Driving Digital Inclusion Programme

Interim Evaluation Report

Digital Services Consortium

Contents

Summary 1

The Driving Digital Inclusion programme is a two-year initiative bringing together 12 UK charities to tackle digital disadvantage among disabled and seriously ill children, young people, and their families.

Funded by The National Lottery Community Fund (£1.5 million over two years) and BBC Children in Need (£400,000), it is the first coordinated piece of work by the Digital Services Consortium, co-chaired by Kids and Sense.

This is the interim evaluation report covering year one from April 2025 - March 2026.

The programme works across two connected strands. The first addresses practical barriers to access — whether families have adequate devices, connectivity, and the confidence to use them.

The second is about reaching families through digital services that many would otherwise never find. The programme is supported by four infrastructure partners: AbilityNet, Good Things Foundation, CAST, and since late 2025 Deloitte.

What was delivered

Year one changed what the consortium understands about the problem it set out to solve. It was designed to be a year of discovery as much as delivery.

Organisations tested their starting assumptions; some were found to be wrong or incomplete, and as a result, organisations changed course — the evidence shows those changes improved what families actually received.

Across both strands the programme directly reached **9,486 parents, carers and children directly**, including **3,095 children and young people. 245,808 unique visitors** used the programme's digital resources and information hubs, well beyond the programme's reach expectations for that channel.

Nine of the twelve consortium organisations delivered services; three spent the year in structured discovery.

On devices, **356 were distributed to families** — 327 laptops, 22 tablets and 7 phones — against a two-year target of 2,000. Data connectivity barely got started: seven data packages reached six families all year, the part of the picture the programme is most candid about and most determined to fix.

The device and data output figures for year one sit short of the two-year targets in places with good reason: the first eight months were spent building the supply routes, referral pathways and operational knowledge that the final quarter then ran on. Where the programme moved at pace — once the Deloitte partnership was in place — it moved fast. Ninety per cent of all devices reached families in the final quarter.

The supply side now exists — 280 SIMs and 170 phones sit with consortium members ready for year two — but the confidence and processes to get them into homes do not yet.

The programme also reached **434 professionals and 40 schools** — an emerging strand where year one established the activity and year two will test whether professional contact changes practice.

Reach

Year one actual · Two year target

9,486+ Parents, carers and children reached directly through digital services incl. **3,095** children and young people

5,214 Families reached

434 Professionals reached

40 Schools reached

20,856 Total individuals reached including family members supported indirectly

Parents, carers and children reached directly: **9,486** — **Two year target: 20,000**

47%

Devices & Data

Year one actual · Two year target

Devices distributed **356**

Laptops **327**

Tablets **22**

Phones **7**

Devices: **356** — **Two year target: 2,000**

18%

Sim/Data Packages: **7** — **Two year target: 4,000**

0.2% significant gap

AbilityNet check-ins with beneficiaries: **20** — **Two year target: 160**

13%

Digital resources and information

Unique Visitors **245,808**

Page Views **271,310**

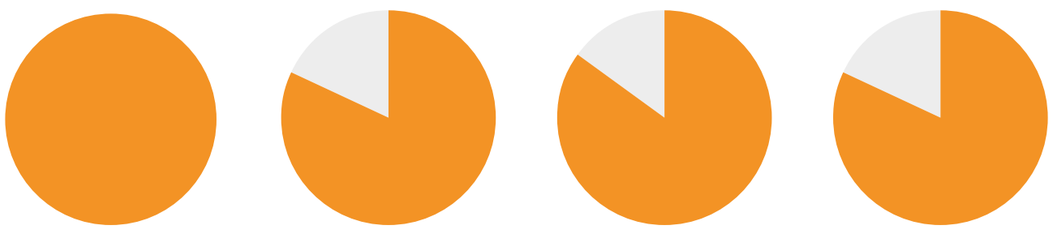
Families reached through digital resources: **245,808** — **Two year target: 75,000**

328%

The two-year targets are included for context. Unique visitors are based on IP addresses and are therefore likely to approximate individual households, though families with more than one device may generate more than one count. Progress against the device and data targets reflects the supply and logistics challenges described in section 3, which the Deloitte partnership and centralised logistics coordinator are designed to address in year two.

What has changed for people who received devices

What we heard from survey respondents:



100% recommend the support

82% feel more confident using digital tools and services

84% feel less reliant on others for digital tasks

82% feel more confident finding health info online

> ***(Life) is already really challenging with an autistic child... not having the right tech just makes life even harder.***

The impact behind the figures is consistent and specific.

A young person in Scotland used his new laptop to apply for — and be accepted onto — a police college course. A ten-year-old boy whose old laptop couldn't run YouTube without lagging taught himself binary gate coding and built his own Minecraft server.

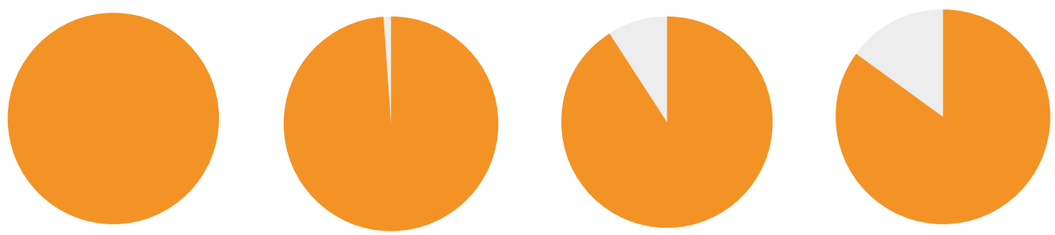
A child who had been locked out of her school's online learning platform can now take part in her own education. For neurodivergent children in particular, a reliable device was not simply useful — it was a source of predictability and calm.

For many parents, a functioning device meant no longer depending on a partner or family member to manage appointments, forms, and correspondence — the administrative weight that accumulates around disability and caring.

What changed for people who accessed digital support services

For families who accessed services digitally rather than receiving a device, the picture was just as strong — and, for a population managing life-threatening illness, complex disability and caring that does not pause, more striking still.

What we heard from survey respondents:



100% recommend the service they access

99% feel better informed about getting support

91% feel better connected to a support network

85% report improved well being

A family described their child's weekly online session with a support worker as the one consistent relationship in a year of falling through gaps between services:

> ***It's been our sanity and our lifeline some weeks.***

A mother learned to recognise that her son's meltdowns and self-harming behaviours were driven by fatigue from his brain injury — a reframing that changed how the whole family planned their days.

A parent discovered through an online peer support group that genetic testing for her child's epilepsy existed — something no clinician had mentioned across years of appointments. She has since begun the testing process. And in condition-specific groups for siblings, children normalised experiences that adults found overwhelming. One child calmly explained his role during his sibling's seizures: "this is my job. I time it and I get water." His mother reflected: "as an adult, you can make it too big. Whereas it's quite simple."

These are not outcomes that show up easily in a survey. They are the kind of changes that happen when the right people come together.

Nine findings carry the most weight; they are set out in full on the following pages.

Key programme findings

1. Digital exclusion is a spectrum, not a binary.

The gap between what families report and what they actually experience was one of the most consistent findings across the consortium. Families are rarely completely offline. They are managing with significant limitations — a single smartphone for a household, a laptop too old to run basic software — often without recognising it as a digital inclusion problem. Very few families identified themselves as digitally excluded at intake.

2. The most reliable route to the most excluded families is not digital.

Trusted face-to-face relationships — specialist nurses, keyworkers, play leaders who knew families well — were the most effective way to surface needs that no form or screening tool would catch. But those same relationships could also be the blockage: practitioners who didn't feel equipped or permitted to recommend technology, or who simply didn't know the services existed.

3. The referral gap is systemic.

Families reached the programme's services largely by chance — a conversation with another parent, a poster in a waiting room. Statutory referral routes, including the local authority Local Offer, were not functioning as pathways to support. The question running beneath the outcome data is how many families are still out there, under the same clinics, who have never been told these services exist.

4. Online delivery is not a fallback — it is the better format for some children.

For children with complex sensory needs, unpredictable health, or behaviours that make group settings difficult, the home environment is the condition under which meaningful participation becomes possible. The programme's rationale for digital services should not rest solely on reach and efficiency — for some families, the virtual format produces outcomes that face-to-face cannot.

5. What families want from digital support does not match what programmes initially offered.

Adult digital skills sessions had low uptake. Children's creative workshops filled immediately.

Families participated in ways programmes didn't expect — cameras off, dipping in around bedtimes, returning to recordings rather than attending live. Services that fitted around lives rather than demanding families reorganise were the ones that landed.

6. Peer connection surfaces things that professional contact misses.

Families gained clinical knowledge, practical strategies, and pathways to support through other parents that years of professional contact had not provided.

Children normalised experiences that adults found frightening. The condition-specific design of some peer groups was what made this possible — the shared experience was precise enough for practical advice to land.

7. Devices changed children's lives. Adults' digital exclusion often remained.

The children's outcomes were striking. But parents who received the same devices were frequently unable to configure parental controls, set up accounts, or use the hardware beyond the single task they had requested it for. The families most likely to need follow-up support were the least likely to ask for it. Passive support — a leaflet, a phone number — did not match how these families ask for help, which is often not at all unless someone they trust initiates the conversation. The gap was not in the families but in what was provided alongside the device.

8. Group delivery can produce comparable outcomes to one-to-one support while reaching more families.

Where direct comparison was possible — between Contact's group workshops and their individual telephone support — the results were remarkably similar on isolation, stress, and feeling informed.

One-to-one support offers something group settings cannot, particularly for families managing complex or crisis-level need. But for the broader population the programme is trying to reach, the finding that well-designed group delivery achieves comparable outcomes points to a credible route for extending the programme's reach without diluting quality.

The evidence base is one organisation's data — testing this more deliberately in year two, across more delivery models and organisations, would strengthen the picture considerably.

9. Trust-based flexibility of funders made the pivots possible

Multiple organisations redesigned their approach mid-year after discovering their initial assumptions were wrong. One changed its entire proposal. Several abandoned structured, formal delivery in favour of lighter-touch models that fitted families' actual lives.

Thanks to the collaborative and adaptive approach taken by our funders, these changes were not counted as failures against plan but as positive evolution towards. Here, they were recognised as best practice —and the evidence shows they directly improved what families received. The permission to slow down, consult further, and change course without penalty was described consistently across the consortium as the single most enabling feature of the programme's design.

How to read this report

This report covers the first year of a two-year programme. It is organised around the programme's two strands: direct digital inclusion (devices, data and skills) in Sections 4–6, and digitally delivered services in Sections 7–9. Sections 10–12 draw the programme-level learning together and look ahead to year two.

The appendix sets out the evaluation methodology, including the limitations of the evidence base.

The programme brings together 12 organisations working with different populations, delivering different things. The evaluation was designed to work with that diversity rather than flatten it — organisations adapted shared outcome questions to their own contexts, which means the evidence is richer in some areas than others.

Where the report describes programme-wide trends, it is describing a consistent direction across different questions asked in different settings, not a single finding replicated at scale. Sample sizes are small in places, and percentages should be read accordingly.

Throughout the report, qualitative evidence from family interviews sits alongside survey data.

The stories are not illustrations of the numbers — they often surface things the numbers cannot capture. Both should be read as evidence.

The Driving Digital Inclusion programme is a two-year programme that brings together 12 UK charities to tackle digital disadvantage and empower over 20,000 disabled children, young people, and families across the UK to access the support and services they need.

Ambitious about Autism · Dingley's Promise (Transforming the Early Years for children with SEND) · contact (For families with disabled children) · WellChild (the national charity for sick children)

Rainbow Trust (Supporting families with a seriously ill child) · Family Fund (Helping disabled children) · sense · The Children's Trust (For children with brain injury)

Kids · National Deaf Children's Society · Whizz Kidz (We're here for young wheelchair users) · Roald Dahl's Marvellous Children's Charity

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In 2020 the Digital Services Consortium (DSC), an alliance of twelve charities working with disabled or seriously ill children and families in the UK, was set up to share learning, capture good practice and make sure that the sector was equipped to rise to the challenges that a long term shift to digital and hybrid services would pose for the communities we serve.

Following the Covid pandemic, in 2021, Kids commissioned a research report:

Locked Out: Digital Disadvantage of Disabled Children, Young People and Families during the Covid-19 Pandemic.

Commissioned as part of the Pears Learning Hub (a collaboration between Pears Foundation and the Disabled Children's Partnership to research the impact of the Covid pandemic on disabled children, young people, and families), the findings pointed to significant and compounding exclusion.

Overwhelming feedback received by organisations across the sector highlighted the challenges service users were facing in participating digitally and mounting evidence showed a significant section of the community being disadvantaged or even totally excluded by adapted and online only services.

In response to the needs identified by our service users and to tackle the digital divide experienced by disabled or seriously ill children and their families, the Digital Services Consortium partnered with AbilityNet, Good Things Foundation, CAST, Vodafone and Virgin Media O2 to establish the Driving Digital Inclusion Programme.

The programme's work falls into two broad strands. The first addresses practical barriers to digital access — whether families have adequate devices, connectivity, and the confidence to use them. The second is about delivering services through digital channels to families who might otherwise not access specialist support.

The two strands are related but distinct, and the evidence from year one shows that they surface different challenges and different kinds of learning.

This report is organised around that distinction.

Alongside the direct programme work, a community of practice brings consortium members together to share learning, compare approaches, and reflect on what is and isn't working.

This structured peer learning has been a significant feature of the programme model — several of the insights and course-corrections described in this report originated in those conversations.

As well as being a significant roll-out of new delivery, year one of the programme was designed to involve significant discovery and adaptation.

The support of our funders for this approach to flexibility and learning gave us the invaluable opportunity to test assumptions, consult with families, and develop services that reflect how people actually live.

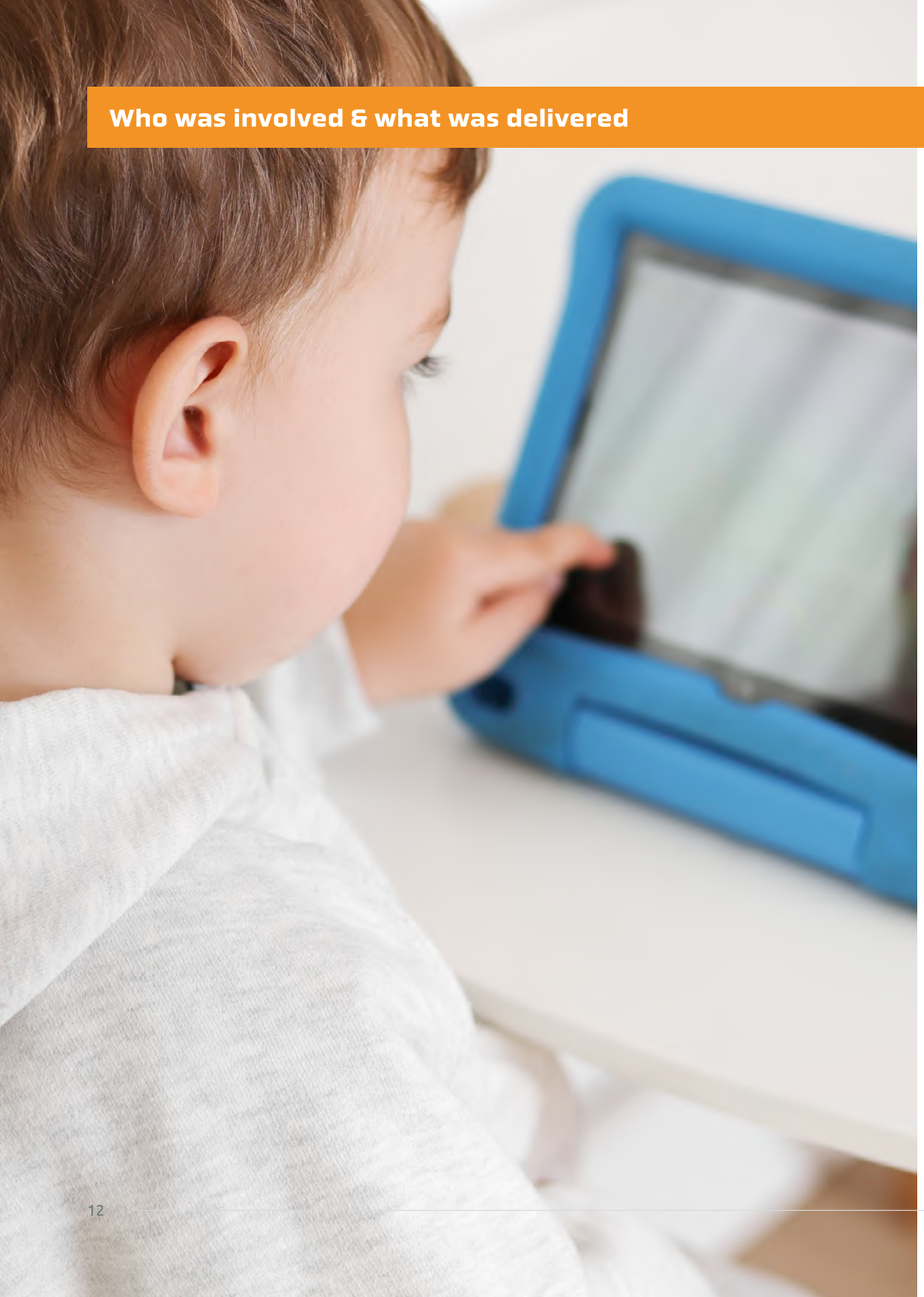
This report covers year one. It draws on quantitative output and outcome data, qualitative feedback, beneficiary interviews, case studies, and consortium members' reflections on their own practice.

The evaluation methodology is set out in the appendix.

Thanks to National Lottery players, the DSC has received over £1.5 million over two years from The National Lottery Community Fund, the largest community funder in the UK.

The DSC has also received a grant of £400,000 from BBC Children in Need for two years to provide digital support for disabled or seriously ill children and young people and their family members across the UK. Virgin Media O2 and Vodafone have generously donated devices and data through the Good Things Foundation National Databank and Device Bank.

Deloitte's support started in November 2025 when they came on board as a significant corporate partner, providing device supply (up to 10,000 devices over two years), logistics capacity, accessibility assessment funding, and funding for a dedicated distribution coordinator role in year two.



At a glance

12

consortium organisations across disability, sensory impairment, autism, acquired brain injury, life-threatening illness, and pan-disability family support

3

of these consortium organisations used year one for discovery and development and conducted structured research with their comminuties

- National Deaf Children's Society (NDCS)
- Whizz Kidz
- Dingley's Promise

9

of these consortium organisations delivered services in year one:

- Kids
- Sense
- Contact
- Family Fund
- WellChild
- Rainbow Trust Children's Charity
- Roald Dahl's Marvellous Children's Charity (RDMCC)
- The Children's Trust
- Ambitious about Autism

4

infrastructure partners:

- AbilityNet
- Good Things Foundation
- CAST
- Deloitte (from November)

The consortium brings together organisations working across a wide range of disabilities and additional needs. Together they work with children and young people from birth to age 25, their families and professionals.

The programme is supported by four infrastructure partners.

- AbilityNet provides specialist accessibility and IT support.
- Good Things Foundation was brought onboard to enable access to devices and data through the National Databank and National Device Bank and provide their expertise in digital inclusion.
- CAST is the evaluation and learning partner, responsible for the community of practice and conducting the programme evaluation.
- Deloitte joined in November of year one as a significant corporate partner, providing device supply, logistics capacity, and funding for a dedicated distribution coordinator role in year two.

Geographically, the programme has UK-wide reach, though distribution is uneven. Some organisations operate nationally, while others are more regionally concentrated.

The programme's reach extended beyond families. Several organisations worked directly with professionals and schools — delivering training on acquired brain injury for teachers, building practitioner confidence in recommending assistive technology, and equipping frontline staff to identify digital exclusion in families they already support.

This is an emerging strand of the programme's work where year one established activity; year two will collect more structured evidence on whether professional contact translates into changed practice and better outcomes for families.

Reach

Year one actual | Two year target

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5,214 Families reached

434 Professionals reached

40 Schools reached

20,856 Total individuals reached including family members supported indirectly

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Devices & Data

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The two-year targets are included for context. Unique visitors are based on IP addresses and are therefore likely to approximate individual households, though families with more than one device may generate more than one count. Progress against the device and data targets reflects the supply and logistics challenges described in section 3, which the Deloitte partnership and centralised logistics coordinator are designed to address in year two.

Strand one:

Direct digital inclusion — devices, data and skills

At a glance

Devices distributed
356

Families to receive a device
329

Laptops
327

Tablets
22

Phones
7

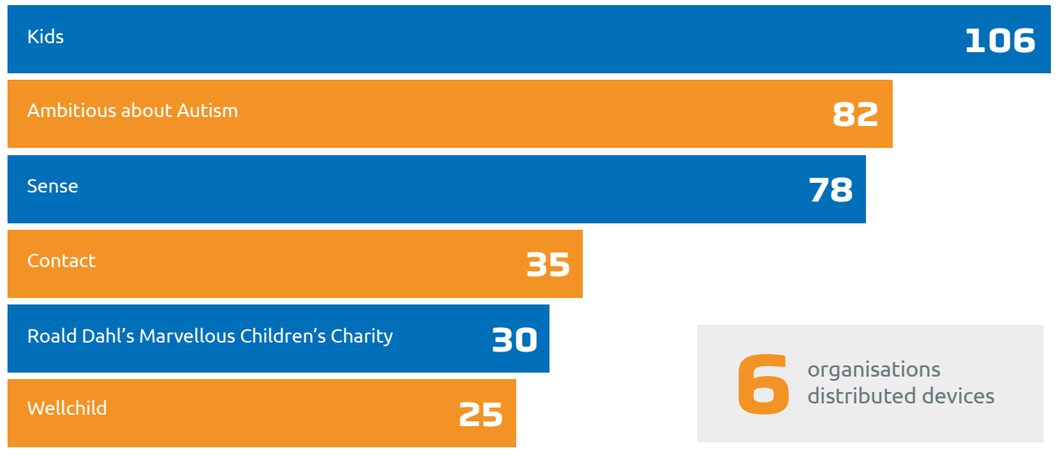
7 Data packages > **6** Families

280
SIMs (7% of two-year target)

170
Smartphones

all delivered to consortium partners, ready for year two

90%
of devices were supplied by Deloitte in the final quarter of year one



6 organisations distributed devices

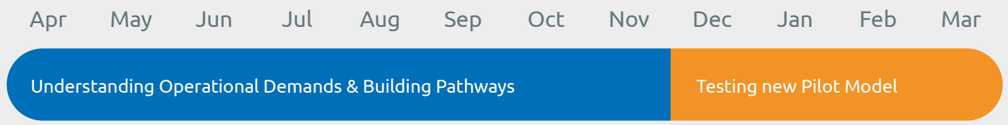
Device and data distribution was the part of the programme where there was substantial learning, with direct implications for how the programme operates going forward.

It is also valuable learning for the wider sector, where bridging this critical step — getting devices into the hands of families who need them — remains one of the hardest problems to solve.

A tale of two phases

Phase 1 - Research & Discovery

Phase 2 - Piloting & Testing



7 devices reached families (5 tablets, 2 phones) via National Device Bank route. Infrastructure not responsive to specific needs.

320+ devices reached families in final four months.

Distribution began at scale in the final quarter. The first eight months were not a period of waiting — they were the period in which the consortium built two things it did not have at the outset: an understanding of the operational demands of distribution, and the internal and external pathways needed to identify and reach the families who would benefit.

The programme's original supply route was through Good Things Foundation's National Device Bank. Over the full year, this route delivered 7 devices: 5 tablets and 2 phones to families though more devices were delivered to organisations for future distribution.

Good Things Foundation's infrastructure was built for a different operating model — providing devices in batches of variable size and unpredictable timing, which did not match the pace or specificity of what consortium organisations found families needed.

Families required particular devices for particular purposes — a tablet configured for communication apps; a laptop capable of running educational software — and the batch model could not offer that responsiveness.

But the limited supply route was only one reason why very few devices reached families in the first eight months. Even with a ready stock of hardware, most organisations were not yet in a position to distribute at volume.

Identifying which families needed devices turned out to be a substantial piece of work in its own right. It could not be done from a desk or a database.

It required project teams to work through other parts of their own organisations — keyworkers, referral coordinators, service managers, clinical staff — many of whom were not thinking about digital exclusion as part of their role.

The conversations had to happen internally before the devices could move: who in your caseload is managing on a broken laptop? Which families are falling off your service because they can't join a video call?

Existing systems were not set up to surface that kind of need.

A tale of two phases (Cont.)

Externally, the routes to reaching excluded families also took time to develop.

The most reliable pathway was through trusted face-to-face relationships — play leaders, specialist nurses, keyworkers who knew a family's circumstances well enough to identify a need that the family might not disclose through a form or a screening tool.

Building those referral routes, and building the confidence within project teams to have direct conversations about device poverty, was slow and necessary work.

One consortium member captured the central difficulty plainly:

> ***"I still struggle with the fact that I don't know who I'm not reaching."***

They knew they were not reaching some families, but had no way of knowing which ones.

In November, a partnership with Deloitte was established. This provided the programme access to a large existing stock of devices, and the logistics capacity to move them at volume.

Over 320 devices reached families in the final four months of the year, with the first distribution going out in late December.

The contrast with the first eight months was stark — not because of any failure of effort earlier, but because the infrastructure, the supply route, and the groundwork on who to reach and how had all come together at the same time.

Deloitte solved the supply side, but it worked as well as it did because organisations had spent those earlier months building the pathways and the knowledge that made distribution possible at pace.

The operational reality

Even once devices were available and families had been identified, getting hardware from warehouse to household proved harder than anticipated.

Many of the difficulties were early-stage friction — the kind of thing that surfaces the first time you do something at any scale.

They are worth reporting because they affected families' real experiences, but they should be read as teething problems that organisations identified and corrected, not as permanent features of the programme.

Postage was a recurring example. Multiple families reported confusion about Royal Mail slips demanding payment for additional postage.

How shared distribution emerged

The operational demands of device distribution led to practical collaboration within the consortium.

Kids distributed devices on behalf of Ambitious about Autism, drawing on infrastructure and capacity they had already developed through their own distribution work.

This was not planned from the outset — it emerged because one organisation had built the capacity and another needed it.

The arrangement effectively trialled a shared distribution model, and the learning from it directly informed a successful bid for dedicated device distribution funding from Deloitte for year two.

It is a concrete example of the consortium generating something collectively that no single organisation could have produced alone.

For families already under financial strain, being asked to pay postage for a free device was baffling and, in some cases, made them suspicious that the delivery was a scam. The families involved were all offered reimbursement.

Several organisations found gaps in their tracking and communication — families receiving devices unexpectedly, or not knowing when to expect a delivery. These problems were addressed as they surfaced: delivery confirmation steps, rescheduling support, clearer communication at every stage.

The deeper lesson was about the sheer volume of work that device distribution involves when done properly. Procurement, configuration, storage, shipping, troubleshooting, and follow-up support each added layers of capacity that had not been planned for.

At the end-of-year reflection session, all 12 member charities agreed on one key lesson: device distribution needs its own dedicated role — it can't just be added to someone's existing job.

That's why the programme partnered with Deloitte to bring in dedicated logistics support.

Post-distribution support

From the family side, the picture was one of genuine gratitude alongside real friction. For a minority of families, setup proved genuinely difficult.

Among those who experienced difficulties, the most common issues were as follows. Windows 11 parental controls were described as difficult and time-consuming, requiring multiple apps and linked accounts.

Android devices presented different challenges — default features interfering with specialist communication software, account setup stalling without a pre-configured Google account.

Parents who lacked the practical knowledge to work through these issues were left in a difficult position: the device was in the house but they could not make it do what they needed it to do.

The support available at the point of distribution included a Family Fund phone number for setup help and an AbilityNet phone number for additional accessibility needs.

In the first quarter, the Family Fund line was used ten times. For many parents, passive support — a leaflet, a phone number — did not match how they were able to ask for help.

The consistent preference was for visual, step-by-step video guidance rather than written instructions. Several parents described feeling too exhausted or intimidated to initiate a call.

Where support was proactive, it worked differently. AbilityNet supported 20 device recipients after following up directly which meant phoning and emailing them rather than waiting to be contacted.

This approach cut through the barrier that passive support cannot: the pattern, visible across the programme, of parents being so grateful to have received a device that they did not want to push for more help when something wasn't working.

> **Proactive outreach meant families who would never have phoned a helpline still received support.**

The challenge is that proactive follow-up at this scale — 20 people — is manageable. Scaling it across the full distribution in year two is a different proposition.

This points to a practical question for the programme: whether it is possible to identify at intake which families are likely to need follow-up support, so that proactive outreach can be targeted where it will make the most difference rather than relying on either universal follow-up (which may not scale) or self-referral (which the evidence suggests does not work for this population).

The Data Gap

Data connectivity is the part of the device picture that barely got started.

Seven data packages were made available to six families across the entire programme in year one.

7%
of two-year target achieved

The numbers are too small to analyse meaningfully — but the reasons behind them matter.

Across the consortium, there was little shared understanding of the practicalities — how a SIM card works in a laptop; the differences between data vouchers and pay-as-you-go options; what kind of connectivity different families actually need.

Our assumption, which needs testing in year two, is that asking about internet affordability is a conversation about household finances that many frontline workers are not trained or comfortable to initiate, particularly with families they are still building trust with. And if organisations do not have a clear fulfilment route — if they are uncertain what they would actually do with the answer — they are unlikely to ask the question.

The intake data for families qualifying for devices shows almost no one reporting a lack of internet access at home.

But that probably says more about the consortium's readiness to ask the question than about whether families actually need data support.

At the end of year one the supply side is better positioned than it was twelve months ago. The distribution partner has placed 280 SIMs and 170 phones with consortium members — 7% of the total two-year target.

170 Smartphones distributed

280 SIMs distributed

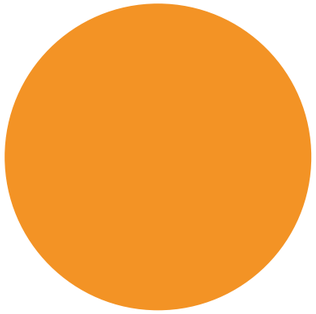
The work now is building the confidence and processes within organisations to have the conversation, identify the need, and get what is currently sitting in cupboards into the hands of the families who need it.

There is a broader question here that year two will need to answer: whether the consortium is the best placed route for getting data to families, or whether the current blockers point towards a different operating model entirely.

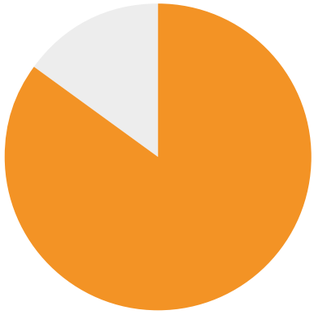
Digital exclusion is a spectrum rather than a binary.

At a glance

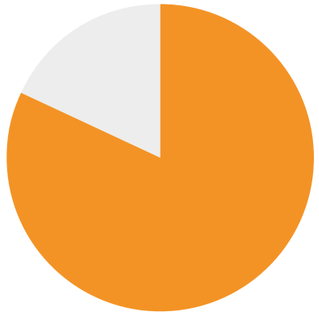
What we heard from survey respondents:



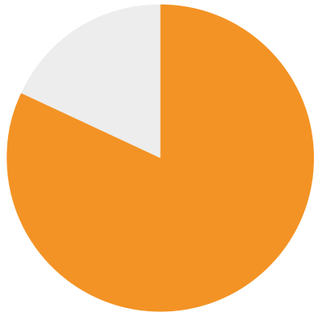
100%
would recommend the support



84%
feel less reliant on others for digital services



82%
feel more confident finding and using online health information



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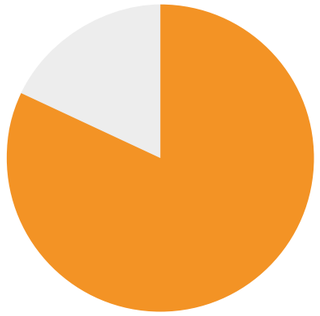


78%
feel more able to contact family, friends and support groups

Where families started

The interview evidence and intake data paint a consistent picture. Families who received devices were not, for the most part, completely offline. They were managing — but struggling with resources that were inadequate for their circumstances. Parents described coordinating complex medical appointments, completing Disability Living Allowance applications, and supporting their children's education through a single smartphone.

Others were relying on laptops that were a decade or more old, where basic functions failed routinely. In households with multiple children, a single working device created daily friction — siblings competing for access; parents unable to do their own tasks while a child was using it. The financial dimension was straightforward: families could not afford to replace what they had, the cost of living meant that a new laptop was simply not a realistic purchase.

The impact percentages above tell what changed as a result of receiving a device. What follows describes how.

Educational milestones

For some families, a functioning device unlocked something that had previously been blocked.

A young person supported by WellChild in Scotland used his new laptop to apply for a police college course and was accepted on the spot. He now uses it to apply for Student Awards Agency Scotland funding.

A mother supported by Kids, whose daughter had been unable to access Google Classroom, described the laptop as a "big relief" — her child could now participate in her own education.

These are not stories about incremental improvement. They are stories about a barrier being removed and something becoming possible that wasn't before.

Learning new skills

Alongside specific milestones, devices opened up learning that was self-directed and sometimes unexpected. A ten-year-old boy had been using a laptop so old that YouTube would lag and the camera had stopped working.

When he received a new laptop through Ambitious about Autism, he taught himself coding — specifically, Redstone logic and binary gate coding — and built a dedicated Minecraft server.

His mother described him as "really proud of himself."

This is not a story about a child watching videos on a better screen. It is a story about a child whose cognitive abilities outstripped the hardware available to him.

A non-verbal child whose family was supported by Contact began learning to type his own name on a tablet provided through the programme.

A parent attending a Family Fund iPad workshop used her tablet for formal study: "I use translations and captions during the sessions... I am studying English."

Another parent supported by Contact was doing her driving theory test on a phone — "it was very complicated" — and moved it to the iPad she had received through the programme, which made it manageable.

The pattern across these examples is the same: children and adults whose capabilities had been constrained by inadequate hardware, not by lack of ability.

Families are gaining specific, applicable knowledge and using it to make meaningful changes, with positive impacts on family life.

Administrative agency

> *I did ask for help off someone, but they said they're not allowed to, so I used ChatGPT to help me... that sort of put it into nicer words.*

One of the strongest practical shifts was in families' abilities to manage their own admin — the forms, applications, appointments, and correspondence that accumulate around disability and caring.

A father supported by Kids described the laptop as removing the need to ask others for help with hospital paperwork: "appointments, because what I do, my hospitals and apps and all that stuff, I can log in on the laptop. It's easier, it's faster."

A family supported by Wellchild in Scotland, where the parent struggles with written English, used ChatGPT to draft Independent Living Fund (ILF) funding applications.

A parent independently finding an AI tool to bridge a literacy barrier, on a device provided through a disability charity, was not something the programme had planned for.

Others described a simpler but equally significant shift: no longer needing to depend on a partner, a friend, or a family member to get things done.

A mother supported by Kids in London put it plainly: "If his mood is good, he helps, if it is not, then it is very difficult. We can't get any help. So that was the problem going on. Now it's not."

Independence from an unreliable or unavailable support network is not a small thing — for these families, it was often the difference between getting something done and not.

Predictability as regulation

For neurodivergent children, devices served a specific and recurring function that goes beyond access or skills. They provided a controlled, predictable environment after the sensory demands of the school day.

A parent supported by Ambitious about Autism described her son's relationship with his laptop:

> *He really really decompresses in like the whole online world... nice little neat world where everything stays where it's put and he's in control and he finds that very soothing.*

A family supported by WellChild in Scotland described their daughter, whose anxiety had been severe, as "happy as anything... quite chilled because she's got a distraction now."

What mattered here was not just having a device, but having one that worked reliably. For families whose children depend on routine, unpredictable hardware was a source of stress in its own right.

A parent supported by Ambitious about Autism described their old laptop as "very hit and miss... it just added to making life, which is already really challenging with an autistic child... just not having the right tech there just to make life even harder."

A functioning, reliable device removed that layer of uncertainty — "just having that predictability of knowing that there's a Teams call I have to join... we know that it's just going to work every time."

For families navigating life with neurodivergent children, this is not a quality-of-life improvement — it is a structural requirement. Unreliable technology does not just inconvenience; it destabilises.

Reduction in caregiver stress

A father supported by Kids in North London, the only male carer in the interview sample, described the daily reality of a household with two autistic children and one laptop.

He rotates strictly timed hour-long slots between them to prevent fights.

The children, when frustrated, throw devices — he has replaced multiple iPads that have been "dashed on the floor."

His story illustrates a pattern that appeared across several interviews and surveys. In households where devices were shared and insufficient, technology was a source of conflict rather than support.

A second device didn't just give someone access — it reduced the pressure on the whole household.

One parent described the result simply as

> *...a much happier family situation.*

Device scarcity was a source of household conflict as much as a practical limitation. Addressing it changed the dynamic for the whole family, not just the individual who needed access.

The parent-child split

Across all of these themes, one pattern recurs. The children's lives changed markedly. The adults' underlying digital exclusion often remained untouched.

The evidence for children is threaded through everything above — a boy who taught himself coding, a young person accepted onto a college course, a child who began learning to type his name, a daughter who can finally access her own schoolwork.

The Kids charity collected formal follow-up data for six children: all six scored positively on digital confidence, communication skills, and education.

The sample is too small to draw statistical conclusions, but it is consistent with the qualitative evidence and suggests a pattern worth measuring properly in year two.

The adult picture is different. Parents who could not set up parental controls, who were stalled by account configuration, who did not know what their new laptop could do beyond the single task they had requested it for — these are not people who lack capability.

They are people who were handed a piece of technology without the practical knowledge or step-by-step support they needed.

The very gratitude that makes families positive survey respondents is the same quality that stops them reporting when something goes wrong.

Post-distribution support needs to be more consistently embedded, more proactively offered to those in need, and designed around how these families actually ask for help — which is often not at all, unless someone they trust initiates the conversation.

The gap is not with the families — it is in what was provided alongside the device, and how proactively it was offered.

Exclusion is a spectrum

Families are rarely completely offline. They are managing with what they have but with significant limitations.

Families don’t self-identify as digitally excluded

Organisations that asked about digital need at intake heard that families were managing. The evidence that followed told a different story. This has direct implications for how need is identified, and it is one of the most practically important findings of year one.

What families actually wanted didn’t match expectations

Adult digital skills sessions had low uptake while children’s creative workshops filled immediately. Families engaged in ways programmes didn’t anticipate at first.

What digital exclusion actually looks like

The most widespread assumption that proved incomplete was about what digital exclusion actually looks like.

Several members began the year expecting to encounter families who were completely offline — no devices, no internet, no digital skills. What they found was more nuanced and, in some ways, harder to address.

Instead of families with zero access, they found a spectrum of partial, inadequate, or deteriorating access — families managing with what they had, but not managing well.

They found that very few families flagged digital inclusion needs at intake at all, but then discovered that the gap was about affordability and specific device suitability rather than absolute absence.

Organisations noted that exclusion was more complex than anticipated.

Families might have a phone but not a device suitable for their child’s schoolwork.

They might use Facebook confidently but be unable to join a video call or complete an online form.

The non-delivering organisations extended this insight further. NDCS, who researched how families use their digital channels, identified that digital exclusion is not static — families’ confidence, capacity, and motivation to engage digitally change over time as children age or circumstances shift.

Dingley’s Promise, who researched how practitioners can use digital tools meaningfully with children with Special Educational Needs and Disabilities (SEND), found that for families caring for children with SEND, exclusion is often hidden — not just a lack of devices but a lack of accessible content and the confidence to use it safely.

Both observations move the understanding from “it’s more complex than we thought” to a more specific account of why.

What changed was not just practice but understanding.

By the end of year one, the consortium had a shared vocabulary for digital exclusion that did not exist twelve months earlier — the spectrum rather than the binary, the gap between what families report and what they actually experience, the hidden nature of need among people who do not recognise themselves as excluded.

That shared understanding is what made the pivots possible, and it is the foundation on which year two’s more deliberate, better-designed approaches are built.

Families don’t self-identify as digitally excluded

This connects to a second finding.

The gap between what families report about their digital needs and what they actually experience was consistent across the consortium.

Families who described themselves as managing with technology were subsequently unable to join a video call, complete an online form, or configure basic device settings.

One parent might use Facebook confidently but not know how to open a shared document; another might manage email on a phone but be unable to set up a new laptop.

This pattern — and its implications for how organisations identify need — is taken up in the programme-wide learning section.

Skills support woven into the activities families are already doing may reach families that a standalone training offer never will.

What families actually wanted didn’t match expectations

A third cluster of assumptions related to what families would want and how they would engage. Family Fund found that children’s creative workshops filled easily, but adult digital skills sessions were much harder to recruit for.

WellChild discovered that traditional structured digital skills training had almost no uptake among families who were already stretched thin by caring responsibilities.

Family Fund and Sense both delivered dedicated digital skills training and collected outcome data, but the samples are too small and the questions too different to draw meaningful conclusions from — and no family in the interview sample described their experience of digital skills training in any detail.

If traditional digital skills training has limited traction with this population — and the recruitment difficulties and low uptake suggest it does — the question for year two is not whether to offer it but how to embed it differently.

Skills support woven into the activities families are already doing (setting up their child’s device, joining an online group, navigating a benefits form) may reach families that a standalone training offer never will.

Several organisations are already moving in this direction, and year two should test this more deliberately.

Reaching excluded families

If there was one theme that carried the most weight across the consortium's reflections, it was the fundamental difficulty of reaching the families who are most digitally excluded.

The central paradox is straightforward: you cannot email someone who does not have email, and you cannot use a digital feedback form to hear from someone who cannot complete one.

What emerged as the most reliable route to excluded families was not digital at all. It was trusted face-to-face relationships — play leaders, specialist nurses, keyworkers who knew a family's circumstances well enough to identify a need that the family might not disclose through a form.

Building those referral routes, and building the confidence within project teams to have direct conversations about device poverty, is slow and necessary work.

The last mile to the most excluded families is not digital.

The gap between how families described their own situation and how they were actually managing was one of the most consistent and practically important findings of the year.

Some had enough digital access to get by in their own estimation, but not what their circumstances actually demanded — a parent managing hospital appointments and Disability Living Allowance forms on a phone screen; a family whose child couldn't access Google Classroom because the only laptop in the house was too old to run it; a parent who used Facebook daily but had never joined a video call.

Others did not come forward because of stigma. Cultural barriers added further complexity — organisations working with specific communities described layers of disadvantage that sit well beneath the surface of digital exclusion.

NDCS's discovery work contributed a structural approach to this challenge.

Their research identified community connectors — parents of deaf children employed locally — as a more reliable route to excluded families than any digital channel.

Their finding that non-English-speaking families could not access NDCS information in their own language adds a further dimension to the reach problem that no amount of digital investment alone will resolve.

A planned local groups map, designed to help families find in-person support nearest to them, reflects the same insight: that the last mile to the most excluded families is not digital.

The pivots this enabled

Multiple consortium members redesigned their approach mid-year.

One changed its entire proposal after stakeholder consultation.

Several shifted from structured, formal delivery toward lighter-touch, more flexible models after finding that what they had planned did not fit families' lives — WellChild changed its strategy entirely, The Children's Trust changed its intake process, and RDMCC redesigned how it communicated its schedule to families.

Infrastructure partners adapted in parallel: AbilityNet revised the language it used in training after finding that certain terms were putting practitioners off engaging with assistive technology.

The funding approach that made this possible

What made these pivots possible was the support of our funding partners.

Across the community of practice sessions, participants contrasted this programme favourably against more proscripted projects where the pressure to hit defined milestones and time-pressure leaves little space for learning or course-correction.

The permission to slow down, consult further, and adjust before committing to a delivery model was described as genuinely enabling — and as something that directly improved the quality of what was eventually delivered.

This is worth highlighting because it has implications beyond this programme.

The collaborative and adaptive support of our funding partners has ensured a more effective programme. Organisations that discovered their initial assumptions were wrong had the space to change course.

The result was better-designed services, more appropriate distribution approaches, and stronger relationships with the families the programme exists to serve.

What the pivots looked like in practice

The pivots organisations made were not uniform, but they followed a consistent direction: away from structured, formal interventions and towards flexible, light-touch approaches that fit into families' actual lives.

WellChild explicitly abandoned traditional one-to-one digital skills training after finding almost no uptake among parents who were already stretched thin. They shifted instead to light-touch support at existing events — meeting families where they already were rather than asking them to come somewhere new.

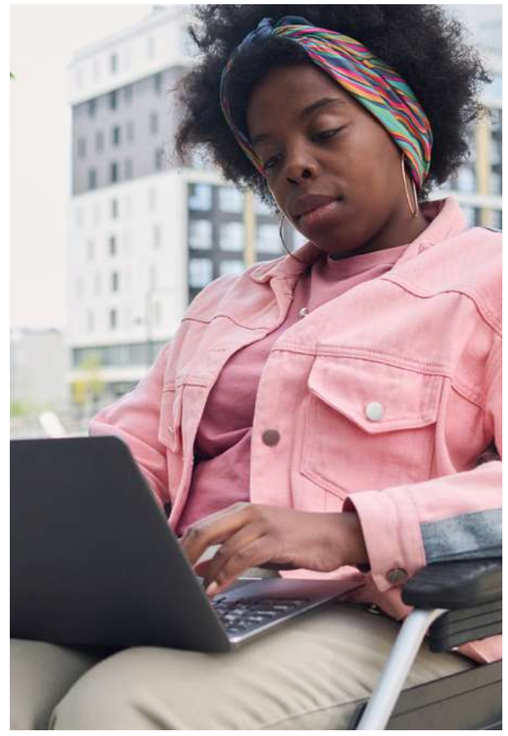
The Children's Trust stopped requesting online referral forms from parents after recognising they were creating a barrier at the point of entry, and moved to gathering information by phone or at the initial video call; disengagement at the enquiry stage fell as a result.

Family Fund introduced courtesy calls the day before workshops to provide reassurance and jargon-busting.

RDMCC shifted to a newsletter-style schedule with same-day reminders.

Recorded content is not a lesser version of live delivery.

For families whose days are fragmented and unpredictable, it may be the version that actually gets more widely used.



The pivots this enabled (Cont.)

Several organisations moved toward recorded or asynchronous content after finding that live sessions — however well-timed — did not fit into families' fragmented, time-poor lives.

Family Fund's coding workshops illustrated what this looked like at its best.

A family with two children with Autistic Spectrum Disorder and ADHD, one with a Pathological Demand Avoidance profile, found that the live workshop was too overwhelming for their son — other children's voices; the unpredictability of the group dynamic; the exposure of having his camera on.

But the parents stayed on the call, and the next day they worked through the recording together as a family, at the child's pace and on his terms.

"We wouldn't have even known anything about it unless Family Fund had been running this," the mother said.

Several other families described the post-workshop video as more valuable than the live session itself — one parent of a non-verbal child said she returned to the social stories video repeatedly whenever she needed to create a new resource, treating it as a reference tool rather than a one-off experience.

> ***We wouldn't have even known anything about it (coding) unless Family Fund had been running this.***

The non-delivering organisations spent year one conducting structure research with their communities and contributed a complementary perspective from the design side.

Whizz Kidz adopted an iterative approach to the development of their information hub for young wheelchair users — launching with text-based content rather than multimedia, on the basis that engagement data would reveal what to invest in next.

NDCS shifted from thinking about individual features in their app such as journaling and events listings, to thinking about the whole user journey and timing of how people engage with their digital channels, recognising that digital needs change significantly from diagnosis of a child's deafness or hearing loss through to later childhood.

Both bring a design discipline to the delivering organisations' practical adaptations that will be directly relevant as year two builds on year one's learning.

Strand two:

Delivering services digitally

At a glance

9,486
Parents, carers & children were reached directly

245,808
Unique visitors to digital resources & information hub

434 Professionals reached

40 Schools reached

9 organisations delivered services

7 Organisations delivered resources, assets and other self serve content

The second strand of the programme is the delivery of services to families through digital channels. This is not about helping families get online; it is about what becomes possible once they are.

Nine of the 12 consortium members delivered services in year one. What they delivered varied widely — in format, intensity, and purpose — reflecting the diversity of the consortium itself, which ranges from large national charities to smaller specialist organisations.

That diversity is a feature of the programme's design: the families it serves have different conditions, different needs, and different relationships with services, and what works for one population will not necessarily work for another. The blend of delivery modes varied by organisation and by service.

Some activities were fully online — peer support groups on Zoom; virtual coaching sessions; webinars.

Others were in-person with digital components — Family Fund ran creative workshops for children and young people at weekends and in school holidays, alongside adult workshops covering tools like Canva and topics such as income maximisation.

Their programme sat closer to digital skills and creative capability than to the condition-specific support delivered by other organisations.

Others again were hybrid, with families able to attend either face-to-face or online.

The overall direction across the consortium was towards flexibility: meeting families through whichever mode suited their circumstances rather than focusing on one format.

Several organisations ran rolling programmes so families could stay connected for as long as was useful, while digital resources operated on a different model entirely: available on-demand, accessible at any time, and reaching far more people than any live session could.

The delivery fell broadly into six categories including digital assets like websites and on demand content and services for professionals and schools.

Five ways families were supported

Nine organisations delivered directly to families - across them, five distinct types of service emerged.

One-to-one support
Sustained individual relationships between a professional and a family

Contact	Kids	Rainbow Trust	WellChild	The Children's Trust
Listening Ear & Family Finances	Ad-hoc virtual appointments	1:1 for children and parents	Family Welfare Advisor	Tiered brain injury support

Peer support groups
Regular online spaces for families with shared experiences

Kids	Rainbow Trust	RDMCC	WellChild
Age-banded youth & parent groups	Dads', mums' & holiday groups	12 condition-specific groups	Family Tree membership

Workshops & Webinars
Focused learning in a defined window

Contact	Family Fund	Sense	Ambitious about Autism	WellChild
Targeted Support Workshops	Creative holiday sessions	Information webinars & Makaton training	Employability pathway	Webinars

Virtual family activities
Interactive sessions for the whole family together

RDMCC	Sense	Sense	WellChild
Weekly sensory & story sessions	Sensory play, group activities & yoga	Toy & Tech loans	Blended family events

On-demand digital assets
Content families could access in their own time.

RDMCC	WellChild	Ambitious about Autism	The Children's Trust	Family Fund	Sense
Email subscriptions for teens & under-12s	Information hub & directory	Employability guides	Bumps Happen concussion tool	Video tutorials	Play packs

Four models of delivery

Few organisations used only one - each surfaces a different strength.

Time-bound
Workshops & webinars. Strongest on info & confidence.

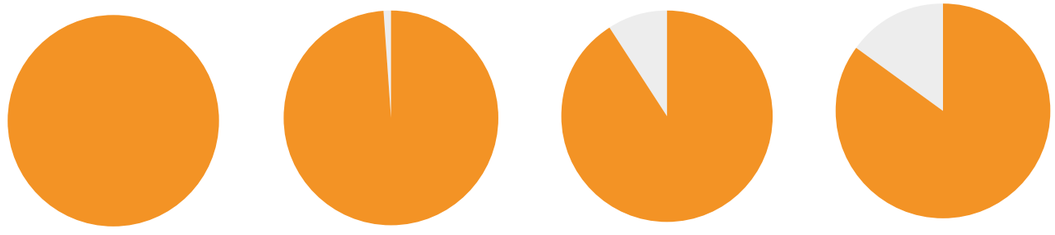
Rolling peer support
Open-ended groups. Strongest on connection & being heard.

Always-on
Sustained 1:1 support. Strongest on stress & isolation.

Self-serve
On-demand resources Strongest on reach & flexibility.

At a glance

What we heard from survey respondents:



100% would recommend the support

99% feel better informed about how to get support

91% feel more connected to support networks

85% report improved wellbeing

Where families started

For families who accessed digitally delivered services, the starting point was characterised less by inadequate hardware than by professional and social isolation.

Parents described being a "broken record," attempting to explain complex and often invisible disabilities to schools and GPs without being heard. Families under the care of multiple clinical teams found that professional contact was strictly reactive — it appeared only when something was going wrong, which meant there was never a framework for preventative support or daily management.

For families dealing with a new diagnosis or a brain injury, the period before they found support was described as being "in the trenches," marked by severe anxiety and a reliance on unreliable internet searches because no professional was offering guidance.

Many of these families had been in the system for years before finding the charities involved in this consortium. One mother, whose son had been under more than fifteen specialist clinics over seven years, discovered The Children's Trust's virtual brain injury service only through a chance conversation with a fellow charity trustee — not through any referral from the multiple professionals already involved in her son's care. Her experience was not isolated.

The families who appear in the outcome data below are the ones who found their way in.

The question of how many more are out there, under the same clinics, never having been told these services exist, runs beneath every finding in this section.

For some children online delivery is the format that produces the best outcomes.

For some children, home is the better setting.

A recurring assumption in digital service delivery is that online is a poor substitute for face-to-face — useful where geography or logistics make in-person contact impossible, but inherently second-best. For some families in this programme, the evidence points in the opposite direction.

An independent evaluation of Sense's virtual sessions, conducted by an external evaluator across the reporting period, found that for children with complex sensory needs, the home environment was not a constraint on participation but the condition that made meaningful participation possible.

Familiar surroundings, the ability to control sensory input precisely — volume, lighting, screen position — and freedom from the physical management demands of a group setting allowed children to engage in ways they could not in person.

One parent described their son as noticeably more vocal and expressive during virtual sessions, precisely because the home removed the need to manage his behaviour in a shared space. The same parent made a second point that appeared across several families' accounts: when the hazards of a group setting are removed, parents can actually observe their children — notice what they respond to, what they enjoy, what they avoid — rather than spending the session holding hands or preventing collisions.

This is consistent with what other consortium members found. Several organisations reported that families valued the absence of logistical pressure — no travel, no cost if a child was too unwell to attend, no penalty for cancelling.

But the Sense evidence goes further than convenience. For children whose sensory processing means that an unfamiliar room, background noise, or physical proximity to others is actively distressing, the home environment is not a workaround — it is what makes the session work.

The same evaluation surfaced a related finding about the role of consistent session structure. For children who rely on repetition and predictability to manage an uncertain world, the routine of a session — the same hello song, the same visual timeline, the same goodbye — is not a stylistic preference. It is itself part of what makes participation possible. One parent described it in specific terms: spoken words disappear too quickly for their son to hold onto, but the visual timeline allows him to understand where he is within the session and what comes next.

Another described their daughter developing a conditioned positive association with the Zoom interface itself — she had come to recognise it as the start of something familiar and enjoyable, a response built entirely through consistency over repeated sessions.

This has a direct bearing on a programme design point that appeared across the consortium. Section 9 describes how scheduling changes for virtual groups caused confusion, and how families who depend on routine found unpredictability counterproductive. For some children, inconsistency in session structure or timing is not just an inconvenience — it undermines the mechanism through which the session works. The routine is the intervention. Protecting that consistency, across practitioners and session types, is a quality issue with clinical implications, not just an administrative one.

The implication for the programme is practical. Where digital delivery is offered as an alternative to face-to-face for reasons of reach or efficiency, that framing undersells what it can do.

For some children — particularly those with complex sensory needs, unpredictable health, or behaviours that make group settings difficult — online delivery is not the fallback. It is the format that produces the best outcomes.

New clinical pathways through peer connection

The strongest and most distinctive finding from this strand is that peer connection and specialist services did not just make people feel better informed — they surfaced clinical and legal pathways that years of professional contact had missed.

New clinical pathways through peer connection (Cont.)

The outcome data supports this:

99% respondents agreed or strongly agreed that they felt better informed about how to get support.

People didn't just leave feeling more confident; they left with new knowledge and the ability to act on it.

The interview evidence shows what "better informed" actually looked like in practice. One mother of a child with epilepsy had spent years trying to explain her daughter's needs to schools and GPs, describing herself as going round in circles. Professional contact was entirely reactive — the family only spoke to clinical teams when something had gone wrong, which meant there was never a space for thinking about prevention or day-to-day management. She had no idea that genetic testing for epilepsy existed until another parent mentioned it in a Roald Dahl's Marvellous Children's Charity virtual peer support group. She has since secured testing for her entire family — a clinical pathway that had been invisible to her despite years of medical contact.

Her story illustrates the value of peer connection as a source of practical clinical information — not emotional support in the abstract, but something specific and actionable that years of professional contact had not surfaced. She had clinical relationships; what she lacked was a space where other families' knowledge could reach her. Whether genetic testing changes anything for her family currently remains unknown. But she now knows it exists and has been able to pursue it — and she found that out from another parent in a virtual group, not from any of the professionals already involved in her daughter's care.

> *"Feeling like you're not on your own is quite a special place to be."*

Workshop feedback from Contact, drawn from over 60 responses, shows parents learning genuinely practical things — how Education Health and Care Plan processes work; what reasonable adjustments they can request from schools; toileting strategies for children with sensory differences. Parents describe concrete actions they intend to take as a result of attending the workshops: contacting SENCOs; applying for Disability Living Allowance; starting new routines at home.

The pattern was clear: people didn't just leave feeling more confident; they left with new knowledge and the ability to act on it.

From isolation to connection

The outcome data tells a broadly positive story: 85% felt their wellbeing improved.

Where direct comparison between group workshops and one-to-one telephone support was possible, the results were remarkably similar — 83% and 85% on a reduction in isolation, 75% and 78% on a reduction in stress, and identical on being better informed about how to get support at 100%.

Given that an online workshop can reach multiple families simultaneously at a fraction of the cost of individual sessions, this suggests that well-designed online group delivery is a highly effective way to scale impact without compromising quality. Behind the numbers, a consistent experience emerged across both formats: people found a space where they were understood without having to explain everything from the beginning. For many parents, that alone was invaluable.

One parent, describing the RDMCC epilepsy peer group, reflected on what had been missing before: clinical contact only happened when something was going wrong, which meant there was never space for ongoing support or peer knowledge.

She described struggling to come to the group on her worst days — and then learning from other parents that those were exactly the days to show up. "You need to come on when you're feeling like that," she was told, "because we can pick each other up."

She did, and they did. For parents managing complex needs with little professional support and no peers who understand, this dynamic, the group as a resource precisely when things are hardest, can be part of what reduces the isolation.

Well-designed online group delivery is a highly effective way to scale impact without compromising quality.

A Rainbow Trust parent described the same shift in different terms. Their child's weekly session with a family support worker had become the one consistent relationship in a year of falling through gaps.

"Feeling like you're not on your own is quite a special place to be," they said, describing the move from having nobody to talk to, to "feeling less lonely because you've got somebody to have those conversations with."

What distinguished this from a single helpful interaction was continuity: the family support worker knew them, remembered their situation, and could have honest conversations that, as the parent put it, "other people dread."

That accumulated knowledge — being known over time rather than just heard once — is something neither a one-off workshop nor a crisis helpline can replicate. "I think it's been our sanity and our lifeline some weeks," the parent reflected.

> *"You need to come on when you're feeling like that because we can pick each other up."*

Parents who accessed 1-2-1 telephone support described isolation, overwhelm, and the experience of finally being in a space where someone understood their situation. Several explicitly said they had nobody else to talk to. One described feeling "less of a failure."

The fathers' group — one of the very few sources of male carer voice in the entire dataset — reflected the same dynamic: what mattered, the men said, was the shared experience of parenting a child with complex health needs, not shared interests.

Given that only one father was interviewed across all 15 beneficiary interviews, this is a reminder of whose voices the programme is largely not hearing, and a prompt for year two's evaluation to address that deliberately.

The ripple effects

Ripple effects on partners, siblings, and wider family members are real and consistent enough to focus on measuring in year two.

A recurring finding across the programme was that digital services created space and support for family members beyond the primary beneficiary — and the effect was sometimes unexpected.

> *...Everything revolves around that child, and relationships can easily be lost.*
>
> *This support gave us the chance to reconnect as a couple and feel like partners again.*

Rainbow Trust's online support surfaced this clearly. One couple described their child's weekly Zoom session as the first time all week they had been able to sit down together.

"That might sound simple," the parent reflected, "but when you're caring for a child with very complex needs, even stepping away for five minutes isn't possible. Everything revolves around that child, and relationships can easily be lost. This support gave us the chance to reconnect as a couple and feel like partners again."

> *...it makes me feel less guilty... just knowing that he's got that hour reserved, ...for him, it's nice.*

Sibling groups created a parallel effect.

A parent whose family was going through a hospital admission described what it meant knowing the sibling group session was still happening: "at least one of us will make the effort and he's got us for an hour then and it makes me feel less guilty... just knowing that he's got that hour reserved, …for him, it's nice."

Her son's own description of the group was simple and exact: "other people don't get it.

Whereas (this is) a safe space...." Some siblings also gained the practical confidence to make decisions — school subject choices, for instance — based on peer advice from others who understood their situation.

The programme's theory of change focuses on the primary beneficiary.

The evidence from year one suggests the ripple effects on partners, siblings, and wider family members are real and consistent enough to focus on measuring in year two.

Children's peer connection

RDMCC condition-specific peer groups produced a finding that deserves particular attention: children normalised what adults could not.

A sibling of a child with epilepsy attended a group session where another child described a frightening seizure they had witnessed. Rather than being upset, siblings in the group responded practically.

One child explained: "This is my job. I time it and I get water." The mother described the impact: her own son had been frightened during a subsequent seizure at home, but was markedly less so because he had heard other children describe similar experiences.

"As an adult, you can make it too big," she reflected. "Whereas it's quite simple. He has a seizure, the adults will worry about it, but I'll do this and this and that's my job and that's okay."

> *Probably the greatest support we've had since my child's diagnosis.*

The condition-specific design was what made this possible — the shared experience was precise enough for the practical advice to land.

The same parent described the service as "probably the greatest support we've had since my child's diagnosis" — and she had been in the system for years before finding it.

Professional weight in institutional settings

Through a virtual acquired brain injury coaching service, a professional began attending school meetings alongside a mother who had struggled for years to get her daughter's needs recognised.

Brain injuries, she explained, do not present in ways that classroom teachers readily recognise, and her attempts to advocate on her own had been met with scepticism.

Once an external professional voice was present, the school began adapting their approach — and, critically, they started listening.

When a specialist service lends professional weight to a parent's advocacy, institutions respond differently.

What changed was not just the child's experience at school but the mother's relationship with the institution.

She went from being a parent the school tolerated to someone whose account of her child's needs was taken seriously.

This is a specific and replicable finding: when a specialist service lends professional weight to a parent's advocacy, institutions respond differently. It is not just emotional support — it is structural.

Practical tools for daily management

Across workshops and coaching sessions, the evidence consistently shows families gaining specific, applicable knowledge and using it to make meaningful changes, with positive impacts on family life.

This is where the service strand's impact is most tangible and most distinct from general information provision.

Through virtual coaching, families managing acquired brain injuries gained access to practical tools — such as visual strategies for managing fatigue, and pacing techniques for outings — that reduced the frequency and severity of the meltdowns that had previously dominated daily life.

One parent created personalised resources for her son using digital tools she had discovered through the programme — a visual toileting chart, a social story, a "battery charge" document that helped her child articulate fatigue levels and allowed the family to plan their days more effectively. These are not theoretical interventions.

They are tools that change the daily rhythm of a household.

Family Fund's workshop programme — which sat closer to the creative capability end of the spectrum than to the condition-specific support delivered by other organisations — generated a parallel finding about personalisation.

A parent who attended workshops on social stories and Canva described using an AI feature within Canva to generate an image of a child with brown hair, brown eyes, and a blue t-shirt — her son's favourite colour.

When she printed the resulting social story, her son responded immediately: "It looks like me."

He engaged with the toileting chart she had made in a way he had not with generic visual resources. She went on to create a chore chart for her older son using the same approach, and when a family bereavement occurred, she was able to produce a social story to help both children understand what to expect at a funeral — something she described as being impossible with the tools she had before the workshop. "I feel a little bit more empowered," she said. "I don't have to rely on Googling a generic social story. I can make my own." For a parent who had recently left work due to workplace bullying and was rebuilding her confidence, the workshops served a dual purpose: professional upskilling alongside practical parenting tools.

That combination — creative capability and immediate family application — is distinctive to Family Fund's contribution.

Workshop feedback repeatedly describes parents identifying a specific next step: a form to complete, a professional to contact, a routine to try.

The gap between "I feel more confident" and "I now know what to do on Monday morning" is significant, and the strongest service evidence sits firmly on the practical side. The combination of professional advocacy in institutional settings and practical strategies for home represents a model of support that could not easily be replicated through a leaflet, a website, or an information session alone.

Better able to cope

The wellbeing outcome is significant albeit the lowest scoring impact at 85%. People report being able to deal better with stress and challenges, feeling more emotionally resilient and less isolated.

Considering that the families in this programme are managing life-threatening illness, complex disability, poverty, overnight care, and caring responsibilities that do not pause, this is a very good outcome, and demonstrates the value that these online services provide to families facing significant daily pressures..

The programme is not going to resolve the underlying causes of stress in these families' lives, but it can help to relieve some elements that add to the stress and feelings of isolation.

Where digital services fell short

Attending a session on Zoom doesn't necessarily mean someone is becoming more broadly digitally confident and capable.

Despite the evidence indicating significant positive impact from the digital services, some areas for more consideration were identified through the evaluation. Attending a session on Zoom doesn't necessarily mean someone is becoming more broadly digitally confident and capable.

And families who successfully joined a virtual workshop had cleared a threshold, but that threshold is itself a filter — it should be acknowledged that the families who couldn't clear that barrier are not represented in the data at all.

A parent supported by Rainbow Trust described being "thrown in at the deep end" with video platforms, in a world where everyone else seemed to know what they were doing.

For families who depend on routine and predictability, the technical barriers to participation are not trivial, and the programme cannot assume they will resolve themselves.

For some families, the programme's wide selection of digital services added to their stress rather than reducing it.

The sheer volume of available sessions was overwhelming rather than empowering — one RDMCC parent described the list of sessions as "blowing my mind" — requiring staff to manually filter options into a manageable schedule.

Where digital services relied on physical components — resource packs posted in advance for a wellbeing session, for example — the occasional failure of those items to arrive undermined the session itself.
Sending packs in advance was itself an adaptation, designed to reduce the burden on families during sessions.

Virtual delivery also has its own quality standards, distinct from face-to-face, and they need to be taught rather than assumed.

Background noise from unmuted microphones was flagged by the Sense report as a specific issue in sessions involving children with hearing impairments — ambient noise from other participants' homes could make it difficult or impossible to follow the session, particularly during sensory stories and songs where auditory clarity matters most.

Experienced practitioners managed muting confidently, but newer staff found it harder to judge when to mute participants and when to leave microphones open for interaction.

As more consortium members deliver sessions online, practitioner guidance on the basics of virtual session management — opening early, muting, camera use, pacing for screen-based attention — would be a low-cost investment with a direct impact on the experience of the children in the room.

When the logistics failed, the burden remained. These are design and delivery issues, not evidence that online support doesn't work.

They are fixable. But they matter, because for families who are already stretched to their limit, even a small additional friction can tip the balance from helpful to burdensome.

> *"I feel a little more empowered"*

What it changed

The programme's year one evidence on digital service delivery points to four main areas of learning:

Speed of access and flexibility are genuine strengths

but they are conditional on families finding their way to the service in the first place.

The referral gap is the most significant systemic finding

The programme's digital services exist, but the wider system does not consistently identify the families who would benefit.

Digital confidence is not a byproduct of digital delivery

Attending a session on Zoom does not make someone more broadly digitally confident, and asking families whether they need digital support is not a reliable way of identifying those who actually need it.

Families participate differently from how programmes expect

Cameras off, dipping in around bedtimes, engaging at one in the morning. Services that fitted around lives rather than demanding families reorganise were the ones that landed.

The device strand taught the consortium about what digital exclusion actually looks like.

The service delivery strand taught it something different: what it takes to run services digitally for this population, and where the gaps are between how services are designed and how families actually use them.

> *"We were falling through cracks left, right and centre..."*

The referral gap

How many families are still out there who have never been told these services exist?

For most families, the route into digital services was characterised by chance rather than systematic referral. Some found support through informal conversations with other charities or word of mouth from other parents.

Others were reached by specialist nurses — in some cases, nurses funded by consortium charities themselves and embedded in NHS settings — whose knowledge of available services was not incidental but the result of deliberate investment. The distinction matters: where charities have funded clinical posts, referral pathways exist.

Where they have not, families are largely on their own, navigating a system that does not consistently signpost them to support. Getting statutory services — GPs, consultants, Special Educational Needs Coordinators — to refer to voluntary sector provision remains one of the hardest problems in this space.

The mother described in section 7 — whose child had been under more than fifteen specialist clinics for seven years — is the starkest example, but not an isolated one.

The pattern was not confined to a single organisation. A Rainbow Trust family described their route into support in strikingly similar terms: "We were falling through cracks left, right and centre, and we were sort of picked up by somebody and you get two or three sessions and then that door closed.

And it was completely by chance that we became supported by Rainbow Trust by a conversation with a different body."

That a family whose child has a life-threatening illness could reach a specialist support service only through an accidental conversation — not through any referral from the multiple professionals already involved in their care — reinforces the scale of the gap.

Sense's survey data adds a further dimension.

Of the 18 parents and carers surveyed, not one had found the service through their local authority's "Local Offer" — the legally required, publicly available directory of support and services for children and young people with SEND.

Several had discovered Sense by chance: a poster spotted in a Child Development Unit waiting room, an offhand conversation with another parent. The Local Offer is the mechanism specifically designed to prevent this — to ensure families know what exists.

That no family in a survey sample found a specialist disability service through the statutory route designed to connect them to exactly that kind of service is a small data point, but a telling one. It reinforces the pattern: the referral gap is not only about individual professionals failing to signpost.

The statutory infrastructure designed to connect families to services like these — the Local Offer — is not functioning as intended.

This is the kind of systemic issue that no single organisation can shift alone, but where a consortium with evidence from across the disability sector is well placed to make the case for change.

The question is the same one the Children's Trust example raises: how many families are still out there who have never been told these services exist?

Workforce readiness — the barrier inside the gateway

Frontline practitioners felt they lacked the permission or knowledge to recommend assistive technology.

The referral gap is not simply a visibility problem. Even where professionals know about a service, they do not always feel equipped or permitted to recommend it — and a professional who knows but doesn't act is still a broken link in the chain.

Dingley's Promise surfaced this most clearly. Their discovery work found that practitioners working with SEND families are on the front line for digital inclusion — the people best placed to identify need and make a recommendation — but many felt they lacked the permission or knowledge to recommend assistive technology.

This is a systemic finding about workforce readiness that extends well beyond Dingley's Promise's own network. Their response was to reframe their entire offer: rather than training families in device use, they shifted to training practitioners in facilitating inclusive digital play.

That reframing positions practitioners as an active part of the solution rather than a passive referral mechanism.

AbilityNet's training offer worked the same issues from the other direction. Delivered across all 12 consortium organisations over the year — twenty-four sessions, fifteen live and nine pre-recorded, reaching 163 staff — it built the baseline knowledge that practitioners need before they can recommend technology with confidence.

Survey feedback showed universal agreement that attendees had learned new skills and felt more confident about assistive technology. What they consistently described was surprise at how much was already available — often free, often built into devices families already owned.

AbilityNet's structural position within the consortium adds particular value here. Because they work across conditions rather than within a single specialism, they surface connections between tools and populations that more narrowly focused organisations rarely encounter.

A staff member attending a session on visual impairment might leave with something directly applicable to the families their own organisation supports. That cross-condition perspective is something no individual consortium member can easily replicate alone — and it makes the case for AbilityNet's continued training role in year two.

Together, the Dingley's Promise and AbilityNet findings point to the same conclusion:

The referral gap will not close solely through awareness campaigns aimed at families. The key factor in closing the referral gap is all of the professionals already in contact with families having the knowledge, confidence, and perceived permission to act on what they know.

How families actually participated

What emerged consistently across the programme was that the way families engaged with digital services did not look like the tidy, focused participation that programme designers might have envisaged.

Parents joined sessions with cameras off while cooking dinner, dipping in and out around children's bedtimes, then re-engaging properly once the household was settled.

This reality drove several practical adaptations: shorter sessions, recorded content, resource packs

How families actually participated (Cont.)

sent in advance, courtesy calls before workshops to provide reassurance and answer questions. Scheduling changes for virtual groups caused confusion, and families who depend on routine found the unpredictability counterproductive.

The learning here is straightforward: online delivery that fits into families' lives works. Online delivery that assumes families can clear a dedicated slot does not — or at best, it reaches only the families who can, and misses the ones who cannot.

Sense families described the same dynamic from a different angle. One parent identified that some virtual sessions ran during school hours, meaning her child missed them entirely — and suggested a bank of recorded or on-demand activities that families could access on unplanned days, during school holidays, or simply when the live timing didn't work.

The suggestion echoes the Family Fund experience described in Section 8, where several families found the post-workshop recording more valuable than the live session itself.

Taken together, the evidence points in a consistent direction:

Recorded content is not a lesser version of live delivery.

For families whose days are fragmented and unpredictable, it may be the version that actually gets more widely used.

The programme does not yet treat on-demand content as a distinct delivery model in its own right — but the year one evidence suggests it should.

Speed and flexibility

Once families did find their way in, the speed and flexibility of digital access were real advantages. Parents described intake processes that happened within days — a stark contrast to the months-long waits they were accustomed to for hospital or GP referrals.

The ability to attend sessions from home made specialist support accessible to families in geographic areas where equivalent face-to-face services do not exist, and allowed families whose children's conditions make leaving the house unpredictable to engage without the barrier of travel.

For families in geographically isolated areas, the advantage was not incremental but absolute.

A family supported by Rainbow Trust in Cornwall, whose child had been treated in Bristol, described online support as something that simply could not have happened face to face. "That's what's good about the online — we can access it," the parent said. Their child's monthly sessions were described as "incredibly valuable," with crafts and activities creating a space where the child opened up naturally, chatting about "everything that's happened" while the parent could hear from another room.

The informality was the point: "It never feels formal. It's a space that's just for them, where they can be themselves."

Some families expressed a desire for in-person contact alongside their digital services — play dates, face-to-face groups — and it is worth being clear about what this means and what it does not.

It is not a verdict on digital delivery.

The programme's purpose is to reach families who cannot access equivalent support face to face for whatever reason: because of geography; because their child's condition makes travel unpredictable; because there is no local specialist provision at all.

Digital delivery achieves that. What it cannot do is fully replicate the depth of in-person relationship for every outcome — and nor should it try to. The measure is not whether it matches face-to-face, but whether it reaches people who would otherwise have nothing.

Digital confidence is not a byproduct of digital delivery

The outcome data on digital confidence is thin — only one organisation measured it directly in the service strand. But the learning point goes beyond the numbers.

The Children's Trust found that very few families flagged digital inclusion needs at intake, yet some of those same families subsequently struggled with basic tasks like joining a video call. The gap between self-reported and observed capability was a recurring finding across the consortium: families say they are fine, but staff observations tell a different story.

This mirrors the strand one finding about families not self-identifying as digitally excluded.

If asking families whether they need digital support is not an effective way of identifying who needs it, the programme needs a different approach. Skills support woven into the experience of using a service — help with setup at the point of joining, visual guides sent before a first session, a phone call to walk someone through the platform — may reach families that a standalone digital skills training offer never will.

Several organisations are already moving in this direction. Year two should test this more deliberately and measure whether it makes a difference.

What the discovery organisations learned about design

Three consortium members — NDCS, Whizz Kidz, and Dingley's Promise — spent year one in discovery and development rather than service delivery. Their findings are relevant to the whole programme because they describe the conditions under which digital services succeed or fail. The delivering organisations' experience of low uptake, dropped engagement, and families not returning after initial contact may be partly explained by the design dynamics these organisations have identified.

NDCS conducted substantial user research and found that families expect digital products to earn their place alongside existing habits — Google, AI tools, social media.

Even when families trusted NDCS as a source, they would only adopt a new digital tool if it offered clear, unique value. Mirroring website content in an app did not drive sustained engagement.

And content labelled as tailored but not genuinely reflecting a child's age, diagnosis, or location created frustration rather than reassurance — families noticed, and disengaged. NDCS reframed their approach from individual features to a wider digital ecosystem, recognising that website, app, email, and social media all play different roles at different stages of a family's journey.

That framing has implications for any charity designing or redesigning a digital offer.

Dingley's Promise identified a critical distinction between passive and active digital engagement for children with SEND — the difference between a child being occupied by screen time and being genuinely engaged.

Their practitioner training course was redesigned around a four-part framework addressing child, content, context, and community, shifting from one-size-fits-all guidance to structured support for specific SEND needs. The course now links directly to other consortium members' specialist expertise, positioning Dingley's Promise as a gateway into the wider partnership rather than a standalone provider.

Whizz Kidz found through extensive consultation that existing information for young wheelchair users was fragmented, often too general, and sometimes commercial in origin — leaving parents feeling lost and overwhelmed. Their information hub was designed around four content pillars derived directly from user research, and they are moving to multimedia content in year two, using engagement data to guide where to invest.

Each of these organisations has moved from asking what families need to testing specific answers. Year two will show whether those answers hold.

Learning across the consortium

At the community of practice sessions held across year one, consortium members were asked to sum up the year in a single phrase.

The answer was the same across all three groups: “Don’t make assumptions.” The second most common: “Adapt.”

That consensus is the single most important thing the programme learned in year one — not as an abstract principle but as a description of what actually happened.

Multiple organisations redesigned their approach mid-year. One changed its entire proposal after stakeholder consultation.

Several shifted from structured, formal delivery toward lighter-touch, more flexible models after finding that what they had planned did not fit families’ lives.

AbilityNet changed its language; The Children’s Trust changed its intake process; WellChild changed its strategy entirely.

> ***“Don’t make assumptions.”***

These are not failures against the initial plan. They are evidence that the programme model worked as intended — that when organisations are given the time, trust, and permission to test their assumptions properly, they respond by improving their practice rather than pressing ahead regardless.

What those organisations discovered, and what the strand evidence confirms, is that digital exclusion among families with disabled children is more complex, more varied, and harder to reach than most starting assumptions suggested. It is a spectrum rather than a binary state.

The most reliable route to the most excluded families runs through trusted human relationships, not websites or forms.

It is often hidden rather than declared. It is shaped by time poverty, language, stigma, and the accumulated weight of caring for a child with complex needs.

And it cannot be addressed through digital channels alone — the most reliable route to the most excluded families runs through trusted human relationships, not websites or forms.

The consortium now understands this in a way it did not twelve months ago. That understanding is the foundation everything else in year two is built on.

The consortium was not simply an administrative arrangement for distributing funding. It was, at least in aspiration, a model for collective learning and shared practice among organisations working with similar populations but from different specialist positions.

The evidence from year one suggests that the model generated real value, but has not yet reached its full potential.

The most important finding of the year — that assumptions about digital exclusion, family needs, and service design needed to be fundamentally revised — could only have emerged in a funding environment that encouraged that kind of honest reassessment.

What the model enabled

What participants consistently described as most valuable was the permission the support offered by our funders gave them.

Not permission in a bureaucratic sense, but permission to slow down — to consult before building, to change direction when assumptions proved wrong, and to invest time in understanding the problem rather than rushing to deliver against output targets.

Several participants drew explicit contrasts with other multi-organisation projects where KPI-driven pressure left no space for thinking, sharing, or adapting. The trust-based approach afforded to this programme was seen as directly responsible for the quality of work produced in year one, even where that work looked different from what was originally proposed.

This matters because the most important finding of the year — that assumptions about digital exclusion, family needs, and service design needed to be fundamentally revised — could only have emerged in a funding environment that tolerated and encouraged that kind of honest reassessment.

In a more proscribed programme, the pivots that multiple organisations made would have been considered failures against plan. Here, they were recognised as important learnings and evidence of good practice.

Peer learning and practical exchange

The consortium began the year with twelve organisations at very different stages of understanding digital inclusion. By the end of the year, there was a shared vocabulary that did not exist twelve months earlier.

The community of practice, designed and facilitated by CAST, was structured around quarterly sessions in which three organisations each presented playbacks on what they had found, what they had changed, and what they would do differently.

The format was practical — not presentations of polished success stories, but honest accounts of what was and wasn't working.

The sessions produced useful exchange. People described coming away with ideas they could apply directly — how to frame device distribution to families, how to schedule

workshops around the reality of parents' evenings, how to adapt consent forms to capture more nuanced information about digital needs.

Organisations shared what had not worked as freely as what had, and several participants said they felt understood by people facing similar challenges in ways they did not experience within their own organisations.

Concrete outcomes followed: the shared distribution model, Dingley's Promise linking their practitioner training to other members' specialist expertise, and AbilityNet's accessibility training reaching staff across organisations that would not otherwise have had access to it.

The consortium began the year with twelve organisations at very different stages of understanding digital inclusion.

By the end of the year, there was a shared vocabulary — the spectrum of exclusion, the reach paradox, the gap between what families say they need and what they actually struggle with — that did not exist twelve months earlier. That shared understanding is a precondition for more coordinated action in year two.

> *"There aren't that many projects where I feel like I'm getting as much as I'm giving. It's so supportive of the staff as much as the recipients."*

Practical collaboration

These examples did not happen by accident.

At the outset of the programme, the consortium, through a process facilitated by CAST, collectively developed six principles of practice to govern how the community of practice would operate — covering openness, reuse of existing knowledge, collective learning, putting families first, iterative working, and partnership.

The community of practice was then deliberately structured to put those principles into action: every quarter, three organisations presented playbacks on what they had found, what they had changed, and what they would do differently.

The evidence from year one suggests the principles held.

Open Enough to Pivot

Being honest about what didn't work allowed multiple organisations to make mid-year course corrections.

Drop the Assumptions

The loudest consensus from our community of practice sessions was a simple rule: don't make assumptions.

Small Steps, Big Progress

By adopting a "learn as we go" mindset, iterative pivots steadily improved the support families received.

Sharing the Load

True partnership delivers practical tools, creating a shared distribution model to move resources efficiently.

Connecting Expertise

Linking Dingley's Promise training with members' specialist expertise lifted the capabilities of the entire network.

Accessibility for All

AbilityNet's training brought vital digital accessibility skills to staff who otherwise wouldn't have had access.

> ***Other projects I've worked in, it's so KPI driven, so number driven.***
>
> ***There's no headspace to support each other, to think about sharing.***
>
> ***This is a much nicer way of working.***

The consortium does not yet function as a fully coordinated network — most joint working still depends on relationships built in community of practice sessions rather than on permanent operational structures.

But the design of the community of practice, grounded in collectively agreed principles, is doing what it was intended to do: turning individual organisations' learning into shared capacity.

The evaluation approach

The programme's evaluation model was deliberately designed to work with rather than against the diversity of the consortium. Rather than imposing a single measurement framework, it invited organisations to adapt shared outcome questions to their own contexts, using a common scale that allowed patterns to be identified across very different types of delivery.

Consortium members described the approach as considered and inclusive — a genuine attempt to make evaluation meaningful rather than extractive.

In practice, this created a tension that is worth naming. Consortium members vary considerably in size, resource, and evaluation capacity, and the freedom to adapt the framework locally worked better for some than others.

The variation in depth and consistency across contributions is something to keep in mind when reading the programme-level findings.

What the model did achieve was a culture of honest reflection. The learning reports, the community of practice (CoP) discussions, and the willingness of organisations to describe what had not worked as openly as what had are all products of an evaluation relationship built on trust rather than compliance.

That trust is an asset the programme should protect and build on in year two, while also addressing the practical challenges of turning diverse local evidence into a coherent programme-level picture.

What hasn't worked yet

There was honest reflection on the gaps.

Several participants acknowledged that connections made at consortium events were not always followed up — people would think "I must speak to so-and-so about that" and then return to their day jobs and not do it. The mechanisms for staying connected, sharing resources, and making collaboration practical between meetings are not yet in place.

The consortium also does not have a systematic picture of who is delivering what, where, and to whom. Organisations broadly know what each other does, but no one has mapped the overlaps, gaps, or opportunities for coordination across the partnership.

This was flagged repeatedly as a concrete and useful next step — though it is worth noting that the value of such an exercise depends on what the consortium would actually do

> ***I come to these and I think, oh yeah, I must speak to them about that, and then go away, do something else, something happens, and I never follow it up.***

with the information. A map without a plan for acting on it risks being a piece of work that feels productive but changes nothing.

Not all organisations engaged with the consortium model to the same depth. Some produced rich, reflective learning evidence and participated actively in peer exchange.

Others' contributions were thinner, suggesting that the level of organisational investment in the collaborative dimension of the programme varied considerably.

This is not a criticism — organisations had different starting points, different internal pressures, and different relationships with the work — but it is relevant to understanding how evenly the benefits of the model are distributed.

Confidence and capability across the network

One outcome that the evidence supports more strongly than the current narrative perhaps conveys is the growth in individual confidence and capability across the consortium.

This is not evenly distributed, but it is real.

WellChild's digital inclusion worker is now being consulted by colleagues across the organisation on accessibility and service design — a role that did not exist before the programme.

Kids' change manager built cross-organisational relationships and internal processes that leave the organisation in a materially stronger position than it was twelve months ago.

NDCS used the programme to commission substantial user research that is now reshaping their entire approach to digital services. Contact's team described learning things they did not know they did not know, and beginning to translate that into practical service changes.

At the community of practice sessions, several participants described the shift in their own terms: moving from feeling uncertain about what digital inclusion even meant to feeling confident enough to challenge assumptions within their own organisations and advocate for different approaches.

One participant reflected that they would have engaged "more full-on from the start" if they had understood the value of the work earlier — itself evidence that the experience changed their view of what was possible.

What is less clear is whether these individual gains are yet translating into durable institutional change. The distinction surfaced honestly in the CoP discussions: for some, the learning had been personal but not yet organisational.

Digital inclusion work still sits, in most consortium charities, with a small number of individuals rather than being embedded in organisational strategy, processes, or culture. The programme has created a cohort of more knowledgeable and more confident practitioners.

Whether it has yet created a network that will sustain and spread that knowledge beyond the funded period is an open question

This is at the heart of the decision to pivot the Good Things Foundation's year two contribution to focus on addressing this identified need so that the consortium has the tools and support to embed digital inclusion into organisations more broadly.

Wider sector relevance

The consortium is starting to produce knowledge that goes beyond what any of its 12 members could generate alone — and some of it has clear relevance to the wider sector.

The most transferable element is probably the device distribution framework being developed with Deloitte.

The operational learning from year one — that distribution at scale requires dedicated resources; that data connectivity is poorly understood; that handover after delivery is where value is most easily lost — is not specific to this consortium. Any organisation or funder working on device distribution for disadvantaged families could apply it.

Making that framework genuinely accessible, rather than leaving it as an internal document, should be a year two priority.

> *“Having the ability to not just rush it through straight away, to do it properly… it’s definitely been invaluable having this funding”*

Dingley’s Promise practitioner training course addresses a gap — workforce confidence in recommending and using assistive technology — that extends well beyond their own network.

The finding that practitioners feel they lack permission to recommend technology is a systemic problem, and a training offer that directly addresses it is a resource the wider sector should be able to access.

Perhaps the most significant finding for the sector, though, is the one about digital exclusion itself.

The picture that emerged across the consortium — that exclusion is a spectrum rather than a binary state, that it is often hidden, and that families living with it frequently do not recognise or describe themselves as digitally excluded — has implications for any organisation or funder working in this space.

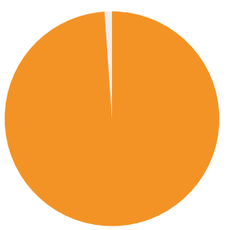
It is a direct challenge to the assumptions that still underpin much digital inclusion policy and practice, and it points to the need for much more nuanced approaches to identifying need, measuring reach, and designing support.

The consortium’s year one experience offers an unusually grounded, practice-based account of what digital exclusion actually looks like among families with disabled children — drawn not from surveys or policy documents but from the direct experience of trying to reach and support those families.

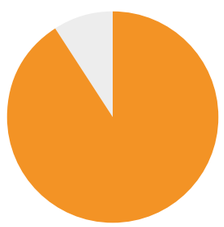
Year one was a year of discovery. Year two is about acting on what that discovery produced. The consortium understands the problem it is trying to address far better than it did twelve months ago, and the task now is to turn that understanding into more deliberate, better-designed work — testing the things year one surfaced rather than rediscovering them by accident.

Year one outcomes

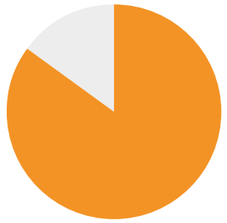
The programme is working towards four outcomes for families: better access to support tailored to their needs; stronger connections to a support network; improved wellbeing; and greater digital confidence and skills. The year one evidence gives reason for confidence on three of them, and points clearly to where the work lies on the fourth.



99%
felt better informed about how to get support



91%
felt more connected to support networks



85%
reported improved wellbeing

Access

The picture is strong. Across both strands, families found routes to specialist support they had not previously been able to reach — whether through a device that made a service accessible for the first time, or through a virtual service that geography or caring responsibilities would otherwise have ruled out.

Ninety-nine per cent of families who accessed digital services felt better informed about how to get support.

However, the referral gap remains the most significant systemic risk to this outcome: the programme cannot improve access for families who are never told it exists.

Connections

The evidence is similarly positive. Ninety-one per cent of families who accessed digital services felt less isolated and more connected to support networks.

The peer group model — particularly where it was condition-specific — produced some of the strongest findings in the report: families gaining clinical knowledge, siblings gaining practical confidence, children normalising experiences that adults found frightening

Wellbeing

Eighty-five percent of families reported improvement — a meaningful result for a population managing life-threatening illness, complex disability, and caring responsibilities that do not pause.

The programme is not going to resolve the underlying causes of stress in these families' lives, and it shouldn't pretend otherwise. What it can do, and what the evidence suggests it is doing, is create consistent, reliable spaces that reduce isolation and give families practical tools for daily management.

Digital confidence & skills

The evidence is thinnest and the task clearest. Families are not self-identifying as needing skills support, traditional training has low uptake, and the measurement instruments across the consortium are not yet capturing this outcome consistently.

The direction of travel — embedding skills support into services families are already using rather than offering it standalone — is the right one, but year two needs to test it deliberately and measure whether it lands.

Priorities for year two

The sections on pages 60-61 point to a set of practical priorities. They are not ranked, and they are not evenly weighted — some are operational fixes the programme already knows how to make, others are open questions that year two needs to try and answer. Taken together, they describe the work of turning year one discoveries into a year of deliberate delivery.

Focus	Priority
Put a coordinated engine behind device and data distribution.	The most consistent operational finding of year one was that distribution at scale needs dedicated resources and clear logistics — it cannot be added to someone's existing job. Deloitte is now funding a centralised coordinator role to manage this across the consortium.
Target post-distribution support proactively.	The priority for year two is to identify at intake which families are most likely to need follow-up, so that AbilityNet's capacity is directed where it makes the most difference rather than spread thinly.
Embed digital skills into the services families already use.	Standalone skills training had limited traction with a population already stretched thin by caring. The more promising route — which several organisations have already moved towards — is weaving skills support into the things families are doing anyway: setting up a child's device, joining an online group, navigating a benefits form, getting onto a first video call. Year two should test this deliberately.
Mature the three discovery products.	NDCS, Whizz Kidz, and Dingley's Promise spent year one in discovery and have each moved from asking "what do families need?" to testing specific answers. NDCS has a digital roadmap exercise under way that will reshape its approach to public-facing channels. Whizz Kidz is launching its information hub and moving to multimedia content, using engagement data to guide where to invest. Dingley's Promise is rolling out a practitioner training course that links directly to other members' specialist expertise, positioning itself as a gateway into the wider partnership. Year two will show whether those answers hold.

From individual learning to institutional change.

Several individuals have clearly grown into capable, confident digital leaders over the year — but digital inclusion still sits, in most consortium charities, with a small number of people rather than being embedded in organisational strategy, processes, or culture.

The shift from seeing digital inclusion as a set of separate activities to understanding it as a connected pathway — outreach, access, engagement, follow-up, progression — is perhaps the most important conceptual learning of year one. Translating it from individual insight into shared organisational practice is the central task of year two, and it is the reason Good Things Foundation's year two contribution is pivoting towards helping organisations embed digital inclusion more broadly.

Focus	Priority
Test group versus one-to-one delivery deliberately.	Where direct comparison was possible, group and individual delivery produced strikingly similar outcomes on isolation, stress, and feeling informed. This rests on one organisation's data, so it cannot yet be generalised — but the signal is strong enough to warrant deliberate testing. If the pattern holds across more organisations and conditions, it has real implications for how the programme allocates resources between delivery models. Year two should build in the comparison points needed to find out.
Close the external referral gap.	This is the most significant systemic finding of the year: families reached the programme largely by chance rather than through any reliable route. The statutory system that should connect families to support is not functioning as intended, and fixing it is neither easy nor within the consortium's gift. But this is exactly the kind of structural problem where a consortium can do more than any single charity — twelve organisations with evidence from across the disability sector can make a case that one voice cannot. The realistic year two ambition is to understand the problem properly — where families are being lost, and which professional touchpoints would make the biggest difference — and to use the consortium's collective weight to press for change, rather than expecting to fix it directly.
Working together.	Members referring families to each other's services is one of the clearest opportunities the consortium has to do more together than apart — but knowing a service exists and actively referring a family to it are not the same thing, and the people best placed to spot a cross-referral are often frontline staff with no connection to the consortium at all. The mapping exercise — who delivers what, where, and to whom — is the foundation for this, but a directory on a shared drive is not an active referral pathway. The question worth answering first is what blocks referral now, and testing a few practical examples between two or three organisations is likely to teach the consortium more than building a comprehensive system from scratch.
Develop the consortium.	The consortium model needs practical strengthening to support the above priorities. The peer learning and trust-based ways of working are working; what is missing is the connective tissue between meetings — the mechanisms for sharing resources, following up on the connections people make, and collaborating on shared activities. Without that infrastructure, the risk is that the learning stays with individuals and does not survive their moving on. How far the consortium travels in year two will depend less on what individual organisations deliver, and more on whether that collective infrastructure can be built and held between the moments when everyone is in the same room.

Evaluation design

This evaluation was conducted by CAST, the embedded evaluation and learning partner who supported the programme's learning and development throughout year one, rather than a fully independent evaluator.

This positioning enabled deeper access to organisations' honest reflections and to the iterative learning process as it unfolded — both of which are reflected in the quality of the qualitative evidence.

It should be read with the understanding that the evaluator has an ongoing relationship with the programme and its members, and the findings should be considered in that context.

The programme brings together twelve organisations with very different delivery models, beneficiary populations, and approaches to monitoring and evaluation. Some run structured, repeatable services with established data collection; others deliver relationship-based support where measurement is less straightforward.

A standardised evaluation framework imposed across this diversity would have produced data that was comparable in form but not in meaning — the same question asked of a parent receiving a laptop and a practitioner completing a training course does not measure the same thing.

The evaluation was therefore designed in partnership with the consortium members as a contribution-focused, narrative-informed model. Rather than requiring all organisations to use identical tools, the approach invited each to reflect on which programme outcomes their work most directly supported, and to adapt shared outcome questions to their own context.

To enable comparison across organisations, all were asked to use a five-point Likert-style response scale and to frame questions around perceived change or current state (for example, "I feel more confident using digital tools and services"). Most were also encouraged to include a qualitative question to surface stories of change alongside the numerical data.

This design prioritised meaningful local data over superficial cross-programme comparability. It also placed demands on organisations that not all were equally equipped to meet — the freedom to adapt questions locally required evaluation judgement that varied considerably across the consortium.

The result is an evidence base that is rich in some areas and thinner in others, reflecting the different levels of evaluation capacity and the different stages of delivery across the twelve members.

Summary of the evidence base

In year one, 5,214 families received support across the twelve consortium organisations.

The evaluation draws on the following data sources:

Device follow-up surveys: 54 responses across four organisations, with a response rate of 27%. Response rates varied across organisations, reflecting differences in distribution timing, follow-up processes, and the capacity of individual teams to chase responses.

Service outcome surveys: 355 responses across 9 organisations, with an overall response rate of approximately 22%. Sample sizes range from 3 to 83 responses per question per organisation.

One-to-one interviews: 27 interviews with families who had received support, and a further 8 case studies, representing 9 of the twelve consortium members.

12 of these interviews were focused on device distribution and 15 on digital service delivery.

External evaluation report: one organisation provided an external evaluation report on its digital services.

Learning reports: submitted by all twelve consortium members, including both delivering and non-delivering organisations. Seven organisations also submitted indirect effects reports. The three non-delivering organisations submitted discovery findings reports.

Community of practice discussions: recorded and transcribed across three breakout groups at a consortium community of practice session.

Data sources: detail and limitations

Device outcome data was collected through follow-up surveys sent approximately six weeks after families received a device. The sample is self-selecting: families who were contactable, willing to respond, and capable of completing a survey — which means the most digitally excluded are likely underrepresented.

The high levels of satisfaction reported should be read with the understanding that gratitude almost certainly tempers critical feedback at this stage. A 27% response rate is within the expected range for this type of programme and population.

Service outcome data was collected by individual organisations using their adapted survey instruments. Two organisations' data sets carry a lot of analytical weight due to the number of surveys being sent out and returned.

The variation in dataset size is a natural consequence of a consortium that includes organisations ranging from large national charities to smaller specialist organisations.

That diversity is a deliberate feature of the consortium's design, not a flaw in its evidence. Both contribute meaningfully to the evidence base, but in different ways.

The overall response rate of 22% should be interpreted in context: the denominator includes all families who accessed any digital service during year one, from a single workshop attendance to months of sustained one-to-one support.

Families who attended a brief or one-off session may not have felt a detailed outcome survey was relevant to their experience, and the response rate for families in ongoing or relational services is likely to be considerably higher.

A priority for year two is to differentiate survey distribution by type and intensity of engagement.

One-to-one interviews were conducted with 27 families across 8 organisations.

The interview sample is predominantly made up of mothers. Young people's experiences are reported through their parents rather than directly.

All interviews were conducted within the first year, reflecting immediate and short-term experience rather than sustained change.

Due to the diversity and scale of services, interviews were conducted by staff within consortium organisations.

Where interviews were carried out by staff known to the family, this should be taken into account when interpreting the findings — participants may be less likely to offer critical feedback to someone involved in their care or support.

Interview participants for device distribution were recruited through the six-week survey, where they were asked whether they would be willing to be contacted for a further conversation. The interviewees for digital services were selected by the relevant organisations.

The families this programme works with face significant demands on their time — managing complex medical appointments, caring responsibilities, and the daily realities of disability.

Participation in evaluation activities is not a priority for families under that kind of pressure, and the interview sample reflects those who were willing and able to engage rather than a representative cross-section of the programme's reach.

Learning reports were submitted by all twelve consortium members.

These included structured reflections on what surprised organisations, what didn't work as expected, what adaptations were made, and what they were noticing about digital inclusion in their communities.

Seven organisations also submitted indirect effects reports describing changes to their wider organisational practice.

Data sources: detail and limitations (Cont.)

Discovery insight reports were submitted by the three non-delivering organisations.

Community of practice learning reflections were recorded and transcribed across three breakout groups at an in-person community of practice session.

These provided the most candid and detailed account of how organisations experienced year one, including operational challenges, honest reflections on assumptions and the value of the consortium model itself.

Ethical considerations

All interview participants gave informed consent prior to participation, including consent for their responses to be quoted in reporting.

Participants were informed of the purpose of the evaluation, how their data would be used, and that their responses would be anonymised.

Names of children and family members were removed or replaced by consortium organisations before any data was shared with the evaluation partner.

CAST did not receive personally identifiable information about children or families.

How the evidence was synthesised

The quantitative data was analysed for patterns across organisations, looking at the direction of responses rather than attempting precise cross-programme comparison. Where the report describes programme-wide trends in outcome data, it is describing a consistent direction across different questions asked in different contexts — not a single finding replicated at scale.

The qualitative evidence — interviews, learning reports, indirect effects reports, and community of practice transcripts — was analysed thematically.

Themes were identified that appeared consistently across multiple organisations and evidence sources, and were tested against the quantitative patterns where possible. The programme-wide learning sections of this report represent a synthesis across all twelve organisations' evidence, not a summary of any single source.

Gaps and priorities for year two

The evidence base has notable gaps.

There is very little direct testimony from young people and male carers. The interview sample does not include families who disengaged from the programme or who were never reached by it. It also doesn't include professionals. The measurement instruments vary enough across organisations that precise aggregation of outcome scores is not possible. The interview sample, while rich in individual stories of change, is not representative of the programme as a whole.

Participants were self-selecting, and the organisations represented in the interview data account for digital service delivery from only five of the nine consortium members who were delivering services. This is in part due to the focus on interviewing those who received devices.

Despite these limitations, the combination of quantitative, qualitative, and reflective evidence provides a more complete first-year picture than any single method would have achieved.

The approach was designed to be built on iteratively, and the gaps identified here — particularly the need for direct young people's voices, higher survey response rates, and inclusion of professionals — represent priorities for the programme's approach to data collection and evaluation design in year two.

Digital
Services
Consortium

Get in touch

If you'd like to get in touch with the DSC
or become a member, please contact

DSC@kids.org.uk

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