

Written Evidence Submitted by Dr Emilene Zitkus, Loughborough University [ROP0011]

Dr Emilene Zitkus is a Senior Lecturer in Inclusive Design at Loughborough University, whose research interests have been driven by the need for a more accessible and inclusive design of interfaces (Human Computer Interaction - HCI) for services and products. She is the PI of the project "Enabling Healthy Ageing by Designing Inclusive Digital Technology" funded by Royal Society (IES\R3\213004), and PI of the project "Ageing in a digitally connected world" funded by the Information Design Association (IDA). Her expertise in HCI and Inclusive Design has been developed during the last 15 years through projects developed with partners in industry, including Ford, Jaguar-Land Rover and EPSRC projects, including her PhD at the University of Cambridge (2015).

I am submitting evidence to this inquiry based on relevant outcomes of on-going research projects, backed-up from national surveys demonstrating the predominant digital exclusion among people aged 65 and over. Data related to lived experiences of older adults interacting with digital resources have been collected in the project "Ageing in a digitally connected world", which has undertaken original qualitative research, combining in-depth interviews, co-design sessions and focus group.

Summary:

In what follows I will present how older people can mistakenly be taken as digitally included, when they actually rely on relatives to access digital services. In several cases the following have been found in my research:

- They have access to the internet, have a smartphone and have an email address which could be taken as 'connected citizens'. However, they are not able to connect to WiFi, to use Apps rather than those for communication and they did not create their email account.
- Without family around, they would be offline or unable to use most of the digital services.
- I will also relate the exclusion to the prevalence of disability that older people can have.

This submission focuses on the following questions from the Women and Equalities Committee call for evidence:

1. Digital exclusion

What steps are required to prevent older people from being digitally excluded?

As a rule, to prevent older people from being digitally excluded, alternatives must be embedded in services provision, like the following:

- adaptative technology;
- freely available training courses;
- equally satisfying alternatives;
- freely available internet access.

Freely available Internet access:

Currently, not every older adult has access to the internet. Before the pandemic, 41% of people aged 65 and older who lived alone were digitally excluded as they did not have internet connection (ONS, 2019). The situation could be mitigated in urban areas in the UK, as there is the provision of computer access and volunteer help in public libraries. However, during the pandemic, the situation was different, without access to public libraries they were digitally excluded (Allmann, 2020).

Among the 3 million people offline in the UK at the beginning of the pandemic, 32% were people aged between 50 and 69, and the majority (above 65%) were aged 70 or over (ONS, 2021; Centre for Ageing Better, 2021). However, internet access does not mean digital inclusion.

According to the research conducted in the “Ageing in a digitally connected world”, the fact that people have internet access, have a Smartphone and an e-mail account does not mean they are able to use digital services. I will present two cases (names have been replaced with a pseudonym) that illustrate some challenges faced by some older adults with lower digital skills that participated in the study. Older adults (65+) with lower digital skills represent 60% of the 11 million people digitally excluded in the UK according to the Lloyds survey (2021).

- **1st case:** Mr Arun Gupta is a 70-year-old British Indian gentleman, married, living with his wife. He studied in India, which is equivalent to O levels. He lives in the UK for more than 40 years. Although he is retired, he has been working as cleaner on Fridays, Saturdays and Sundays, a total of nine hours a week. He is the owner of his house and takes holidays abroad. Mr Gupta never learnt how to use computers.

He has a brand-new Smartphone, internet access, email account and dozens of Apps installed in his phone. So far, among the several Apps, Mr Gupta knows how to receive video calls through WhatsApp and are able to use the App required to start working (an App that replaced the time clock to register the time that work starts and finishes). He is unable to use the other Apps without the help of his children, who downloaded them and use them for him. He is not fully versed with sending messages through WhatsApp. He can access it. He can read it. But he cannot distinguish what is a text message, what is WhatsApp message and email message. Whenever Mr Gupta has to use any online service or App, he calls his daughter who lives down the road.

“They’ll do it for me. We will do it together, but I would not do it on my own, I can’t do it on my own.”

- **2nd case:** Mrs Jane Morris is an 82-year-old woman, white British, married, live with her husband in a three-story house. She completed higher education and worked as housing officer, until retirement more than 20 years ago. She is not struggling financially, owning her house, motor vehicle and being able to have holidays abroad. She was introduced to computer at work. Mrs Morris is a confident user of WhatsApp (video calls, text and audio messages); searching engines like Google, Youtube; and she loves Waze. She needed help to set up an email account; to take a selfie; and to connect to Wi-fi and other phone settings. She always asks for her granddaughter who lives around the corner to help her to ensure what is safe and what is a scam; to re-order prescriptions and to complete online shopping, confirming it is reliable and safe to pay.

Mrs Morris has an arrangement with her husband which is recurrent among the other couples interviewed; they have a division of chores:

“He does it [the computer work, like paying bills or most of the online shopping], he does it all. And as a consequence, as much as I’m involved in so many other things, so I’m quite happy for him to do it. You know, this, I’ve had a bit of a wakeup call over the last couple of weeks [during the time her husband has been hospitalised] thinking I need to know how to do this myself... Sometimes I look on that as an easy get out. Really! What I should be doing is, instead of running around the corner saying, Rosie, ‘can you do this?’ I should master it myself. So, I should say to my husband, right, you show me how to do this now I want to do it myself. You know? Yeah. I need to start doing that. I need, I really need, especially, you know, what’s happened without being pessimistic, there comes a stage where he’s not able to do it.”

“Well, if somebody says to me, who’s your energy supplier? I haven’t got a clue... When you have busy lives, you know, you have a division of chores, don’t you, in your life. And you are working, so you have enough to do with your division of chores and you are working. And that’s how we’ve

always been here. See, we've always both worked full-time and so, and that we've ticked over very nicely."

Arun and Clare have their family arrangements, but the two cases highlight how vulnerable they could be if Mr Gupta's daughter moves 'from down the road' and if Clare's husband becomes unable to do the computer work. Although most of the participants with lower digital skills rely on family to help them to use digital services. They should be able to access dignified support as part of the service provision.

Equally satisfying alternatives

Equally satisfying alternatives to digital services should be available. The provision of dignified support as part of the digital service, one that can be used by anyone without feeling ludicrous. Whenever users are not fully confident, challenged by the system or are frustrated using it, they could rely on the alternative, feeling equally satisfied. They could be people-service-based, community support or other alternatives that fit people's needs and are part of the offering. This would make them comfortable with the support.

A good example of the need for support is reported by the Oxfordshire Digital Inclusion Project. The group analysed the digital support provided in local libraries, and from 2019 to 2020, it was found that over 800 hours were spent by digital helper volunteers in Oxfordshire County Libraries. However, *"this volunteer provision was not at all sufficient to meet the level of need"* (Allmann, Blank & Wong, 2021). The group highlighted the need for more support services, equipment, trained staff and volunteers.

Freely available training courses

Although the cases above illustrate how older adults can rely on family members to access or complete online activities. They also mentioned that commonly relatives do it for them, instead of teaching them. Also, there is the common feeling that they have already asked 'how do I do it?' several times. Thus, to avoid embarrassment, it is easier to ask them to do it for them. Some comments of participants:

"They might do it for me, but even if they showed me once or twice, probably I can't grasp everything."

"I was just flubbing really to be honest with you. But you know, he [grandson] thought, 'oh, what are you doing?' So, he did it in two minutes."

Freely available training courses would support people to learn independently of relatives' availability. It would encourage them to learn instead of getting it done for them.

"I would be anxious to know, to learn how to use the Google map to start with or something like that. Or some of the apps, common apps. But there's no one to teach me as such."

The pace to learn, to use and to become familiarised with different online activities might take more time for older adults and the ability to use online services with confidence requires experience, constant learning and support. Altogether can become a burden to relatives, who might take the route of doing for them, instead of teaching them. Hence, freely available training courses could be linked to services offered by local communities and could be linked to social prescribing (at local general practices).

Adaptative technology

Different ways to present technology can prevent older people from being digitally excluded. Older adults as anyone else want to be able to benefit from the services provision and how they are designed can stop or encourage them to use digital interfaces. The number of steps that need to be memorised and the codes or passwords that are necessary to use a service can be a barrier for older adults, especially those with cognitive decline.

According to the research project “Enabling Healthy Ageing by Designing Inclusive Digital Technology”, initial findings already indicate how the correlation between cognitive decline and non-use of computers and social media impact digital exclusion. The study uses the populational representative data from a longitudinal study – SABE. It shows that among those older adults with **cognitive decline only 10% use computers** compared to 30.5% older adult users in general and 14.3% use social media compared to 36.9% in general. Among those who self-declared having bad or very bad memory 75.35% do not use computers and 69.7% do not use social media. According to Lloyds survey (2021, p.14), among those 65+ who are retired, live alone and have an impairment, almost **70% of this group** do not have the basic digital skills to access different services, compared to the 51% of over-65s in general, which indicates the impact of intersectionality on digital skills.

The design of online services should be designed considering how cognitively demanding are the interactions required to fully use it and propose adaptative interfaces with more accessible routes.

In what areas is digital exclusion of older people a particular concern?

Healthcare services and other **public services**. The transition to a 'compulsory-computing society' (Allmann & Blank, 2021) is unlikely to be reverted. There are several examples of healthcare provisions around the globe expanding digital services to complement or replace physical services (WHO, 2021). Thus, it is necessary to ensure that the design of new services does not exclude the most vulnerable or those who most need care, creating new forms of dependency and limiting citizens' autonomy.

The transition to digital can be a threat to older adults if the skills required are above the skills most of them have. Through the research I conduct (IES\R3\213004), it has become evident that the more vulnerable the older adults, the more digitally excluded they are. Women aged over 70 are the most impacted by health conditions leading to disabilities and consequently, the most digitally disadvantaged.

The cases from the project “Ageing in a digitally connected world”, named here Mr Gupta's and Mrs Morris, illustrates how they are excluded from ordering prescriptions and accessing public services if they do not have somebody (in their cases daughter, husband and granddaughter) accessing and using the digital services on their behalf. There should be alternatives in place. Inclusive interfaces, alternatives to digital, support and training must be available for equality and equity purposes.

I am a member of a local Patients Participatory Group and in a recent in-person survey ran during the flu vaccination in September 2023, 35 patients of the General Practice (GP) were asked about their experiences with the new online booking system. Some of the issues stated in the answer below highlight the digital exclusion:

“I cannot use computers.”

“Not happy, I have technology issues.”

“We can use the system OK but my elderly parents have hearing problems and are not on line so it's a problem for them.”

“Receptionist told me the procedure is now to go online and complete a form. I don’t have a computer.”

“I don’t like it as it isn’t suitable for my elderly parents.”

“My son has [used the new online booking system] – he says it’s OK.”

Any digital services available that can affect older people’s health and wellbeing are of concern, whether directly linked to GP, NHS or any public services impacting their quality of life (like benefits, housing, etc).

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