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‘Digital Caregiving’ among Migrant Families in the UK: Unmasking the Hidden Social Consequences of the Digitalisation of Essential Services

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Contact the NHS App support team using the QR code below or by visiting: digital.nhs.uk/nhsapphelp



The team will be able to help you with all technical queries.

It's normal to experience some technical difficulties with the NHS App if your GP surgery is changing clinical systems or merging with another practice.

If you encounter any technical issues after these changes are complete, please contact the NHS App Team.

You can also find more help and information, here: www.nhs.uk/nhs-app



PRIME

Protecting Minority Ethnic Communities Online

The research project

- PRIME is a three-year UKRI-funded project launched in April 2022 by a consortium of universities led by Heriot-Watt.
- It brings together academics from the social sciences, applied linguistics, computer science and data science.

Objectives

- To deliver harm-reduction interventions, processes and technologies which will transform essential online services - health, housing and energy.
- To create safer online spaces for minoritised communities in the UK.



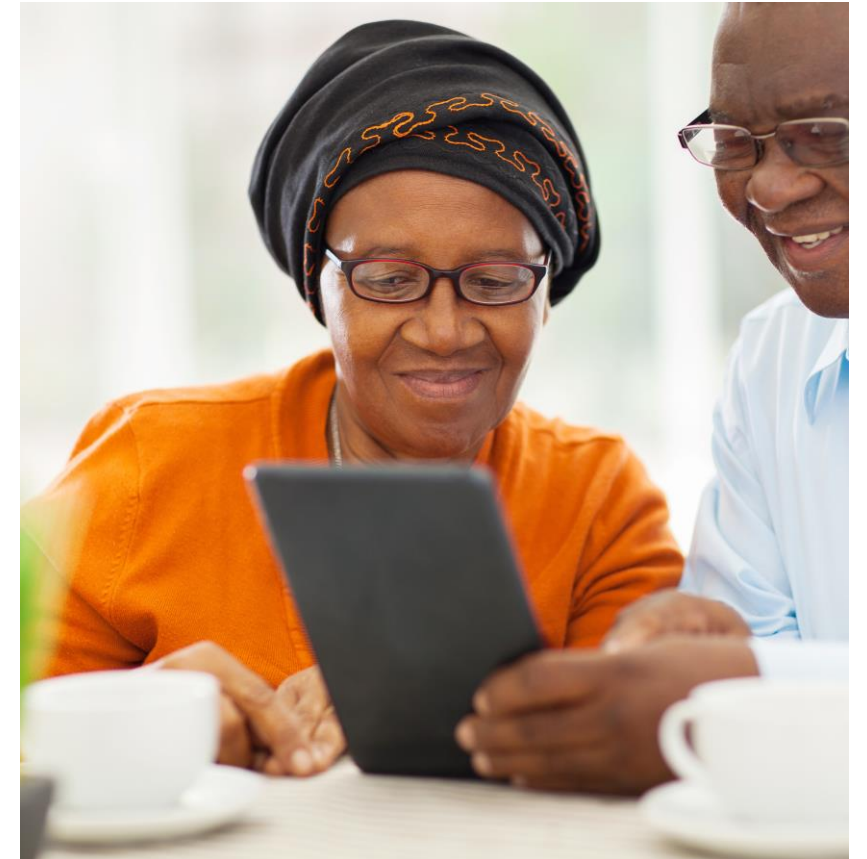
Key Concerns

- Many older migrants rely on the informal assistance of relatives to access key services
- Relatives bridge the gap between older migrants and services by addressing inadequate informational, language and cultural support
- The need to provide informal support increases the burden of unpaid care on migrant families - especially women
- Some research has been undertaken into the impact of digitalising essential services on migrants: exclusionary impacts
- The impact of digitalisation on **migrant families** has been understudied: the focus of this presentation



Methods

- 100 in-depth interviews carried out in four project sites in the UK – in-person and online
- Interviewees purposively recruited
- Sampling strategy aimed to ensure individuals most at risk of digital exclusion were well-represented
- 65% of participants were first-generation migrants; 35% were adult children/grandchildren of first-generation migrants
- Adults recruited from three age groups: ‘young’ (18-35), ‘mid-aged’ (36-64), older (above 65)
- Research participants immigrated to the UK from a variety of countries (focus today on the experiences of families of migrants from Bangladesh)
- Data were anonymised, coded in Nvivo and thematically analysed



Key Findings (1)

- Some social housing and primary healthcare providers are closing down non-digital channels of accessing services (e.g. telephone calls, face-to-face visits).
- Older migrants are therefore increasingly reliant on digital channels of access (web and smartphone applications).
- However, many older migrants are excluded from digital access: digital poverty, lack of digital skills and language barriers.

There is no face to face or drop in service available now. All we need to do [is] get used to the online booking system and get the services we need

(Bangladeshi male, 50)

Key Findings (2)

- In order to access services digitally, older migrants are reliant on informal support from relatives, especially from adult female children.
- Adult female children:
 - Provide language and digital assistance.
 - Act as ‘proxies’, operating older migrants’ digital service accounts on their behalf.

I also use the internet to help my mum pay for certain bills online, like gas bills, Council Tax, water bills for example.

(Bangladeshi female, 19)

Key Findings (3)

- In some cases, digitalisation has *increased* the need for informal support as a result of the combined effects of:
 - Inadequate digital literacy
 - Effective ‘withdrawal’ of language brokers that were previously available such as bilingual receptionists at GP practices (Bangladeshi receptionists were mentioned in a positive light)
 - Lack of other forms of language support such as translation functions in digitalised systems
 - The higher language proficiency requirements entailed in engaging with digital as opposed to non-digital services

The GP actually usually speaks to either myself or my sister if there are any problems, but generally if they do speak to my mum, the reception...they've got Bangladeshi receptionists. So they can also communicate, yes.

(Bangladeshi female, 38)

Key Findings (4)

- New forms of unpaid ‘digital caregiving’ are being created for the relatives of migrants (especially adult female children).
- This is experienced as onerous, and even results in a reduced ability to care for themselves.
- Digitalisation creates an ‘administrative burden’ for users but also for those who provide informal support.

Even though I’m fine with online, computers and everything, it was just really frustrating doing that form again and again for every single thing. For myself, my children, my mum, every time.

(Bangladeshi female, 30)

Key Findings (5)

- Older migrants are also negatively impacted through the need for informal support:
 - Delays in accessing services
 - Feeling of disempowerment
 - Tension between caregivers and those in need of support

To fill a form, I have to come to somebody...I used to help other people, now I need help from other people.

(Bangladeshi man, 85)

Implications for research, policy and practice?

- **Research:**
 - Is digitalisation creating a new form of 'consumption work'? (the unpaid labour involved in externalised tasks connected with the consumption of goods and services)
 - Need for interviews with families to gain more insights into unpaid labour distribution and dynamics
- **Policy and Practice:**
 - Non-digital channels of accessing digitalised services need to be protected.
 - Digital channels of accessing services need to be made more inclusive e.g. through provision of language support such as translation functions on web and smartphone apps.

