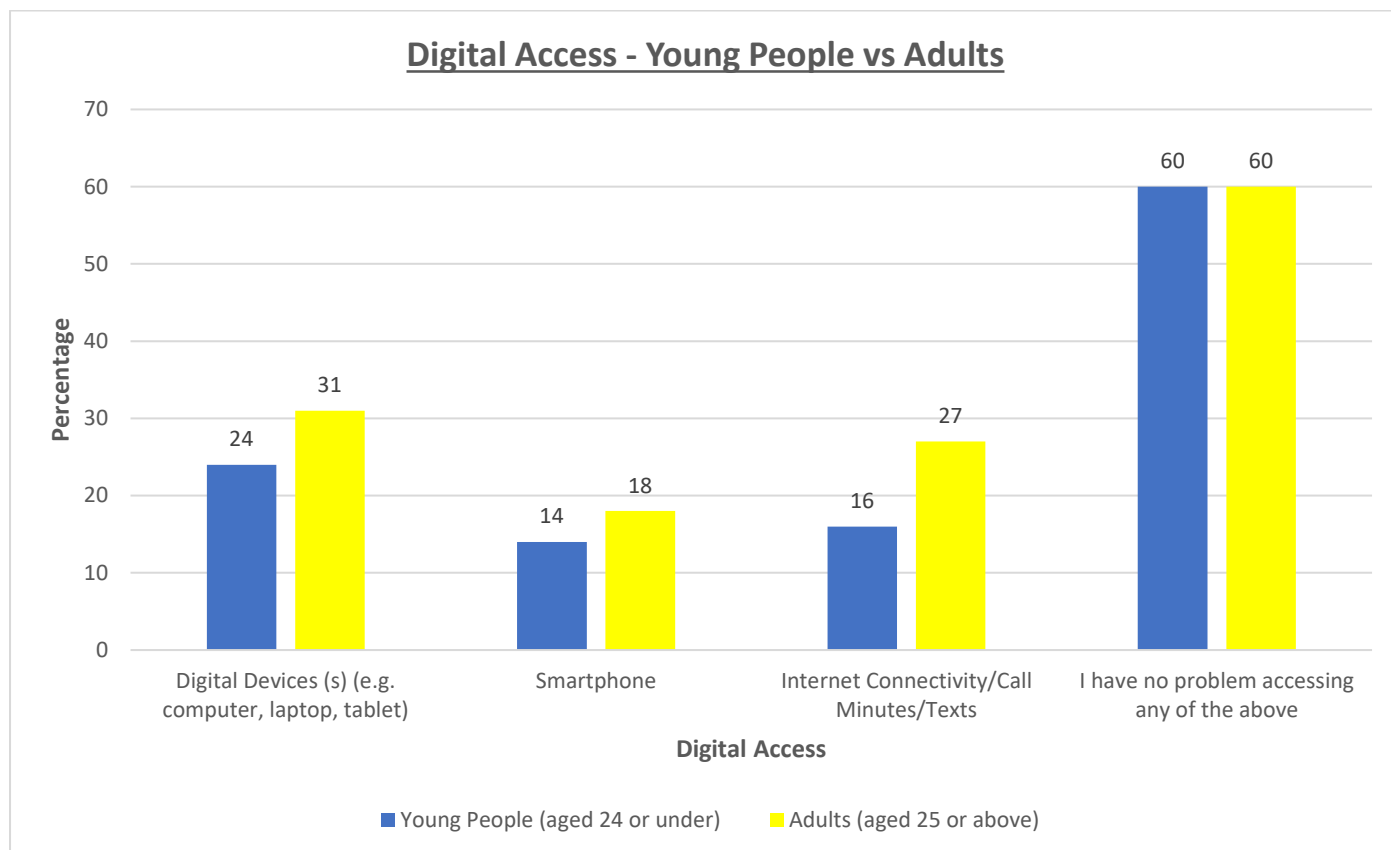


Appendix 4: Sub-Analysis – Age Group

Accessibility to digital device(s), smartphone(s) and the internet

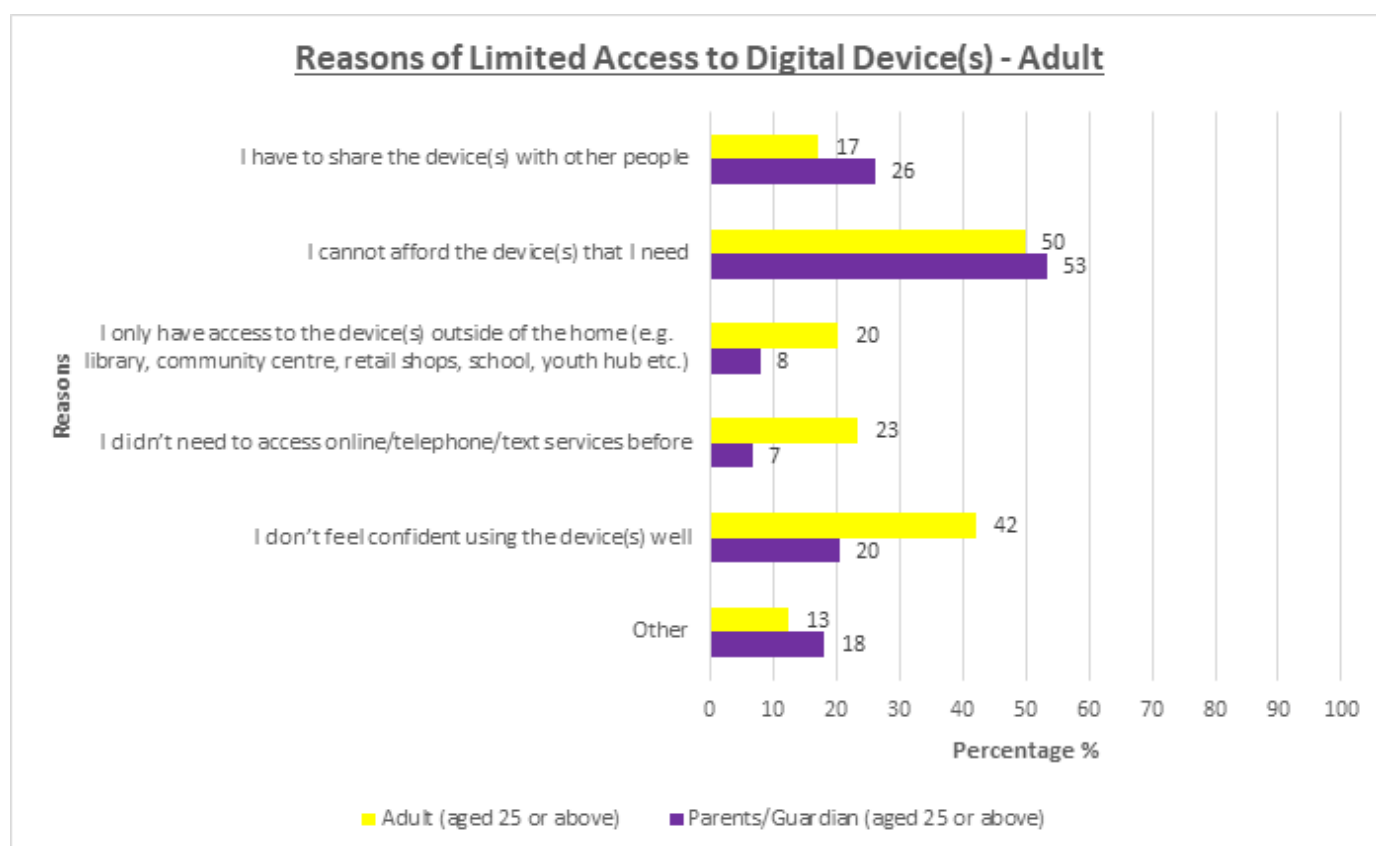
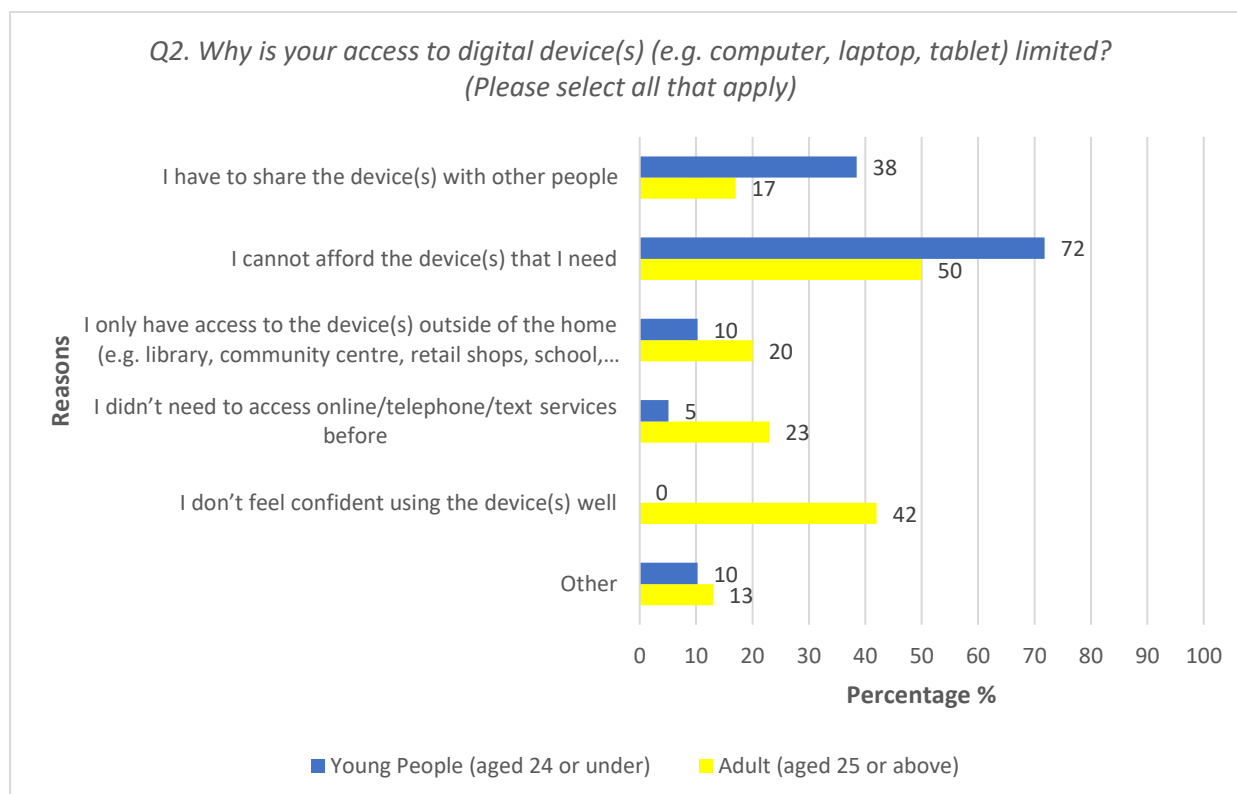
Outcome 1: Accessibility

Q. I have limited access to (Please select all that apply)



Q2. Why is your access to digital device(s) (e.g. computer, laptop, tablet) limited? (Please select all that apply)

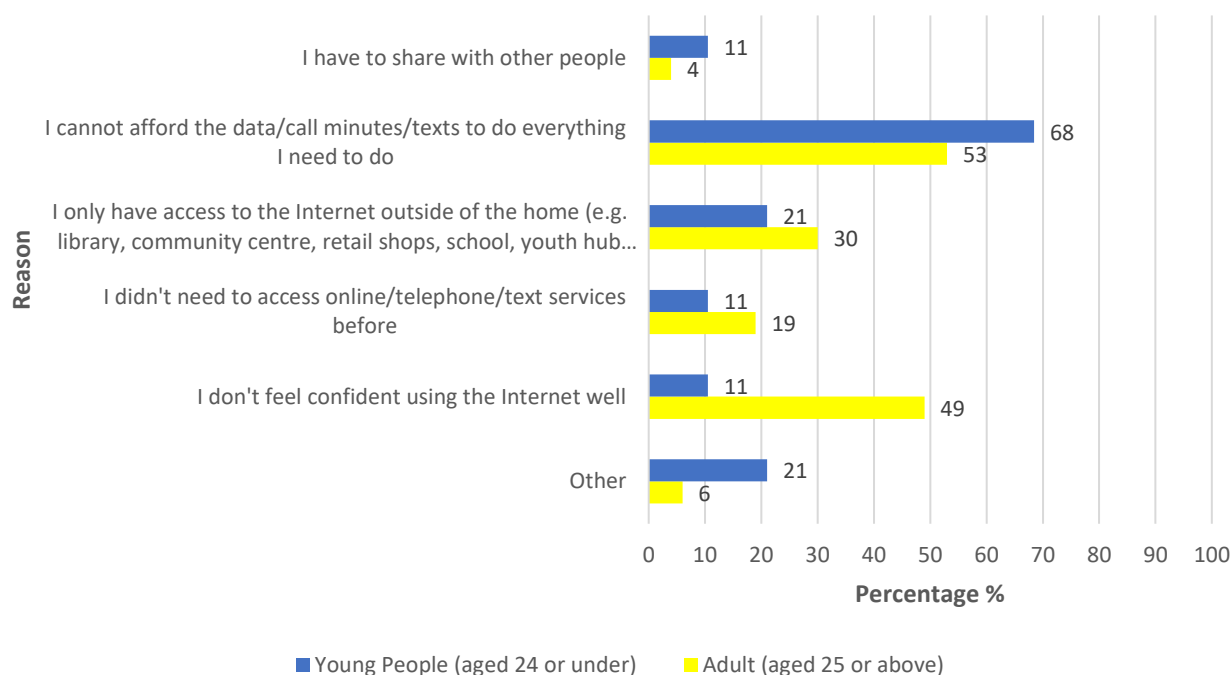
This Q. was only answered by respondents who said that they have limited access to “Digital Device(s) (e.g. computer, laptop, tablet)” and/or “Smartphone.”



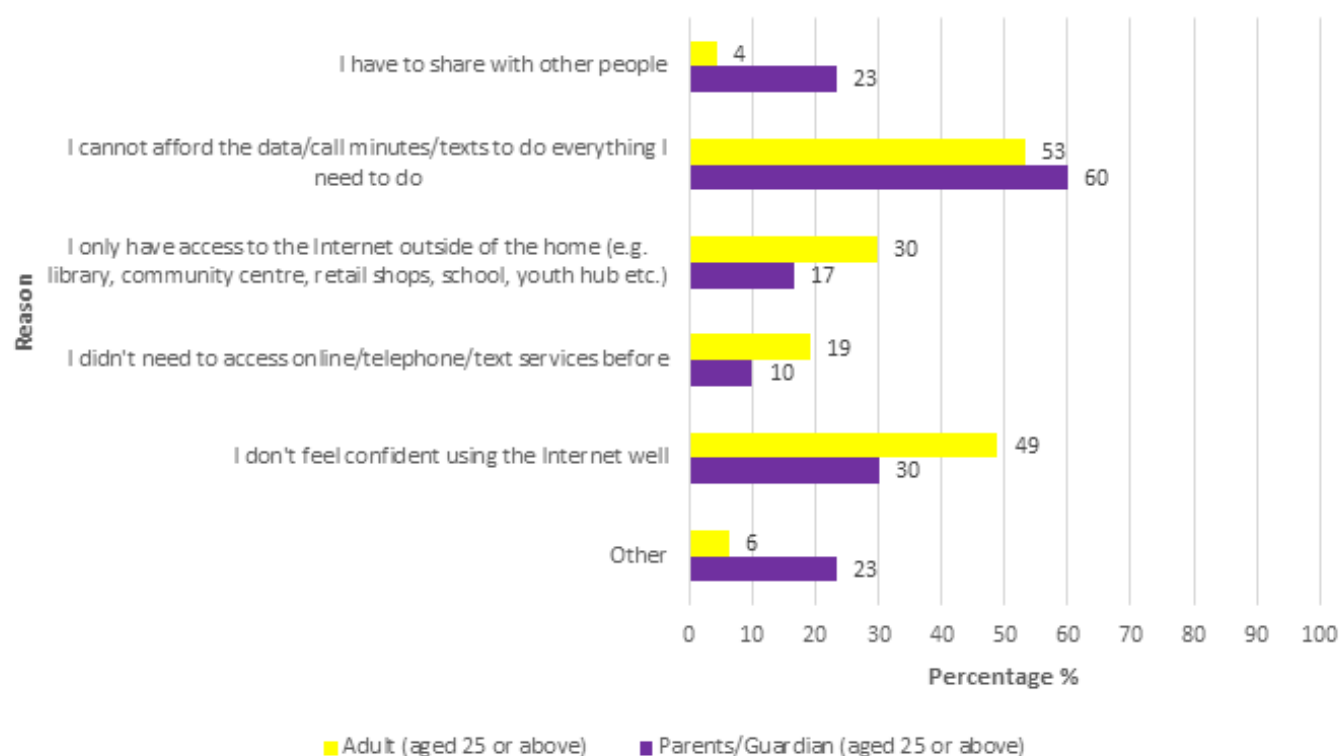
Q. Why is your access to internet/call minutes/texts limited? (Please select all that apply)

This Q. was only answered by respondents who said that they have limited access to “Internet Connectivity/Call minutes/Texts.”

Reasons for Limited Access to Internet/Call Minutes/Text - Young People



Reasons for Limited Access to Internet/Call Minutes/Text - Adult



Digital skills

Q6. Which of the following do you not have the skills to do? (Please select all that apply)

