



# Connecting to Care Fund

Funding Impact Report  
April 2024-June 2025

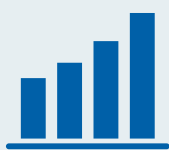
## The Fund

The Scottish Government's Digital Health and Care Division Digital Inclusion programme, delivered in partnership with the Scottish Council for Voluntary Organisations (SCVO), focuses on digital inclusion in mental health and housing.

The Connecting to Care Fund offered funding to support organisations working in the areas of Mental Health or Housing to work in partnership across sectors to embed digital inclusion as a core part of service delivery. The fund focuses on supporting projects that enable people to connect with services that will benefit their health and care, with a focus on digital services.

Funded organisations were expected to meet the following fund outcomes:

- People will have increased awareness of digital options for self-care, self-management approaches and community supports and connections that can benefit their health and wellbeing.
- People will have improved digital skills and confidence, enabling them to access and connect with digital services and resources appropriate to their health and care needs.
- Mental Health/Housing organisations will be better equipped to embed Digital Inclusion in core service delivery (for example this may include but is not limited to: workforce digital inclusion awareness and skills; understanding referral routes and pathways into digital services/supports; understanding digital inclusion models specific to the service and people supported; positioning of digital inclusion in service/organisational policy).
- Organisations will contribute to improve understanding of digital inclusion requirements for digital services across wider health, social care and housing through identification of transferable learning and approaches.



**Maximum grant  
award available**

**£80,000**

Organisations were invited to apply for up to £75,000 over 12 months, working with people at risk of digital exclusion and participating in a Community of Learning (COL) to explore sustainable and best practice models for digital inclusion. Awarded organisations received a £5,000 contribution to support engagement within the required COL on top of their awarded amount, to a maximum of £80,000.

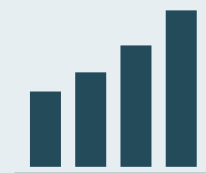
## Funded Projects

Seven projects were supported through the fund, totalling £512,115.



Total Amount  
Awarded

**£512,115**



Projects  
Funded

**7**

## Project Delivery

In total, 7 of the funded projects delivered across 9 local authority areas in Scotland.

Of the funded projects 2 worked across more than one local authority area.

[Find out about each funded project in our interactive Google map here](#)



## Beneficiaries and Device Distribution

Projects delivered activity between April 2024 and March 2025, with some receiving no-cost extensions to continue delivery and follow-up support through to June 2025.

Across the seven funded projects, 195 staff and volunteers supported 411 people with digital inclusion support and activities.

A total of 173 devices and 131 connectivity packages were provided to enable people to connect with services that benefitted their health and care, with a focus on digital services. Alongside phones, laptops and tablets, an additional 44 MiFi units were also distributed to support connectivity. This ensured people had both the equipment and the means to use it effectively, supporting digital access in a range of personal and service settings.

### The Beneficiaries



411

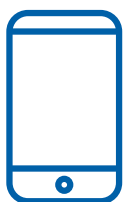
Direct beneficiaries have  
been supported



195

Staff and volunteers have  
been supported

### Devices Distributed



35

Phones



21

Laptops



117

Tablets



131

Connectivity

## Projects Supported

The table below provides a project summary and awarded amount per project.

Organisation Name	Project Summary	Amount Awarded
<b>AdvoCard</b>	Avocard's Digital Advocacy project provided support for people living with mental health conditions to access digital health services in Edinburgh. The project provided one-to-one digital support and advocacy for people who were unable to engage effectively with digital health services. The project supported 85 people and 28 staff and volunteers.	£80,000
<b>centred</b>	centred's Digital project worked in partnership with Mhor Collective and NHS Community Link and Health Improvement Services to develop and implement a digital inclusion programme for people experiencing mental health challenges in Highland. The project worked to establish, define and implement referral pathways with NHS practitioners to offer digital support to improve access to digital health services and supports. The project supported 45 people and 35 staff and volunteers.	£67,440
<b>Fife Council</b>	Fife Council Housing Plus Team in partnership with Connect Fife provided support and access to digital health and wellbeing tools for older people living in Fife. The project provided digital inclusion support as well as access and use of the Life Curve online tool to encourage self-management of health and care needs for independent living. The project supported 56 people and 9 staff and volunteers.	£72,566



Organisation Name	Project Summary	Amount Awarded
<b>Lead Scotland</b>	Lead Scotland's Digital Skills for Health and Wellbeing project provided digital inclusion learning activities and support for people living with disabilities. The project promoted access to digital health supports and explored and informed the challenges and learning around accessibility within health and care services for people living with disabilities, and their carers in Aberdeen city and South Aberdeenshire. The project supported 88 people and 47 staff and volunteers.	£79,025
<b>Link Living</b>	Link Living working in partnership with NHS Fife Digital Therapies Team supported individuals living in Fife with mental health conditions to improve access to digital therapies and reduce treatment waiting times. The project embedded digital inclusion within the NHS service and supported people to develop the skills and confidence necessary to access online digital therapies. The project supported 24 people and 2 staff and volunteers.	£79,907
<b>The Ayrshire Community Trust</b>	The Ayrshire Community Trust in partnership with NHS Ayrshire & Arran, North Ayrshire HSCP developed digital inclusion support and resources for in-patients and outpatients receiving treatment in an integrated mental health facility and community hospital covering South, East and North Ayrshire. The project developed resources and supported people to access relevant digital health and care tools and services to help with self-management of mental health conditions. The project supported 59 patients and 48 staff and volunteers.	£53,444



Organisation Name	Project Summary	Amount Awarded
<b>The Health and Social Care Alliance Scotland (the ALLIANCE)</b>	The Health and Social Care Alliance Scotland's Digital Links Project supported people referred via the Community Link Workers Programme in Glasgow to increase their knowledge and access to digital health and social care tools. The project provided digital inclusion support, training, and updates to their Local Information System ALISS with relevant health and care resources to support people in improving and self-managing their mental health and well-being. The project supported 54 people and 26 staff and volunteers.	£79,733
		<b>£512,115</b>



## Project Insights

Projects funded through the Connecting to Care Fund delivered practical digital inclusion support that enabled people to access health and care services in ways that were more accessible, timely, and person-centred. While the approaches varied, the insights gathered across final monitoring data show that small-scale, embedded interventions can lead to meaningful and lasting change, not only for individuals, but also for staff, services, and systems.



### **Improved access to health and care supports and services**

Digital inclusion support enabled people to attend appointments, access therapies, and manage their care in ways that felt more manageable, especially for those facing anxiety, mobility issues, or travel barriers.



### **Increased digital confidence**

Participants reported enhanced skills and confidence in booking GP appointments, managing prescriptions, joining online wellbeing groups, and using mental health apps.



### **Supportive relationships were key**

Trusting, person centred relationships, especially where staff or peers had lived experience made it easier for people to try new things, stay engaged, and feel understood.



### **Cost-effective digital alternatives enhanced choice**

Tools like Near Me gave people a practical option to maintain support without needing in-person or home visits, helping reduce stress and free up overstretched services.



### **Digital support benefited staff**

Projects upskilled teams and increased staff confidence in embedding digital in their roles. In some cases, it shifted attitudes, moving from seeing digital as an add-on to a core part of individuals care.







### **Place-based and partnership approaches worked well**

Collaborating with familiar, local organisations and services like GPs, advocacy services, housing providers and mental health centres created trusted spaces for digital learning.



### **Cross-sector collaboration helped embed digital inclusion**

Projects built new referral pathways with Community Link Workers, health services, and local authorities, supporting a more joined-up approach to care and digital access.



### **Projects surfaced useful insights into wider system gaps**

Several identified barriers such as inaccessible platforms, limited access to devices or data, and the need for culturally sensitive support highlighting areas where further work is needed.



### **Digital inclusion work laid the foundations for longer-term change**

While challenges remain, some organisations have started to embed digital into core practice, develop internal digital champions, and build partnerships that can continue delivering impact beyond the funded period.

## **AdvoCard**

### **Improving confidence and reducing anxiety**

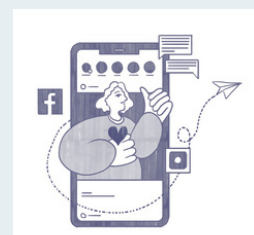


“Participants were supported to attend digital case conferences, psychiatric appointments, and assessments. Having an advocate present during online meetings gave individuals confidence, helping ensure their views were heard. Remote options reduced anxiety linked to travel, waiting rooms, and face-to-face interaction.”

## **The Ayrshire Community Trust**

### **Keeping people connected in trusted environments**

“Having a community-based digital offer allowed people discharged from inpatient services to continue learning and growing their digital skills in a familiar, low-pressure environment helping them to stay connected to services and support.”



## The Health and Social Care Alliance

### Removing Barriers to Essential Services

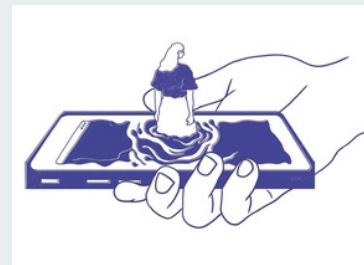


“Group sessions at a GP practice taught patients how to book appointments and renew prescriptions online. Others received one-to-one support to access counselling and peer support remotely. For those recently homeless or seeking asylum, having a device and data allowed vital contact with services.”

## centred (Scotland)

### Digital as a Viable, Cost-Effective Option

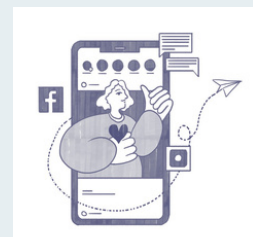
“Only half of our learners initially wanted to access health services digitally, but those who did used Near Me, NHS resources, and other tools. One person attended therapy via Near Me that would otherwise have required a costly home visit. Digital access made treatment viable.”



## Lead Scotland

### Increasing access and reducing pressure on services

“Through this project, our learners were able to access tools like NHS Inform, Daylight and Sleepio. Access to these alongside digital therapies improved confidence, reduced delays in treatment, and helped patients manage conditions at home, reducing pressure on overstretched services.”



## Fife Council

### Promoting independence and early intervention



“Using the LifeCurve app and Near Me, residents in supported accommodation were able to connect with GPs and NHS services more independently. We worked with Occupational Therapy teams to test digital tools that promote early intervention.”



## Link Living Limited

### Seeing Digital Support as Core Practice

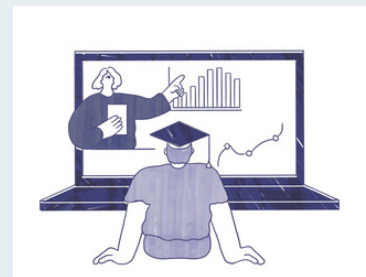


“Through this project, staff improved their own confidence with online tools and learned how to offer person-centred digital support. Many now see it as part of their role, not something ‘extra’ or specialist.”

## centred (Scotland)

### Understanding and Responding to Digital Exclusion

“Staff spoke of being more aware of the ‘sneakiness’ of digital exclusion, highlighting that walk-ins may not realise they are excluded. They now know what questions to ask and how to signpost. Peers are using their own digital journeys to support others rather than feeling like they need to be experts.”



## AdvoCard

### Building Inclusive Confidence in the Workforce



“Staff and volunteers received training on Zoom, Microsoft Teams and Near Me. They’re more confident supporting clients to use digital tools in a secure and inclusive way. This is especially important when working with people who need adjustments or support.”

## Lead Scotland

### Embedding digital in future delivery

“This project has encouraged not only the staff on this project, but staff across the organisation to embed the digital aspects of health and wellbeing in their delivery. Learning Coordinators are now more confident signposting to health tools like NHS Inform, Sleepio, and Daylight.”



## The Challenges

While the Connecting to Care Fund led to many positive outcomes, funded projects also encountered a range of challenges during delivery. These insights are essential to understanding the real-world complexity of embedding digital inclusion into health and care, particularly when working with people experiencing multiple barriers.

Some challenges related to short delivery timescales and staffing pressures, while others highlighted broader systemic issues, including variable buy-in from health and care partners, digital infrastructure limitations, and the need for tailored approaches.

While not always raised as a standalone issue, several projects noted ongoing concerns around providing devices and connectivity beyond the funded period particularly where referrals increased or infrastructure was poor.

Common challenges experienced included:



### **Short delivery timescales affected planning and momentum**

Within the 12 month delivery period, several projects experienced delays at the start due to staff leave, onboarding processes, or procurement hurdles - resulting in compressing delivery windows and limiting time for reflection and learning.



### **Staffing pressures limited capacity**

Illness, vacancies, and turnover within small teams impacted project continuity and made it harder to offer consistent support.



### **Engaging health and care partners required persistence**

GP and clinical engagement was often slower or more variable than hoped, requiring repeated efforts to build trust and alignment.



### **Governance and infrastructure added complexity**

Some projects noted challenges navigating data protection, digital platforms, or health and safety requirements when working across sectors or in clinical settings.



**Participants faced individual barriers to engagement**

Health, anxiety, language, and digital confidence all influenced uptake, meaning projects had to adapt approaches and timelines.

**Digital inclusion was still seen as “extra” by some**

Although progress was made in some cases, staff confidence or service priorities made it difficult to fully embed digital support or keep it as a priority within wider care pathways.

**Sustaining and scaling digital inclusion models takes time**

Many projects reported that the short funding period meant they were only beginning to explore how digital support could be embedded into core services or scaled sustainably. Future work must allow space to test, refine, and grow models that are manageable, affordable, and impactful over the long term.

**Ongoing access to devices and connectivity remains a challenge**

While this fund helped meet immediate needs, many projects flagged the lack of sustainable pathways for providing digital access longer-term.



## AdvoCard

### Limited GP engagement and platform preferences

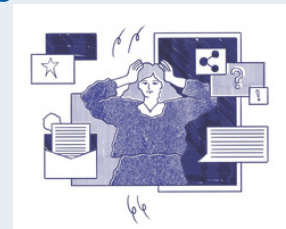


“GP engagement has been lower than expected. Many GPs prefer phone consultations over online appointments. Patient feedback indicates a general preference for in-person GP appointments, while online options are more accepted for psychiatric consultations.”

## The Health and Social Care Alliance Scotland

### Inconsistent engagement and platform variability

“GP engagement varies, some practices show interest, while others lack digital appointment systems or patient demand. There’s also a diversity of digital platforms across surgeries, which creates barriers to standardising support.”



## Link Living Limited

### Staff absence and unsustainable delivery model



“It was originally anticipated that project delivery would be covered by two peer coaches. However, one coach has been on long-term sick leave and the other has continued to manage a significant caseload alone. This has limited the geographic area we can cover and reduced our ability to build consistent relationships with local organisations or attend community events both of which are key to building trust and delivering joined-up support.”

## Lead Scotland

### Slow engagement and digital hesitation

“Challenges included the time needed to establish relationships with health partners. Despite outreach efforts, such as emails, in-person visits, and leafleting, very few referrals came through from GP practices or local services. Some staff were hesitant to adopt new digital tools, which limited early uptake. Connectivity barriers also persisted, many participants relied on outdated phones or lacked access to devices, which slowed progress.”

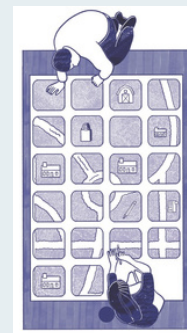




## centred (Scotland)

### Staff confidence and digital reluctance

“Staff confidence was a barrier, not everyone felt equipped to deliver digital support, and some were unsure about device lending and data safety. We also faced practical issues like poor Wi-Fi in rural areas, which limited what could be offered. Some participants were reluctant to use digital tools due to mistrust or previous negative experiences, and needed more encouragement or reassurance than expected.”



## The Ayrshire Community Trust

### Referral barriers and information governance delays

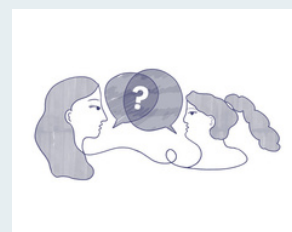


“Buy-in from health professionals was mixed. Although we were based in a familiar, low-pressure setting, we struggled to get consistent referrals or formal links with care teams. Some healthcare staff were enthusiastic, but others were unsure how best to refer or didn’t see digital inclusion as part of their role. Governance requirements around sharing patient data also created delays, and we found it challenging to demonstrate how our support aligned with clinical priorities.”

## Fife Council

### Staffing pressures and intensive support needs

“Staffing delays impacted initial progress. Some participants require more intensive digital support than anticipated, which has strained existing resources. We’ve focused on quality over quantity to ensure meaningful impact.”



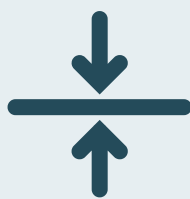
## Individual Impact

Awarded projects completed baseline and follow-up surveys with individuals they supported to understand the programme's impact on digital confidence, health access, and wellbeing. These surveys explored digital skills such as managing money online, finding reliable health information, using wellbeing apps, and staying safe online. The results reflect how digital inclusion support affected participants' confidence, independence, and connection to services.



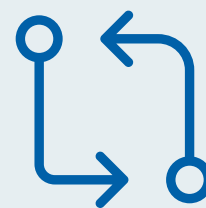
389

Impact  
Surveys



241

Baseline  
Surveys



148

Follow - up  
Surveys\*

\*Follow-up data included both second and third survey rounds.

To assess change, we analysed data from 123 individuals who completed both a baseline and at least one follow-up survey, resulting in 277 usable surveys.

## What we learned



### Digital Health Outcomes Were Core

Participants gained the skills and confidence to manage conditions, access care, and navigate health systems online.



### Support Must Be Personal & Purposeful

People engaged most when digital support was tied to their health goals like finding services, tracking care, or reaching professionals.



### Basic Access Unlocks Big Change

For some, using a smartphone or attending their first video appointment was transformational and encouraged continuous engagement with services.



### Relationships Enable Recovery

Trusted support workers played a key role in building confidence, showing what's possible, and sustaining progress over time.



## Individual Impact - digital skills

The impact survey data shows a clear positive shift in participants' digital confidence and skills. Respondents reported significant improvements across all areas, especially in connecting with others online, accessing trusted health information, and building overall digital confidence. Average confidence scores increased by nearly a full point in most areas between baseline and follow-up. Notably, participants reported the strongest growth in their ability to connect with people online and in their overall digital skills. In a few areas, such as keeping safe online and accessing services, confidence plateaued or dipped slightly in later rounds. These fluctuations may reflect changing personal circumstances, such as periods of instability or crisis, rather than a reduction in ability. The findings highlight the importance of sustained, person-centred support that can flex to people's needs over time.



### centred

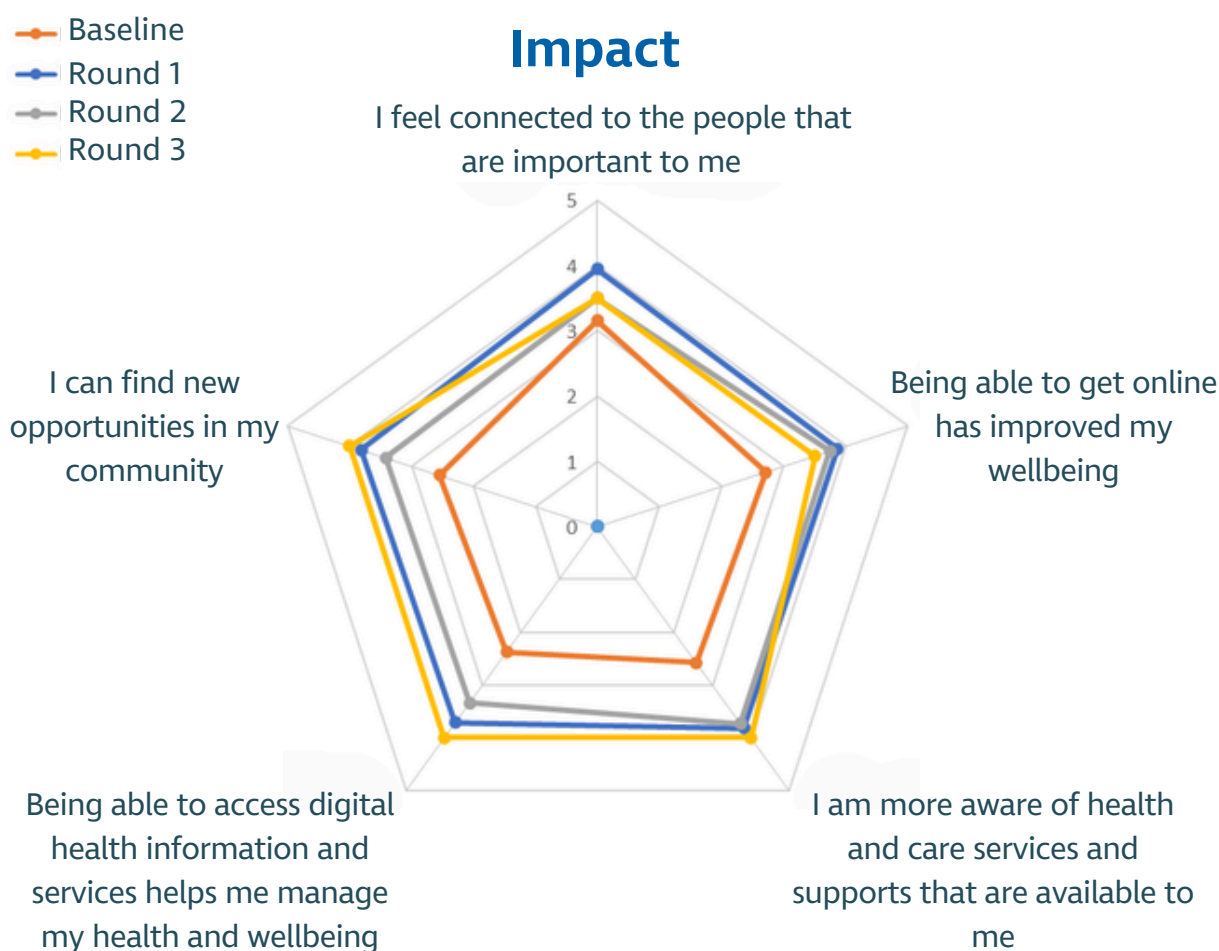
"It's been fantastic for building my confidence and reducing loneliness. I now know where to find reliable health information and feel more connected to what's out there."  
Project Participant

### Lead Scotland

"After being shown the Diabetes UK website, I've been able to use it to understand my health a bit more. I didn't know before that having an infection can affect your blood sugars."  
Project Participant

## Individual Impact - Personal impacts

The strongest improvements reported by participants were in their awareness of available health and care services, their ability to manage their health through access to digital information, and in finding new opportunities in their community. Many also felt more connected to people who matter to them and reported that being online had improved their overall wellbeing. While progress wasn't always linear with some fluctuation between survey rounds, the overall trend was positive, showing how digital support can help people feel more informed, connected, and in control of their health and daily lives.



## Link Living

"I spend less time going to hospital now because I can attend appointments online. I also don't have to go into the Jobcentre about Universal Credit. I can manage it and make updates online."

Project Participant

## Impact Story

### Link Living and NHS Fife

### Personalised Digital Support for Complex Care



The partnership between LinkLiving and NHS Fife aimed to support individuals facing multiple barriers to health and care access. These included mental health challenges, long-term conditions, and digital exclusion. The project provided tailored, person-centred digital support to help people engage with health services, particularly virtual psychological therapy. By combining access to equipment with emotional and skills-based support, the project reduced isolation, improved wellbeing, and made digital health tools more accessible to those at greatest risk of being left behind.

### Unlocking Access to Vital Therapy Through Digital Confidence

Robert was referred to Link Living in September 2024 by a Clinical Psychologist from the NHS Fife Clinical Health Psychology Service. He had recently been discharged from Intensive Care after a serious episode related to Type 2 diabetes. The experience had taken a toll on both his physical and mental health, and although he had been accessing therapy, he could no longer attend in person due to mobility issues. His growing isolation meant home visits weren't possible, and he was at risk of dropping out of care altogether.

Robert and his partner, who had become his full-time carer, were both overwhelmed by the complexity of online forms, medical appointments, and benefit systems. Despite the clear need, they lacked the equipment, skills, and confidence to manage the digital side of daily life. Without intervention, Robert was likely to disengage from therapy, with serious consequences for both his physical and mental health.



## A Tailored and Compassionate Approach

Link Living's support began with a "good conversation" a model focused on listening, understanding, and co-designing support that matched each person's goals.

Support for Robert and his partner included:



### Accessibility first

Robert's vision was deteriorating and his smartphone was hard to use. The team adjusted settings such as magnification and contrast and provided more suitable equipment.



### Starting with what matters

Rather than focusing on healthcare tasks right away, staff introduced Robert to digital activities he enjoyed like music streaming and video calls with family to build confidence and reduce anxiety.



### Enabling digital health access

With support, Robert began using his new tablet to attend NHS Near Me sessions, manage appointments, and reconnect with relatives.



### Reducing pressure on carers

Robert's partner received a Chromebook with a touchscreen and keyboard, making it easier to manage tasks like Universal Credit forms, Blue Badge applications, and online banking reducing stress and saving time.

## Impact

### Measurable Impact on Wellbeing

By the end of the programme, the impact was clear. Robert had re-engaged with therapy and reported reduced loneliness, greater independence, and stronger digital skills. His partner also felt more confident and better equipped to manage digital tasks at home. Robert's wellbeing score, measured using the Short Warwick Edinburgh Mental Wellbeing Scale, rose from 10 at baseline to 19 at follow-up. This was a statistically significant improvement and reflected the wider positive impact on his health and confidence.

This approach demonstrates how digital inclusion can be embedded into complex care journeys in a way that is practical, meaningful, and life-changing.

## Spotlight: Lead Scotland

### Exploring Barriers and Opportunities in Digital Health Access



Lead Scotland supported disabled people and unpaid carers to explore digital health and wellbeing tools such as NHS Inform, Sleepio, and Daylight. Alongside one-to-one support, they carried out a research project to better understand the barriers disabled adults face when trying to access digital health services and what needs to change.

### Achievements

- Learners built confidence using digital tools to manage their health, access mental wellbeing resources, and connect with online services.
- Staff embedded digital health signposting into wider delivery, from core learning sessions to organisational strategy.
- The research highlighted real-world accessibility and inclusion challenges that are often overlooked in digital health design and delivery.

### Learning

- Awareness of digital health tools is low, many participants had never heard of them before.
- Even with awareness, poor design, login barriers, and lack of confidence meant learners needed tailored, person-centred support.
- Building digital confidence through personal interests (like music, family connection, or sleep support) created momentum for health-related use.
- There's a gap between digital health policy ambitions and the practical needs of disabled adults, inclusive implementation must go beyond access alone.

### Resource

[Read Lead Scotland: Digital Healthcare Research Report](#)

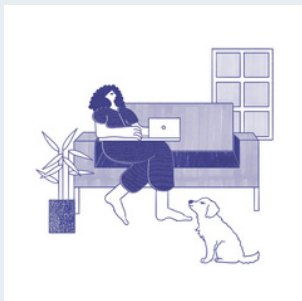
“Digital services assume a level of digital literacy that many people just don’t have. It feels like it’s not designed with us in mind.”  
– Learner

“There’s a policy push for digital healthcare, but not enough thought about how disabled people actually use technology or what support they need to get there.”  
– Staff member



## Spotlight: Fife Council

### Embedding digital tools into supported living using the LifeCurve



Fife Council in partnership with Glenrothes YMCA aimed to test how digital tools could be used to support older adults and those in supported accommodation to live more independently and manage their health proactively. Working alongside Occupational Therapy teams, they introduced the LifeCurve app as a way to promote early intervention and track functional ability.

### Achievements

- Residents in supported accommodation used the LifeCurve app and Near Me to build digital confidence and connect with health and care services more independently.
- Partnership working with OT teams led to creative testing of digital tools to support preventative care and monitor functional decline.
- Staff became more confident supporting individuals to use digital health resources as part of everyday wellbeing planning.

### Learning

- The LifeCurve app prompted conversations about daily living activities, promoting awareness of small changes that can maintain or improve independence.
- Residents benefited from the mix of practical support and tailored digital tools, especially where early signs of decline were identified.
- Collaborative working between housing and health teams was essential in creating shared understanding and consistent support.
- Staff development was a key enabler. Where team members had training and time, digital tools were integrated more effectively.

### Resource

[Fife Council: LifeCurve Digital Inclusion Evaluation](#)

“One tenant now uses Near Me for regular consultations with their Occupational Therapist. Before, this would have meant multiple visits, it’s more efficient and empowering.”  
– OT team member

“This kind of digital support works best when there’s collaboration between housing support and health services. It creates consistency for the person.”  
– Evaluation finding



## Spotlight: Health and Social Care Alliance Scotland

### Supporting digital health signposting with 'Try a Tool'



The ALLIANCE developed and tested 'Try a Tool' a new resource booklet designed to help staff and volunteers confidently introduce digital health and wellbeing tools to people they support. The project aimed to strengthen digital signposting across primary care, social prescribing, and third sector services, with a focus on mental health and long-term conditions.

### Achievements

- Co-produced the Try a Tool resource with people with lived experience, practitioners, and digital service providers.
- Distributed the booklet to Community Link Workers, GP practices, and third sector organisations across Scotland.
- Delivered workshops and one-to-one sessions to test the resource in real-life support conversations.

### Learning

- Try a Tool helped staff and volunteers feel more confident introducing digital tools without needing to be experts.
- The booklet encouraged a more person-centred approach, prompting conversations about what mattered to people and which tools might help.
- Link Workers found it particularly helpful as a structured, visual aid in consultations.
- Feedback highlighted the need for up-to-date content and easy access to digital versions for wider use.

### Resource

Try a Tool – Health and Social Care Alliance Scotland

[View the booklet online](#)





## Spotlight: Mhor Collective and Centred

### From Paralysis to Agency: Reframing Digital Inclusion as Essential Care in Mental Health Support



Mhor Collective, in partnership with Centred's Discovery College, delivered digital inclusion support in trusted recovery spaces to help people with mental health conditions build confidence, reduce isolation, and access healthcare online. They also explored how digital inclusion supports recovery, capturing the voices of lived experience in a qualitative report.

### Achievements

- Delivered 1:1 and group-based digital support alongside a device lending library.
- Partnered with Centred's Discovery College, embedding inclusion in a trusted recovery space.
- Enabled NHS Near Me appointments through secure digital hubs, improving access to essential care.
- Reached individuals across rural Highland communities (Inverness, Caithness, Aviemore).
- Supported NHS staff through Digital Champions training, opening referral pathways from Community Mental Health Teams.

### Learning

- Digital exclusion is more than access: it reflects shame, low self-esteem, and systemic stigma.
- Trauma-informed, peer-led, and harm reduction approaches are essential for safe digital learning.
- Building resilience helps participants move from anxiety to agency, with skills transferring into wider recovery.
- Embedding digital inclusion in spaces people already trust (e.g. Discovery College, New Craigs Hospital) makes engagement possible.
- Digital tools support not only healthcare access but also joy, creativity, and reconnection with identity and community.

### Resource

[Read the full report: From Paralysis to Agency: Reframing Digital Inclusion as Essential Care in Mental Health Support](#)





## Conclusions and recommendations

Across all funded projects, the Connecting to Care programme significantly improved participants' ability to manage their health, wellbeing, and daily lives through tailored digital inclusion support. When digital tools were embedded within wider care systems, particularly through trusted relationships and collaboration with health partners, the impact was transformative. People felt more in control, better connected to loved ones and services, and more confident using technology to manage appointments, access information, and support long-term conditions. The most effective approaches met people where they were, combining digital access with trauma-informed, person-centred care that adapted to individual needs and life circumstances.



### **Tailored, person-centred support delivers the strongest outcomes.**

When support was flexible and aligned with people's health and care needs, participants reported lasting improvements in digital confidence, wellbeing, and self-management.



### **Short-term funding limited long-term progress.**

The 12 months timeframe enabled rapid gains but constrained projects' ability to embed approaches, build partnerships, or sustain impact at scale.



### **The voluntary sector can be key to closing the digital health gap.**

Community-based organisations were vital in reaching people most excluded from services, building trust, and delivering support in familiar settings.



### **Connectivity remains a structural barrier.**

While skills and confidence increased, ongoing issues with data costs, signal reliability, and insecure housing environments affected people's ability to stay online.



### **Partnership with health services is still inconsistent.**

Some projects achieved strong collaboration with NHS partners, but others faced delays, limited engagement, or unclear referral routes, hindering sustainability.



## Recommendations

**Invest in long-term delivery and infrastructure.**

Extend funding beyond short pilots to embed digital inclusion within core service models and staffing structures.

**Strengthen collaboration between community and health services.**

Build clear, consistent referral pathways and shared responsibilities for digital inclusion across systems.

**Support digital champions and peer models.**

Fund staff and volunteers with lived experience to deliver ongoing, trusted digital health support in community settings.

**Address structural connectivity gaps.**

Ensure funding models include practical support with devices, data, and Wi-Fi access, especially for those in temporary or insecure accommodation.

**Prioritise trauma-informed and inclusive design.**

Recognise that digital exclusion is often linked to wider marginalisation. Effective support must be flexible, culturally competent, and rooted in trust.





# Grantmaking

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## Contact

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**Illustrations credit: Tessa Mackenzie**

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