Driving Digital Inclusion Programme

Interim Evaluation Report

Summary

Digital Services Consortium

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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 summary interim evaluation covering Year 1 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.

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.

Introduction & Context

The Digital Services Consortium (DSC) was established in 2020 as a partnership of twelve charities supporting disabled or seriously ill children and families across the UK. Its purpose was set up to share learning, promote good practice and help the sector adapt to the growing shift towards digital and hybrid service delivery.

Following the Covid-19 pandemic, Kids commissioned the Locked Out: report (2021), as part of Pears Learning Hub, the research highlighted the significant and compounding digital exclusion experienced by many disabled children, young people and families, with evidence showing that a substantial proportion were disadvantaged or excluded from online services and support.

In response, the DSC partnered with AbilityNet, Good Things Foundation, CAST, Vodafone and Virgin Media O2 to establish the Driving Digital Inclusion Programme.

The programme has two aims:

Aim 1: addressing practical barriers to digital access, including devices, connectivity, and digital confidence.

Aim 2: supporting the effective delivery of specialist services through digital channels to families who might otherwise struggle to access support.

Alongside this work, a dedicated community of practice enables consortium members to share learning, test approaches and identify what works. This ongoing peer learning has been central to shaping the programme and informing many of the insights presented in this report.

Reach

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

Devices & Data

Devices distributed **356**

Laptops **327**

Tablets **22**

Phones **7**

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.

Strand one:

Direct digital inclusion – devices, data and skills

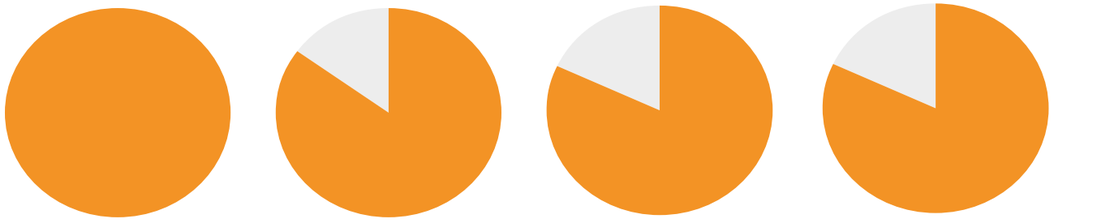
Device and data distribution resulted in substantial learning for consortium members. Identifying which families needed devices and/or data and then receiving and giving them out to families, at scale, was a key challenge for DSC members to overcome.

The evidence showed that most families were not completely offline but were struggling to manage with inadequate technology. Parents often relied on a single smartphone or outdated laptop to coordinate medical appointments, complete benefits applications and support their children's education. In households with multiple children, limited access to working devices created daily challenges, while financial pressures meant that replacing or upgrading equipment was often unaffordable.

The first eight months were spent building an operational understanding of device distribution. The internal and external pathways needed to identify and reach the families who would benefit from the offer. Device distribution at scale only occurred by the end of the final quarter in year one; in time to gift devices to families for Christmas.

What has changed for people who received devices

What we heard from survey respondents:



100% would recommend the support

84% feel less reliant on others for digital tasks

82% feel more confident finding and using online health information

82% feel more confident using digital tools and services

Administrative agency - 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. Independence from an unreliable or unavailable support network is not a small thing - for these families, having their own working device was often the difference between getting something done and not.

Reduction in caregiver stress – In households where devices were shared and insufficient, technology was a source of conflict rather than support. Addressing it changed the dynamic for the whole family, not just the individual who needed access.

Education and learning – the key barrier to learning was removed, with children being able to participate in their own learning, either through formal education or self-directed learning. The pattern that was highlighted was of 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.

Strand two:

Delivering services digitally

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.

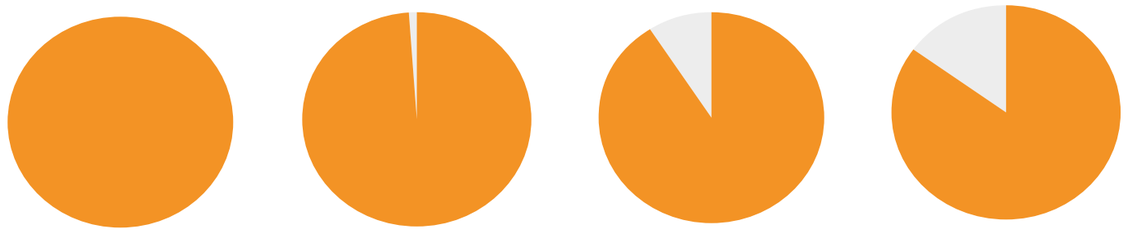
Diversity is a feature of the programme's design: the families it serves have different conditions, different needs, and different relationships with services, and what works for one population will not necessarily work for another. Some activities were fully online - peer support groups on Zoom; virtual coaching sessions; webinars. Others were in-person with digital components - for example, 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.

The overall direction across the consortium was towards flexibility: meeting families through whichever mode suited their circumstances rather than focusing on one format. The programme also challenges the view that digital services are second-best, showing that for some children and families, home-based support can be the more effective option.

Families accessing digital services reported feeling professionally and socially isolated. Parents struggled to be heard, support was largely reactive, and many spent years in the system before discovering specialist charities, often through chance rather than referral. These findings raise concerns about how many families remain unaware of available support.

What has changed for people accessing digital services

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

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

Device and data learnings

At a glance

New clinical pathways through peer connection - the strongest and most distinctive finding was that online peer support and specialist services did more than improve knowledge: they uncovered clinical and legal pathways that years of professional involvement had overlooked. In one example, a mother of a child with epilepsy only learned that genetic testing was available through a Roald Dahl's Marvellous Children's Charity peer support group, later securing testing for her whole family despite years of clinical involvement.

From isolation to connection - people found a space where they were understood without having to explain everything from the beginning. For many parents, that alone was invaluable.

Ripple effects on partners, siblings, and wider family members are real - the recurring finding across the programme was that digital services created space and support for family members beyond the primary beneficiary.

Wider benefits of professional support - when a specialist service lends professional weight to a parent's advocacy, institutions respond differently.

Practical tools for daily management - across online 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.

Better able to cope - 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.

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

Digital service delivery – What the consortium learned

At a glance

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.

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

The consortium model and wider sector learning

The consortium is not simply an administrative arrangement for distributing funding. It is, 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 and has not yet reached its full potential.

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

> *"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."*

Key learnings from year one of the consortium model include:

The trust-based approach

This aspect of the programme was seen as directly responsible for the quality of work produced in year one. It gave 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.

Peer learning and practical exchange

The CAST-facilitated community of practice brought organisations together monthly to share what they had learned, changed and would do differently. Focused on honest reflection rather than polished success stories, the sessions enabled practical learning, with participants exchanging ideas, sharing challenges openly, and gaining support from others facing similar issues.

Practical collaboration

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.

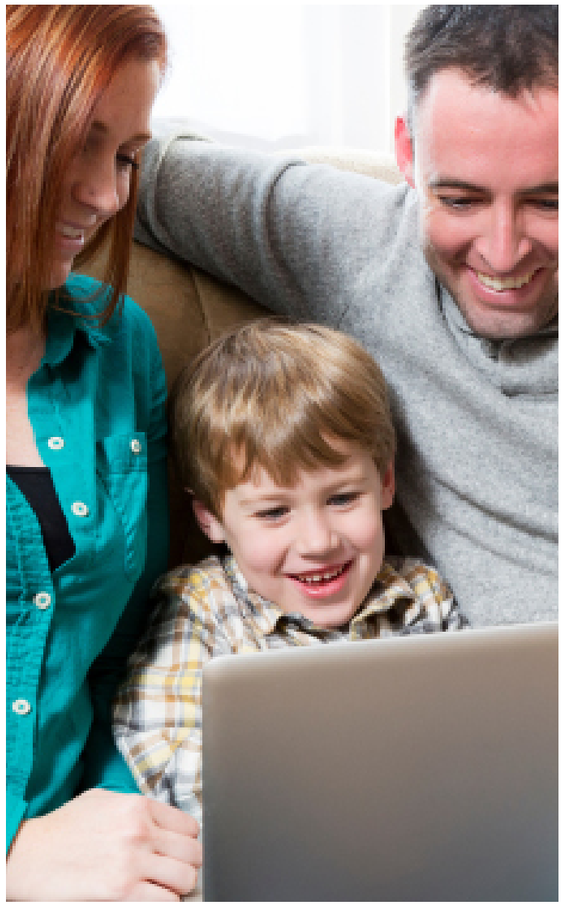
Evaluation approach

The evaluation model was designed to accommodate the consortium's diversity, enabling organisations to tailor shared outcome measures to their contexts while identifying common patterns across delivery models. More importantly, it fostered a culture of honest reflection, with learning grounded in trust, openness, and shared learning.

Confidence and capability across the network

The growth in individual confidence and capability across the consortium. For example, 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.

> *"Having the ability to not just rush it through straight away, to do it properly... it's definitely been invaluable having this funding"*



Read the full report

To read the report in full, click here.

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Get in touch

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

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