The Ayrshire Community Trust (TACT) – Health and Mind

FUNDING & DELIVERY TEAM

£79,907

partners

Connecting to Care Fund

The Ayrshire Community Trust

NHS Ayrshire

North Ayrshire HSCP

LOCATION

East, North & South Ayrshire

older people, people facing social & economic disadvantage & people affected by ill health

ACTIVITIES DELIVERED

- digital confidence building & skill development with in-patients at mental health facility

- digital drop-in and home support in the community

SUPPORT PROVIDED

59 people supported

48 staff and volunteers upskilled through digital training

42 devices distributed

About the digital support

The Health and Mind project was led by The Ayrshire Community Trust (TACT) and delivered in partnership with NHS Ayrshire and Arran and North Ayrshire Health and Social Care Partnership. In developing their application to the Connecting to Care Fund, in-patients in a local mental health facility were asked about their interest in developing their digital skills during their time in hospital. The findings suggested that there was a skills gap and the project could provide a test of change of digital support provision in an acute mental health setting.

The initial focus was on engaging in-patients at a mental health facility, with staff and volunteers attending twice weekly to provide one-to-one and small group digital confidence building and skill development. Volunteers were identified by project staff and stakeholders as an important part of the delivery model and 15 completed TACT, NHS and digital training from the Mhor Collective. Information booklets and posters were shared in this setting to promote the project and help people to better use their devices.

However, significant challenges were faced and only one referral received in a six-month period. These challenges included:

- in-patients were too unwell to engage with the team
- in-patients who were better able to engage were often discharged before support could begin
- ward mealtimes restricted the timing of the sessions
- NHS governance arrangements meant that the project team were required to use referral forms before in-patients could access support. Because this was in addition to the Fund's own monitoring process, this created another layer of complexity and some in-patients chose not to proceed with the support
- staff weren't always available to escort in-patients to the project team
- infection control measures during outbreaks prevented movement around the facility

> "*The reality of it was that when we implemented the project, we were faced with high levels of acuity in mental health, so lots of very sick people and chronicity so the level of mental health that at that point in time wasn't conducive to getting people to attend regularly.*" (project stakeholder)

To better engage patients both in the mental health facility and on discharge, the project team moved to a different ward (for patients with less severe mental illness) and expanded their work into the community. Two digital drop-in sessions were set up, one in a community centre and another in TACT's Irvine office, and in-home support provision introduced for those unable to attend the drop-ins. TACT's wider Kindness Krew work (a project that promotes acts of kindness and friendships) was identified by a project stakeholder as important here. Because its work was widely recognised in the area, it provided a platform on which the digital support could be promoted and self-referrals made. The mental health facility referral pathway also remained so that the project could use digital resources to support patients with their transition home after discharge.

The support process would begin with a one-to-one meeting to establish what was important to participants and what types of digital resources they might benefit from. Staff described some participants as lacking confidence and others as distrusting of digital technology. The approach then was person centred and delivered at a pace that suited individual participants. This meant that both short term support and in-depth learning was provided. The project's flexibility was perceived by staff and stakeholders as critical and empower individuals to engage with the digital resources of relevance to them.

While focused on digital confidence and mental wellbeing, the types of support provided varied. For example, some participants were given a new phone or tablet and participants who found it difficult to type on screen (because of arthritis, for example) were given a stylus to increase accessibility. Participants were then shown how to use these devices to do the tasks and find the information that would make a difference to their lives.

Booklets, posters and digital guides were produced by project volunteers to support the learning process and help participants to retain information on their use.

> *"I've put together numerous booklets that guide service users through basic tasks on their devices, ensuring they have easy-to-follow instructions to support them in their day-to-day lives. These booklets have proven to be a valuable tool, allowing people to build their confidence in using technology independently."* (project volunteer)

Facilitating increased social contact through emailing and WhatsApp, for example, were also reported and seen as critical in tackling isolation. To enable in-patients to keep in contact with friends and family, the wards in the mental health facility were also given a tablet.

Participants were also introduced to the digital health resources appropriate to their needs. These included the NHS eConsult online form, NHS Inform and mental health specific websites such as Breathing Space and the Samaritans.

The difference the project has made

Health and Mind has piloted a new way of working; this is the first time digital support has been offered to Ayrshire patients in a mental health facility and on discharge. Despite the challenges faced, the project was perceived to have benefitted its participants both in hospital and in the community.

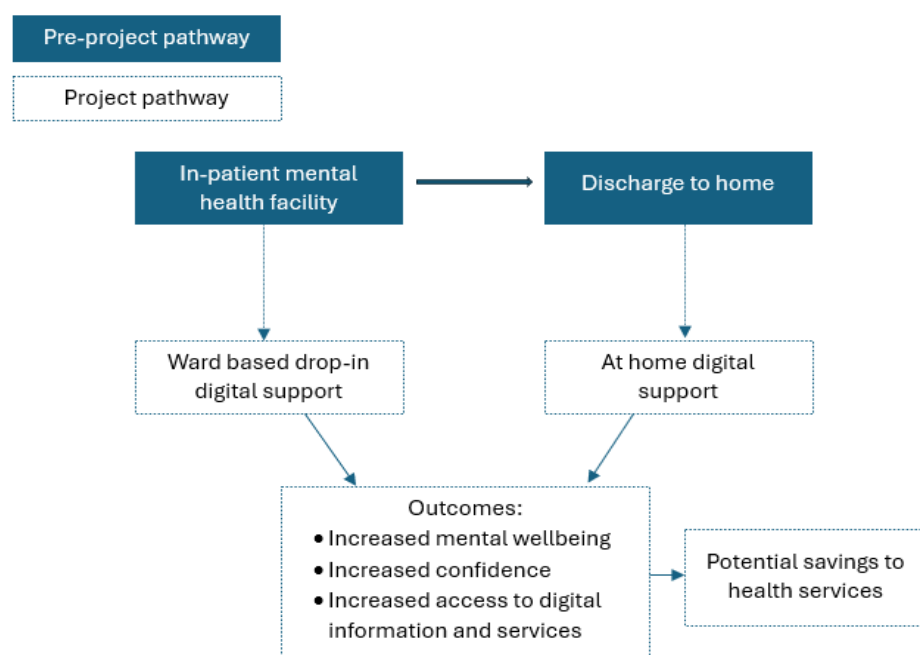**Figure 1: Summary of Project Pathway and Outcomes**

Figure 1 summarises the project's pathway and its outcomes. The outcomes observed by the project team are discussed in turn here. The increased connectivity, both socially and with information and services, was perceived to benefit mental health:

> *"Connection is key. I think that covers so many things, friends, families, services, support, whether that's local, national, online, the more connected you are, the better equipped you are to look after your mental health ongoing after having mental health service input. Hope that the input you're creating, leads them to feel more resilient going forward in terms of being able to look after and maintain mental health."* (stakeholder)

Increased confidence amongst participants was also reported by project staff and they described how they were now able to use devices independently and connect with the resources that made a difference to their lives.

Craig

Craig was looking for work but didn't have the digital skills needed to complete online job applications. He felt like local agencies were pressurising him to find a job and felt overwhelmed by fast-paced employability courses.

The project worked at his pace and helped Craig to better use a phone and laptop. Craig is now able to use his devices independently and became confident using them as part of his job searches. He is now in employment.

The project team also identified how the support given to Graham had helped him to regain control over his digital devices and change the way that he was accessing health services. Because of these changes, potential savings have been made.

The cost savings from supporting Graham

Graham's physical and mental health conditions meant that he was housebound and making inappropriate calls to emergency and support services. His GP surgery referred to him to TACT for support in December 2024 and the project lead and volunteer began visiting him at home soon after. They initially met weekly, but this decreased to fortnightly as his confidence improved.

Project staff described how the apps installed on Graham's phone were all set up to send notifications and the constant 'pings' were overwhelming. In trying to respond to them, Graham would often press the wrong button and not know what to do next. In his frustration, he'd reach out to different services for help and was reported to phone NHS 111 or emergency services several times a day.

The cost of an NHS 111 call has been estimated at £11.40[1] (which is the cost of the call only – not any callbacks or emergency support provided) meaning that **Graham was incurring costs to the NHS of at least £4,000 a year** and potentially several times that from unnecessary 111 calls.

If similar savings achieved for Graham were experienced by 12 other people supported by the project, the savings would exceed funding provided to the project.

After identifying his phone as a source of stress and a trigger for his contact with services, a key first step was removing unused apps and notifications. A volunteer also prepared some simple instruction booklets to help Graham use the apps on his phone. Other support included showing Graham how to access NHS Inform and the different apps and techniques that could be used to better manage frustrations and anxieties. Graham now uses online breathing exercises and self-help journalling techniques instead of calling services every time he needs help. While Graham still makes phone calls, project staff estimate that these have reduced from several times a day to weekly (and are often necessary to enable him to manage his physical health condition).

Showing Graham how to make it easier to access online information has also been important and he now uses voice searches so that he doesn't need to worry about finding the correct spelling to do a text search. Before accessing Health and Mind, Graham rarely left the house but was planning to join one of the drop-in sessions towards the end of the project.

"*The difference between now and Christmas is huge. He's now talking about engaging back in the community, talking about going to our digital class.*" (project staff)

Volunteers too were perceived to have benefited from their involvement in the project's delivery and staff described how their confidence had grown and friendships developed. One volunteer, Tom, shared his experience.

Tom

I began volunteering with TACT when the Health and Mind Project launched in April 2024. Since then, I've been actively involved in several areas, including supporting in-patients and community drop-ins. One of the most rewarding aspects of my role has been providing digital support at home to those people who couldn't attend the drop-ins. Helping individuals who face challenges accessing services has deepened my understanding of the power of technology to improve lives.

During my time with the project, I've completed various training programs that have helped shape my role and my skills. I have completed TACT's internal training, NHS training, and MHOR Collective Digital Champions training. These experiences have

[1] Turner J, Knowles E, Simpson R, et al. Impact of NHS 111 Online on the NHS 111 telephone service and urgent care system: a mixed-methods study. Southampton (UK): NIHR Journals Library; 2021 Nov. (Health Services and Delivery Research, No. 9.21.) Chapter 9, Cost–consequences of introducing NHS 111 Online.

not only enhanced my technical knowledge but have also given me a broader understanding of mental health and digital inclusion. As the project has developed, so too has my confidence, and I've enjoyed seeing how my contributions have made a real difference in people's lives.

In December 2024, I was fortunate to receive a 12-week work placement with TACT, thanks to a funded opportunity from North Ayrshire Council. This placement allowed me to continue applying my digital skills while taking on more responsibility. As the lead Digital Champion in the group, I took the initiative to establish a Digital Support Group within the TACT office. This group has become a space where service users can receive hands-on assistance in setting up their devices and building their confidence with technology.

It's been incredibly rewarding to see individuals grow more comfortable with their devices and technology, knowing that I've played a role in that development. It has been very rewarding to help people manage their mental health and wellbeing by providing the tools and support they need. By giving them the resources to handle challenges on their own, we've reduced their need to rely on external services. This has helped them feel more in control, independent, and confident. Watching people become more self-sufficient in managing their mental health has been a truly fulfilling part of the work.

Sustaining digital support

As Tom's experience shows, TACT have already taken steps to incorporate digital support within their wider work. While digital support is perceived to complement the work of their Kindness Krew, they're also exploring funding opportunities to enable them to retain their volunteers. More broadly, the project steering group plans to review learning and develop the next steps. The partners value the relationships formed and are eager to build on them in the future.

Given the challenges faced with the in-patient delivery model, project partners anticipate that a community-based setting will be a more sustainable approach. The potential here is to connect people discharged from acute settings to digital support available in the community.

Link Living Scotland – Linked Up

FUNDING & DELIVERY TEAM

£79,907

delivery team

Connecting to Care Fund

Link Living staff x 2

NHS Fife Digital Therapies staff

volunteers

LOCATION

Fife

adults with mental health conditions who could benefit from accessing NHS digital therapies

SUPPORT PROVIDED

24 people supported

2 staff and volunteers upskilled through digital training

ACTIVITIES DELIVERED

- 1:1 peer-led digital inclusion coaching sessions

- awareness raising and referral pathway development across NHS Fife Psychology teams

- access therapies training and demonstration of online tools

- collaboration with peer support network

About the digital support

Link Living supports people with mental health conditions across Fife. With funding from the Connecting to Care programme, they launched the Linked-Up Peer Digital Inclusion Service in partnership with NHS Fife's Clinical Psychology Digital Therapies Team. The project aimed to increase access to digital therapies and reduce waiting times by helping individuals overcome digital barriers.

Peer Coaches delivered the service, using their own lived experience of mental health services to support others. Their approach focused on building trust, tailoring support to individual needs, and increasing confidence in using digital tools for health and wellbeing.

Multiple referral and access pathways were established. These included:

- Referrals from NHS Fife Clinical Psychology Digital Therapies Team
- Internal referral coordination through a single point of contact in NHS psychology administration
- Service promotion via NHS Fife's internal intranet platform (Blink)

- Awareness-raising sessions delivered to NHS psychology teams, including Older People's Services and Primary Care Mental Health Nurses
- Promotional video shared through NHS Fife's MS Teams channel, accessible to over 200 staff
- Direct outreach and training sessions with NHS staff to increase understanding of digital exclusion and available digital therapies

Individuals referred to the service received tailored, one-to-one support to help them overcome digital barriers. Sessions were delivered in person and focused on practical skill-building, such as setting up email accounts, using NHS tools like MS Teams or Access Therapies apps, and managing appointments with digital calendars. The frequency of sessions depended on each person's needs—ranging from a few initial meetings to longer-term support.

On joining the project, clients worked with Peer Coaches to identify their goals and the digital skills they needed to achieve them. Many clients lacked both confidence and knowledge about how to use digital tools. Some had previously relied on family members for support and valued the independence that the project helped foster. Others had never used digital therapies before and needed reassurance and demonstrations to understand how to engage.

The peer support model played a vital role. Coaches reported that sharing their own experiences of navigating mental health services helped reduce stigma and anxiety for clients, and allowed for open, empathetic conversations about fears around technology. Coaches also learned from clients—what approaches worked best, what support was needed, and how digital exclusion presents in different forms.

The project also worked to increase capacity within NHS Fife. The Peer Coaches received training on the range of digital therapies available, helping them demonstrate tools to clients and answer questions confidently. This, in turn, helped referring clinicians feel more comfortable discussing digital options with their patients.

Amy

Amy found out about Link Living through a community assertiveness course, where a booklet of local support services introduced her to the digital inclusion programme. She began receiving support in autumn 2024, accessing one-to-one sessions at home that focused on building both her digital skills and her confidence.

When she started, Amy felt overwhelmed by technology, her inbox was cluttered, her phone underused, and the idea of navigating social media felt daunting. A Peer Coach visited her at home and began with simple, practical steps: clearing out her email inbox, removing unnecessary programmes from her computer, and helping her set up and manage a Facebook account on her mobile phone.

> *"A lot of it was encouragement... they were very motivational. I was a bit overwhelmed, and they helped me build confidence."*

Amy described the support as empowering. As she became more comfortable using her devices, she also became more engaged in managing her digital space independently. She now uses her computer more regularly and feels better equipped to keep it organised. With support, she also began using wellbeing apps like Daylight, which sends daily mindfulness messages, a tool she says genuinely helps. The support not only gave her new digital skills but also increased her confidence in accessing online health and wellbeing resources. She noted that while she's participated in mindfulness classes before, the personalised nature of the support she received from Link Living—focused on her specific needs—made a real difference.

> *"It was really good because not just about computer skills but mental health."*

Although she wished the support could have continued longer, Amy described the programme as "brilliant" and said she's now more likely to access online resources and services independently. For her, the project wasn't just about improving her digital skills, it was about having someone listen, encourage, and guide her in a way that felt relevant and manageable.

Not every goal was explicitly health-related. For many participants, gaining digital confidence also meant reconnecting with family online, organising daily tasks more independently, or accessing online shopping and banking services for the first time. These everyday digital wins often had profound impacts—reducing isolation, increasing self-efficacy, and, in some cases, helping people avoid crisis services by maintaining better routine and access to support.

Although still in its early stages, the Linked-Up service is already prompting wider reflections across NHS Fife about how digital inclusion can and should be embedded in mental health care. Staff who once assumed their clients were digitally connected are now reassessing those assumptions. And individuals who were once excluded are now more connected, not just to technology, but to care, community, and control over their lives.

Marina

Marina came into contact with Link Living after experiencing a heart attack in the summer of 2024, which left her feeling depressed and isolated. Her clinical psychologist recommended the service to build confidence and regain some independence while waiting for mental health support. Due to long waiting times for traditional services, she was offered one-to-one digital inclusion support through the Linked-Up project.

Marina had some basic skills using a mobile phone but wanted to improve her ability to manage key tasks online—especially accessing her GP, managing prescriptions, and shopping independently. Over six weekly sessions, she worked with the same Peer

Coach, to build confidence and learn how to use essential online services at her own pace.

"The person I saw was the right person for the job, I felt at ease with him I didn't feel silly, I felt very relaxed".

Marina was guided through setting up and using apps for her GP surgery and for online shopping with Tesco. She described the experience as "person-led"—driven by her own goals and priorities. Having the same person throughout the sessions helped her feel more comfortable, and she said the relationship felt more like a friendship by the end of the programme.

Now, Marina regularly uses online services she once avoided. She orders prescriptions monthly and shops online weekly, tasks that have become increasingly difficult to manage over the phone. She credits the project not only with building her skills but also with reducing her anxiety about technology.
Reflecting on her experience, Marina appreciated that it was tailored, unrushed, and focused on what mattered to her. While she had never received support like this before, she said it came at exactly the right time in her life—and she's now open to trying other digital tools to help support her health and wellbeing in the future.

The difference the project has made

Project staff from Link Living described significant changes in confidence and digital capability among those supported by the Linked-Up Peer Digital Inclusion Service. Many of the learners initially lacked the skills, or the belief in their ability, to engage with digital tools, but found that personalised support helped reduce anxiety and opened the door to new opportunities.

> "Before, I wouldn't even attempt to use them. Now, I use it [the tablet] every week for Tesco and maybe every month online for prescriptions" *(Marina, Beneficiary)*

The peer-led model helped participants develop not only practical digital skills, such as navigating websites or downloading health apps, but also broader confidence in managing daily tasks. Several learners noted that being able to do things like manage prescriptions, access GP services, or shop online gave them back a sense of control and independence.

Marina, for example, gained the digital skills she needed to access her GP online, order prescriptions, and shop for groceries—tasks that had previously felt inaccessible.

> *"It definitely helped. The First Class course was well thought out and very successful, there's no fright of it, you go at your pace, the course is what you want to do, and you're well listened to."* (Marina, beneficiary)

A referring clinical psychologist from NHS Fife noted the broader systemic value of the project. In his view, the programme enabled individuals who were previously digitally excluded to take

part in therapy and community life in a way that would not have been possible otherwise. In addition to this, a counselling psychologist from NHS Fife's adult mental health secondary care team described the service as an essential bridge between clinical support and digital engagement. One client she referred had a diagnosis of autism spectrum disorder (ASD) and was unable to attend a therapy group being delivered online due to a lack of equipment and confidence. The psychologist explained:

> *"This person didn't have access to a laptop, and the therapy group was only run online. Without this project, they wouldn't have been able to access it."* (NHS Fife psychologist)

The changes observed were not only individual but structural.

Awareness-raising sessions with NHS Fife staff helped clinical teams better understand the role digital exclusion plays in health inequality and encouraged referrals from previously unaware service areas.

The cost savings from supporting Emma

Emma is a woman in her late seventies with a long-standing history of complex mental health needs, including psychotic depression and hoarding behaviours. She had received intensive support from adult mental health services for most of her life and transitioned to older adult services after turning 65. Until recently, she required weekly input from NHS Fife's community mental health team.

Emma was referred into Link Living's Linked-Up Peer Digital Inclusion Service by her clinical psychologist in older adult community services. She had limited digital skills and was initially unsure of her ability to go online. However, with tailored support from a peer digital coach, Emma received help building confidence, learning how to use a digital device, and accessing therapeutic and community resources online.

Over a series of sessions, Emma became more confident using her device and began to explore opportunities for online engagement. With increased digital access and support, she founded a holistic therapies group for older people in her community. She now independently coordinates group meetings, accesses third sector resources, and engages with peers online — actions that mark a significant transformation in her mental health journey and social inclusion.

Emma's psychologist described this change as a "huge blossoming," emphasising that she is now making meaningful contributions to her community and is no longer reliant on weekly mental health appointments. Since engaging with the project, the client has established a holistic therapies group for older adults: organising meetings and meeting spaces, accessing third-sector services, and facilitating peer engagement. This is a remarkable shift for someone who previously required regular weekly support from

community mental health teams. Community mental health visits have been estimated[2] to cost **£280**, suggesting that over £1,000 a month or **£14,500** a year of cost burden has been alleviated by the digital inclusion service.

If similar savings achieved for Emma were experienced by five other people supported by the project, the savings would exceed funding provided to the project.

This case demonstrates how targeted digital inclusion can lead to individual transformation, reduced service use, and wider benefits to both communities and the public sector.

Sustaining digital support

As the Digital Inclusion Service moves beyond its initial funding phase, Link Living is actively exploring how to sustain and expand this work within other areas of its service delivery. The project has highlighted how embedding digital inclusion within mental health services, particularly through peer-led models, can lead to transformative outcomes for individuals.

Internally, Link Living has strengthened its digital inclusion capacity by training coaches, developing new resources, and building partnerships that can continue beyond the life of the project. Peer coaches have received training from both Link Group's Digital Inclusion Officer and external organisations such as Mhor Collective, enhancing their skills and enabling them to share learning across other Link Living services. These strengthened internal networks are expected to support the continuation of digital inclusion work in the longer term.

The service also supported ongoing awareness-raising within NHS Fife, with training and promotional work delivered across multiple psychology teams. This work helped increase recognition of digital exclusion within mental health care and built understanding of how peer-led support can complement statutory provision. As such, the foundations have been laid for potential future collaboration.

Despite some initial delays in establishing referral pathways, the creation of a single point of contact within NHS Fife's psychology admin team was a key enabler in improving communication and integration between services. Link Living hopes this model of partnership working can be strengthened and replicated, particularly within social prescribing pathways or wider community mental health initiatives.

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[2] NHS Cost Collection 2023/24

While the project was initially funded through SCVO's Connecting to Care programme, Link Living has shown that peer-led digital support can deliver positive outcomes and has the potential to reduce longer-term reliance on health services. The organisation continues to advocate for the inclusion of digital inclusion support within mainstream mental health and community service provision, particularly for older adults at risk of digital exclusion.

Fife Council and YMCA Glenrothes – LifeCurve Project

FUNDING & PARTNERS

£72,566

5 partners

Connecting to Care Fund

Fife Council Housing Plus team, YMCA Glenrothes, Fife Leisure Trust, Adult Basic Education & Community learning teams

LOCATION

11 older people's housing complexes in Fife

FUNDED ACTIVITIES

- digital confidence building & skill development
- support to use apps, online platforms & web based videos
- weekly health & wellbeing activities
- changes measured against LifeCurve - a digital health and wellbeing assessment tool

SUPPORT PROVIDED

56 people supported

2 staff trained as digital champions

25 staff attended digital training

17 devices distributed funded

9 connectivity packages provided

About the digital and wellbeing support

The project centred around enabling residents to engage with the LifeCurve™, a digital health and wellbeing assessment tool designed to support healthy ageing and maintain independence. This project followed an earlier test of change, responding to insights that many older residents were not engaging in previous activities post-Covid, with 44% saying there were things they no longer did.

The project was delivered in collaboration with YMCA Glenrothes and the Housing Plus Team. The YMCA established a Digital Hub that provided access to wider digital projects and expertise, while the Housing Plus Team embedded digital support in routine housing engagement. The residents were supported to complete LifeCurve assessments online and understand their Activities of Daily Living (ADL) position and this was reassessed twice during the project.

Digital champions supported residents to explore and use technology confidently, including messaging apps, video calls, and online forms. Sessions were flexible and paced according to residents' preferences and needs. This support was complemented with weekly activity sessions delivered in communal lounges in collaboration with Fife Leisure Trust which provided exercise as well as opportunities for informal social interaction – quizzes, music events, and gentle movement sessions which all contributed to improved wellbeing.

To support the project participants devices and connectivity – including laptops, tablets and MiFi – were provided and WiFi was also installed in communal areas of the housing complexes to reduce isolation and build community.

As with many innovative projects, several challenges were encountered:

- The LifeCurve app was unavailable, requiring continued use of the SLIF website

- Staff capacity was variable across complexes – some staff did not see digital support as part of their role

- Project scope shifted mid-delivery, requiring retrospective data gathering

- Data sharing was difficult due to IT system restrictions

- Resource constraints impacted sustained engagement with some participants

These were mitigated where possible through team flexibility, clear communication with participants, and support from wider partners.

The difference the project has made

The LifeCurve Digital Inclusion and Wellbeing project has made a meaningful difference to the older people who took part. It supported 56 older people across 11 sheltered housing complexes in Fife to better understand their health and independence, build digital skills, and re-engage with their communities — and it did so in a way that placed each person's goals, pace and preferences at the centre of the support.

Supporting health, mobility and independence

Many participants started the project with limited physical activity, some still affected by the impact of the Covid-19 pandemic and the isolation it caused. Several had long-term health conditions or faced mobility issues that made everyday tasks more difficult and social opportunities harder to access.

By offering a supportive space to build confidence, develop routines and gently reintroduce physical activity, the LifeCurve project helped people to regain both strength and self-belief. Participants took part in low-impact weekly exercise sessions, either in a

seated position or standing, and were encouraged to continue activities at home. Some joined in parachute games or chair yoga; others began using the stairs more confidently or walking further in their local community.

Over the course of the project, a number of participants saw their position on the LifeCurve improve whilst others maintained their position, which in the context of ageing and long-term conditions is an achievement in itself in later life. These gains represented more than health improvement, they indicated an increase in independence.

One participant shared that she was now more able to bend down and pick things up again — a simple task, but one that had previously been difficult and made her feel less capable. Another described how she had "more energy, more zest" and felt "more alive" because she had something to look forward to each week.

Growing confidence in a digital world

While all residents who took part had access to some form of digital devices, many lacked the confidence to use them fully. For some, technology had become a source of frustration; for others it was something to fear or avoid.

Through the project, staff worked patiently with participants to demystify technology and support their confidence, whether they needed help using Near Me video calls, filling in online forms to order prescriptions, or exploring wellbeing apps.

One woman, for example, had wanted to apply for a Blue Badge but didn't believe she could do it online. With support, she not only submitted her application but learned how to take and upload ID photos from her tablet — skills she can now use in other parts of her life.

For one participant, having someone available to answer questions — even the small ones — was transformative. She said it gave her peace of mind and helped her feel less alone when dealing with tasks that had once felt overwhelming.

 These seemingly simple tasks marked a shift in confidence. For many, the fear of "breaking something" or "doing it wrong" began to fade, replaced by a belief that learning was still possible. Participants who had never considered themselves capable of using digital tools became open to trying.

Rebuilding social connection

While physical and digital outcomes were core to the LifeCurve project, many participants valued the social connections formed through the project. Loneliness and isolation are persistent challenges for many older people and the project brought people together in a low-pressured way through quizzes, coffee mornings, and other informal group activities.

Participants described feeling "more involved," "more open," and "more connected" with others. For some, these sessions were the only regular contact they had with peers, and they looked forward to them every week.

In all of these ways — physical, emotional, digital, and social — the LifeCurve Digital Inclusion and Wellbeing project has helped participants take steps toward living healthier, more connected lives. As one staff member put it:

"*Digital is a journey — and so is ageing. This project helped people take that journey with more confidence, more companionship, and more control.*"

The cost savings from supporting Gladys

Gladys is a woman in her early 80s living in a sheltered housing complex in Glenrothes. She was referred to the LifeCurve Digital Inclusion and Wellbeing project, following concerns about reduced mobility and increasing difficulty managing day-to-day tasks due to osteoarthritis and hip pain. At the point of her first LifeCurve assessment, Gladys' functional position was recorded as "Using Steps", which falls within the mid-stage of the LifeCurve and is associated with an estimated health and care cost of £1,950 per year.

Gladys was not taking part in any exercise, had low digital confidence, and was uncertain about how to manage tasks such as online form-filling. She had also not yet accessed available support for home adaptations or mobility aids. Over the course of the project, Gladys received coordinated and practical support including:

- an initial LifeCurve assessment to establish her position and identify areas for support ;

- help to develop digital skills and confidence, including assistance with a Blue Badge application and use of the Elevate brain training app;

- signposting to and encouragement to attend seated fitness classes;

- discussion around appropriate mobility aids — resulting in the use of a rollator;

- arrangement and installation of a wet floor shower by housing staff; and

- ongoing check-ins from project staff before and after her hip surgery.

This support was tailored to Gladys' needs and focused on small, manageable changes that supported her independence.

Following her engagement in the LifeCurve project and successful surgery, Gladys' functional ability improved significantly. Six weeks after her hip operation, her LifeCurve position had improved by four levels — from "Using Steps" to "Getting Up from the Floor" and she was no longer on the LifeCurve. She had resumed attending activity sessions, was walking short distances outdoors, and reported increased digital confidence. She described the support as helpful and said that having someone available to assist with digital tasks gave her "peace of mind." She also confirmed that the programme had contributed positively to her recovery and ability to live independently.

Based on information from health and social care cost modelling for the LifeCurve, and assumptions drawn from local service cost benchmarks, we estimate the following savings associated with Gladys' improvement:

- health and care cost savings: each stage on the LifeCurve is associated with an estimated annual NHS cost increase of £650. Moving from "Using Steps" (costed at £1,950/year) to "Getting Up from the Floor" (costed at £650/year) reflects **a saving of £1,300 per year** in expected NHS service use; and

- reduced post-surgery rehabilitation input: Gladys' quicker recovery reduced the likely need for structured rehabilitation input, such as community physiotherapy. A reduction of even one home physio visit per week over a 6-week period represents **a saving of £246**[3].

Total estimated savings £1,546

If similar savings achieved for Gladys were experienced by 46 other people supported by the project, the savings would exceed funding provided to the project.

Sustaining digital support

From the outset, the project was designed so that digital inclusion, independence, and healthy ageing could be embedded in housing services for older people. Several steps have already been taken to support the project's sustainability:

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[3] PSSRU 2023/24.

- WiFi access has been installed in communal spaces across the participating complexes, providing long-term connectivity for residents

- 25 staff have been trained as Digital Champions, with two housing officers acting as embedded digital leads

- YMCA Glenrothes' Digital Hub continues to offer device access, training and volunteer support across Fife

- The Housing Plus Team is working with Adult Basic Education and Community Learning to develop a housing support digital module, embedding digital inclusion into everyday housing support

- The evaluation of the programme will be presented to Fife Council's wider service planning, with an evaluation presented to the Housing Board in June 2025 and discussions underway around how to embed LifeCurve more broadly across older person housing

Lead Scotland – Digital Skills for Health and Wellbeing

FUNDING & DELIVERY TEAM

£79,025

delivery team

Connecting to Care Fund

Lead Scotland -
2 x learning coordinators
1 x learning services manager
volunteers

LOCATION

Aberdeen & South Aberdeenshire

carers & people affected by ill health & disability

SUPPORT PROVIDED

80 people supported

37 staff and volunteers upskilled through digital training

14 devices distributed funded

ACTIVITIES DELIVERED

- digital skills & online safety support to individuals & groups at home & community settings

- one-to-one support at local Jobcentre Plus for individuals who needed more employability help

About the digital support

Lead Scotland provide learning to disabled people and unpaid carers. With funding from the Connecting to Care programme, they set up a new project focusing on digital support in Aberdeen and South Aberdeenshire. Project learning co-ordinators provided one-to-one and group support.

Multiple referral and access pathways were established. These included:

- referrals from local third sector organisations

- referrals from the local Job Centre Plus, with weekly support sessions delivered on site

- outreach and promotion work at community events and activities

- word of mouth and,

- in the latter stages of the project, links were made with a local sheltered housing provider

Those accessing the project (the learners) went on to receive regular support either at home or in a community setting such as the Job Centre, local café or library. The at home provision was identified as critical in enabling those who are unable to leave home because of a physical or mental health condition to access digital support.

The frequency of the support sessions varied according to individual needs and preferences but would often begin with weekly meetings and then decrease as learners became more confident. One off digital support sessions were also delivered with staff from partner organisations.

On entry to the project, learners would meet with a learning co-ordinator to discuss their needs and the types of issues faced. An action plan would then be developed to set out the learner's goals. Lead Scotland found that some learners didn't have a device that they could use to go online and those that did, lacked the confidence to use it. This might be because they didn't know how, they worried about making a mistake or that they didn't trust online resources.

The support provided was person-centred and designed to help learners achieve their goals. The learning co-ordinators emphasised the importance of building trust with each learner and would work at their pace to do this.

"We're giving people the knowledge, skills and confidence to access these services for themselves." (project staff)

A stakeholder, who referred people to the project, reported high levels of engagement with the support and praised the learning co-ordinator's approach:

"Customers have engaged very well. The learning co-ordinator has been very positive with that and there's been a very low fail to attend rate…I think they pitched things at a level for them that they're comfortable with so they weren't scared and were encouraged to keep going and learn." (stakeholder)

This approach meant that the goals set didn't always relate to the use of digital health resources but instead focused on learners achieving something that would make a difference to their lives. This might be, for example, using online shopping, mobile banking, sending emails or connecting a smart TV to the internet. For those learners that were housebound because of their disability or health condition, these actions could be transformational.

Jimmy is waiting for an operation and is on long term sick leave. He'd been given a laptop by another local organisation during Covid but didn't use it much because he was worried about pressing the wrong button and making a mistake.

> "Before I was scared to turn the page in case I did something wrong. Now I know, if I make mistakes, just to go back, I ken no to be afraid."
>
> The learning co-ordinator worked with Jimmy to build his confidence and make sure he could use digital resources safely. He now has an email address and uses it to stay in touch with family who work overseas. He also uses email to contact the local hospital with any questions about his operation and his Job Centre work coach about his benefits. This means that he no longer needs to struggle with the journey to the Job Centre to hand in his sick note. He's also been shown how to access benefit information from the Department of Work and Pensions website and learn about pensions on Age UK's website.

Enabling learners to access the internet was a key first step for some; this involved providing a tablet (a total of 14 were given to learners) or accessing free mobile data from the National Databank. Other learners needed help making online information accessible to them. For example, Kate is dyslexic and found it difficult to read information online so was shown how to use screen readers. Learning co-ordinators then prioritised staying safe online and the cyber security modules on Lead Scotland's e learning platform were often used as part of this early work.

Once learners had learned the basics and were more confident using their device, they were introduced to digital health resources. While everyone was shown how to access NHS Inform, A Local Information System for Scotland (ALISS) and local GP surgery websites, the other resources used reflected individual needs. For example, learning co-ordinators reported showing learners how to use the Scottish Action for Mental Health (SAMH), Mind Your Mind, Diabetes UK and Aberdeen Get Active. A key aim here was to enable people to access the information they needed to better manage their health condition.

> ### Jimmy
>
> Jimmy has been shown how to order repeat prescriptions online and access the information he needs to lower his BMI, which he needs to do before he can have an operation. After looking for information on NHS Inform with a learning co-ordinator, Jimmy has been able to work out his BMI and how much weight he needs to lose.
>
> They've searched online together for healthy eating recipes and found that the Asda website has a section with recipes that will automatically add the ingredients to shopping baskets. This is helping Jimmy to make small changes to improve

his diet. He's now eating more fruit and vegetables and less fried food and red meat.

Elsie

Elsie had an iPad but wasn't confident going online so had mainly used it to store family photos. Elsie was diagnosed with Type 2 diabetes at the end of 2024 and the learning co-ordinator has shown her how to use NHS Inform and Diabetes UK websites. Elsie has been using the information on these sites to eat more healthily and is now better able to control her blood sugar levels.

The difference the project has made

Project staff reported an increase in confidence amongst those supported by the programme and learners too described how they felt better able to use digital resources.

"Within three to four weeks, confidence rockets, they become confident to try things and it can be empowering" (project staff)

"*I'm a lot more confident than I was, way more."* (Grace, learner)

A stakeholder, who had referred people to the project for support, also described the difference observed in digital skills as "*night and day".*

As the above examples show, because learners now felt able to go online to find information about their health condition, they were better able to manage it. Jimmy and Elsie both described how they had found information about healthy eating from NHS Inform or Diabetes UK and were using it to make changes to their diet. For Elsie, this was helping her to manage her diabetes by controlling her blood sugar levels.

"*"It's made an affy difference. If I want to find something, I know where to go now."* (Jimmy, learner)

Mother and daughter Mary and Kate's experience describes the difference the project has made in more detail and shows how these changes could potentially generate savings to health services.

The cost savings from supporting Mary and Kate

Mary has COPD and was recently diagnosed with Type 2 diabetes. Her daughter Kate is her carer. Mary first heard about Lead Scotland's digital support offer from a friend in December 2024 and a learning co-ordinator went on to visit her weekly at home.

Because Mary didn't know how to use her iPad, the learning co-ordinator began by developing her basic digital skills. This included how to stay safe online and access different digital apps and resources. They also went through the Learn My Way website together to identify the topics that would be most useful. Mary is now using online banking and monitoring digital security cameras via her iPad.

Once Mary was more confident going online, the learning co-ordinator introduced her to digital tools that could help her better manage her health conditions. For example, she booked a home eye test through the Outside Clinic website and Mary now has the right prescription for her glasses. She's also been shown how to find sitting exercises for COPD on the NHS Inform website.

The learning co-ordinator has also been supporting Kate, who is dyslexic and finds it difficult to read information online. Kate has been shown how to use screen readers so that she can access the information she needs to care for her mum. Kate has learned about Type 2 diabetes and the importance of healthy eating on the NHS Inform website. She's using recipes from NHS Inform to cook for her mum. Mary's bloods were described as now being better controlled and 'coming down.' **The costs of a hypoglycaemic event can cost the NHS up to £1478**[4] with complications from poorly controlled diabetes costing the NHS in the UK over £7 billion a year[5]. Better control of Mary's diabetes could therefore generate substantial savings to health services.

Avoiding just 53 hypoglycaemic events across all people supported by the project would cover funding provided to the project.

Before Lead Scotland started supporting Mary and Kate, Kate would ask for advice from a family member or their GP surgery each month. But now that she can access information online, Kate doesn't feel she needs to phone the surgery anymore. **The cost of a 10-minute GP appointment has been estimated at £45**[6], suggesting that the support from Lead Scotland that has led to **Kate being less reliant on GP services has saved the NHS £540 a year.**

[4] Smith MD, Ridyard C, Botan V, Brewster A, Dunmore S, James J, Khunti K, Laparidou D, Law G, Mountain P, Roberts L, Rowan E, Spaight R, Spurr K, Siriwardena AN. Model-based economic evaluation of the effectiveness of "'Hypos' can strike twice", a leaflet-based ambulance clinician referral intervention to prevent recurrent hypoglycaemia. PLoS One. 2023 Mar 16;18(3)
[5] Hex, N., R. MacDonald, J. Pocock, et al. 2024. "Estimation of the Direct Health and Indirect Societal Costs of Diabetes in the UK Using a Cost of Illness Model." Diabetic Medicine 41
[6] PSSRU Unit Costs of Health and Social Care 2024

Sustaining digital support

Now that the project funding has ended, Lead Scotland are working towards embedding digital health care support within other projects (e.g. a new employability service will include work to access digital health care resources to help achieve progress towards employability). They are also exploring how to develop their e learning platform to include digital health and wellbeing resources

More broadly though, Lead Scotland would like to see digital inclusion work as an integrated part of any programme that aims to improve the lives of disabled people and unpaid carers. They also believe that the type of support provided through their project should be available via social prescribing pathways.

While NHS and health and social care partnership support was identified as necessary to sustain delivery, making links and establishing referral pathways with health services was a key challenge throughout the project. While some connections were made (e.g. with the health and social care partnership's carers community) more support is needed to develop these links.