From Digital Confusion to Digital Inclusion

Report prepared by Andrew Storey, Community Co-Researcher

Community Co-Researchers are hosted by Cumbria CVS and work as part of Cumberland Health Determinants Research Collaboration (HDRC) to design and deliver research focused on tackling health inequalities in Cumberland. Cumberland HDRC is part of the National Institute of Health and Care Research (NIHR) and hosted by Cumberland Council.

This report summarises the learning that has taken place so far looking at the different kinds of support that could help improve the digital inclusion of unpaid carers within the Cumberland Council area. It examines the latest research and reports available, combined with learning from informal discussions with people working in this area and a number of unpaid carers to get a general flavour of the issues associated with digital inclusion and what might help. It offers some suggestions as to how to progress the support to help improve the digital experience of unpaid carers. In the next phase of the research, semi-structured interviews with unpaid carers will be carried out and will focus on finding out what has worked/not worked for people at different stages of their digital journey.

Why Digital Inclusion Matters

As services increasingly become 'digital by default', digital inclusion is essential for unpaid carers. Caring responsibilities can make face-to-face appointments and support sessions difficult to attend. Digital technology provides flexible access to information, peer support, health services, benefits advice and other resources - at a time and place that suits the carer.

Limited digital skills or confidence, poor connectivity, cost and accessibility needs can all stop carers from benefiting. **However, this research does not aim to push anyone online; instead, it seeks to identify the support that would help those who want to make the most of online opportunities.**

Support Must Reflect Individual Needs

Removing these barriers helps ensure that unpaid carers are not disadvantaged and can access the support they need. Two particularly useful resources are the NHS App and Mobilise, a digital support platform commissioned by Cumberland Council. Both can help carers manage their responsibilities more effectively.

Every unpaid carer has different circumstances, levels of digital literacy and confidence, and access to suitable equipment. Support should therefore be tailored to the individual.

In terms of the research, the study involves a hypothetical person (Nigel Nointernet) who has no equipment, little motivation, no digital skills or confidence and they request a carer's assessment which triggers the support process. This scenario is intended to help explore the existing systems in place and identify any potential gaps in support on Nigel's journey towards digital inclusion.

Digital Inclusion Framework

The study uses SCVO's five-stage framework (Scottish Council for Voluntary Service) to map Nigel's journey towards digital inclusion:

1. Motivation
2. The right equipment
3. An affordable digital connection
4. Skills and confidence
5. Inclusive design

Study Focus

To understand how carers can move from digital confusion to digital inclusion, the study considers:

- The best time to provide support
- The types of support that could help
- The person or organisation best placed to deliver it

The Best Time to Provide Support

Support must be offered at the right time. Caring responsibilities can create significant pressure, disrupt plans and force carers to balance competing demands. Support is most effective when a carer has both the motivation and the capacity to use it.

Early indications suggest that the carer's assessment is an appropriate opportunity to explore a carer's digital access, skills and confidence. However, for people who aren't at a point where they are requesting one, it would certainly seem wise to explore the issue to ensure people know where to get support if needed.

If someone is getting a carer's assessment it may be possible to access a carer's personal budget, depending on their circumstances. which may be able to help with the purchase of equipment. This will be different for someone who isn't in that situation, which is likely to have implications for any discussions and how any potential support is provided.

It is also important to find the right moment to discuss this issue as it isn't intended to be a test or a source of stress. The whole point is to try and provide access to support to reduce stress and hopefully make the caring experience a little bit easier. When people are already under pressure, a sensitive approach is required.

Some suggested questions

- How do you keep in touch with friends or family when you cannot leave the house? Do you use tools such as WhatsApp or video calls?
- How do you usually order repeat prescriptions or book GP appointments?
- If you needed information about a local support group tonight, where would you look? Would you feel confident searching online?
- If you were offered a free tablet or online training, would you feel confident using it, or does technology cause you stress?

The Type of Support

Different people may require different support depending on where they are in their inclusion journey.

For example, someone may be motivated to access digital support services but doesn't have any equipment. Someone else may have equipment but isn't motivated to begin their journey as they are suspicious about the online world. Another person may be motivated, have equipment and a signal but doesn't have the skills and confidence to navigate apps or websites. Someone may have the motivation, the equipment, the signal and the skills and confidence to navigate the digital world but the app they want to use hasn't involved unpaid carers in its design and so it is not user friendly. If the developer has ongoing evaluation in place to enable users to shape the design and usability, then this could be rectified but if not then it won't be able to be used effectively.

In some cases, a few simple adjustments of someone's equipment could make navigation much easier. Devices can be changed to improve of accessibility and other settings altered to improve their usability. Longer term there is scope to develop an app/digital front window and/or a resource that could be supplied to unpaid carers to help them on their digital journey with some useful apps and sources of support.

The key point is that each person may require different support and it could involve several sessions to get people up and running, navigating the digital world effectively. It's also important to acknowledge that some people may have friend or relatives who could show them what to do.

Who Should Provide the Support?

Choosing the Right Provider

The right provider will depend on the kind of support and expertise needed. When a carer already deals with several people or organisations, support should be channelled through as few contacts as possible. Trust matters most when help is given at home, where carers may already be under strain or hesitant to ask for assistance. Reaching out in familiar settings can make support easier to access and help carers feel confident in those providing it. When helping people with IT problems, Andrew found that mentioning his own experience as a carer helped build rapport. Once people felt comfortable, they asked far more questions about digital services, most of which he could help them resolve. Trust seemed to develop quickly for two reasons: He was introduced (either in person or by phone/message) to the unpaid carer by someone they already knew and he could offer genuine empathy, having been in their position himself.

A Coordinated Model

A lead contact could act as a central hub, coordinating support with AbilityNet and other relevant services for unpaid carers. Partner organisations could provide support directly or work alongside the lead contact. Existing workforce capacity could be strengthened through a Digital Champions scheme and other locally available training. The lead contact could also coordinate refurbished equipment, maintain a catalogue of suitable devices, and advise on free data schemes for carers who need connectivity.

Flexible Delivery

Some carers may benefit from training at local digital support centres. Others, because of time constraints or low confidence, may need one-to-one support at home using their own equipment. Although this tailored approach requires more resources and may involve several sessions, it is more likely to support lasting progress. The programme's funding and delivery model should reflect these needs and include provision for carers who want to get online but lack suitable equipment.

Role and Resourcing

A further decision is whether the role should be voluntary or paid. If it is paid, the programme will need to secure funding, identify the most appropriate employing organisation, and define the scope of the post. Evidence gathered so far suggests that the role should combine hands-on support with development work that builds local capacity and extends the service's reach. It should remain flexible and evolve as further evidence emerges about what works.

Meeting the Need

Based on the evidence available so far, it would seem to be prudent to establish a pilot project. The pilot should test the level of need, identify the types of support required, and determine the most effective delivery model. With more than 24500 adult unpaid carers in the Cumberland Council area, a significant number of people are likely to directly benefit from support that improves their digital inclusion. According to a report by Link, the UK's cash access and ATM network, in 2024, nearly a quarter of the adult population consider themselves digitally excluded in some way. A further report by the Good Things Foundation in 2026 found that only 50 per cent of adults feel confident undertaking most online activities and 40 per cent have concerns about being excluded as more services move online (an increase from 34 per cent in 2025).

Many thanks for reading this report

Andrew Storey, Community Co-Researcher

This report has been written by Andrew Storey in their capacity as a Community Co-researcher. They have a background in the helping professions spanning more than twenty-five years; as both a practitioner and project co-ordinator. They have also been an unpaid carer in the past which inspired their interest in this subject and provides 'lived experience'.