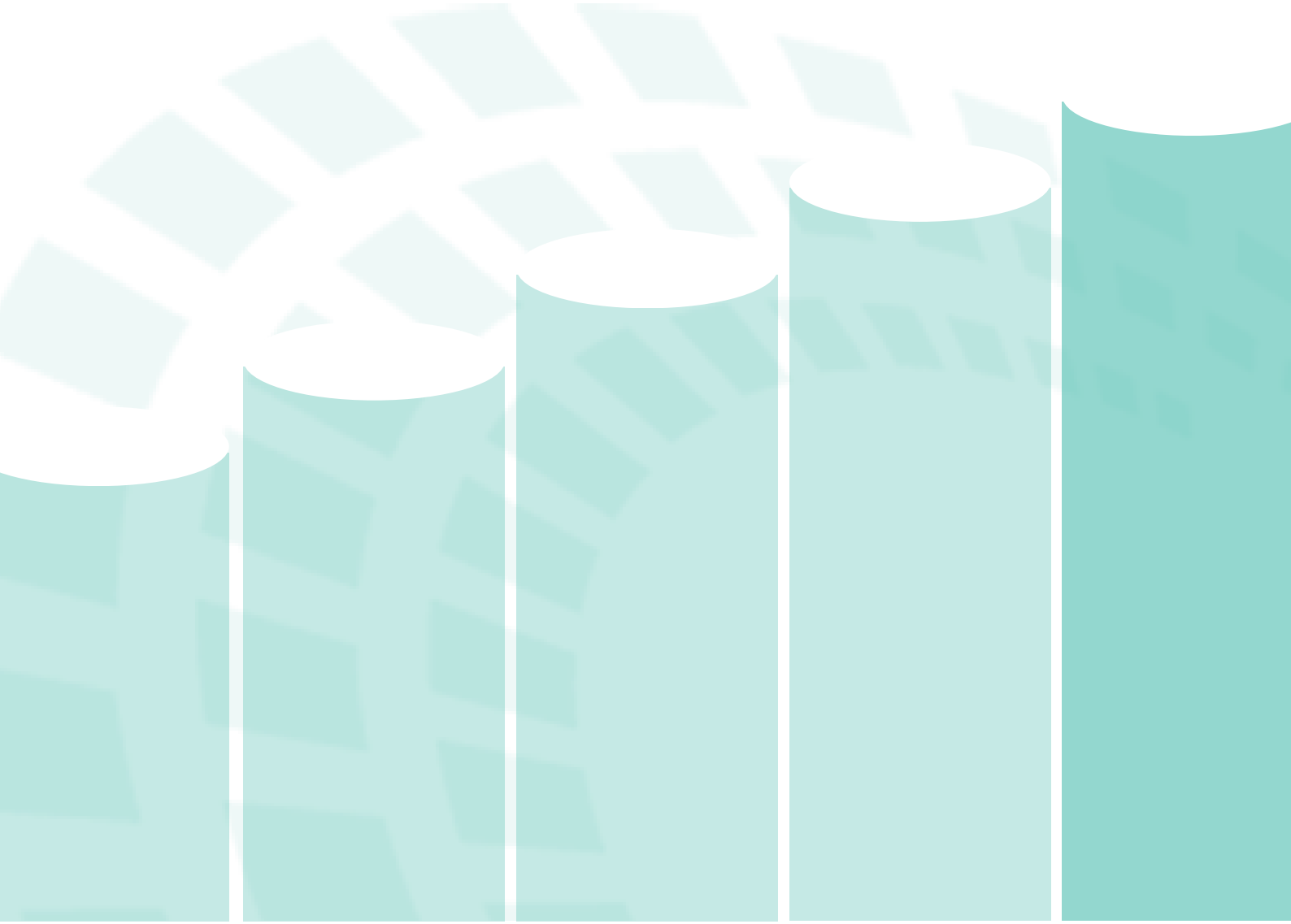
From pillars to practice

Inclusive design



Digital Health & Care Scotland

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Pillars for Digital Inclusion in Digital Health and Care

In July 2023, The Digital Inclusion Programme published a paper - 'From pillars to practice: developing a framework for embedding digital inclusion in health and social care' (Slater and French, 2023). The paper shared a refined approach to digital inclusion involving five pillars: Motivation, Device, Connectivity, Skills and Confidence, and Inclusive Design. These pillars offer an evolving framework towards practical implementation of digital inclusion across health and care contexts, including implications for digital inclusion in practice in the design, development and delivery of digital services.

In the 'Pillars Papers' series, we explore each pillar individually to offer insights on definitions, approaches and implications for digital inclusion to stimulate dialogue across health and social care on needs and requirements for the person, the workforce and organisations involved in person-centred care.

Definitions: Digital inclusion and digital health and care

Definitions of both digital inclusion and digital health and care vary across different settings and perspectives. In the 'Pillars Paper' series, we use the following terms:

Digital Inclusion: is our collective responsibility to ensure that everyone can benefit from being online. In the context of digital health and care this involves responsibility of organisations to ensure that where people choose to engage in digital services, they are offered and have the support they need to access these as part of person-centred care.

Digital Health and Care: involves organisations across all sectors in Scotland (Health, Social Care, Social Work, Housing, Third, Independent, Voluntary, Unpaid Carers) who are contributing to and providing person-centred care through services, interventions and support. It involves everything from prevention and self-management to technology enabled care, and from care in acute settings to care at home and community support.

Digital Inclusion Pillars: Inclusive design

In this paper, we focus on the pillar of ‘Inclusive design’ as a key requirement for digital inclusion.

	Inclusive design
 **As someone that’s digitally excluded I need...**	platforms and digital services that I can easily access and navigate;
 **As part of the workforce I need...**	platforms and digital services that I can easily access and navigate, and knowledge of a range of trusted digital resources that I can recommend to the people I support;
 **As an organisation or service we need...**	to ensure that the digital resources, services and supports recommended or used by the organisation meet the requirements of inclusive design and any related digital service standards.

Inclusive design requirements for the person, workforce and organisation (Slater and French, 2023).

This paper explores inclusive design through two connected themes:

1. how services themselves must be intentionally designed to enable inclusion; and

2. how digital platforms, interventions and products should be developed in ways that support safe, effective and equitable use.

Together, these themes underline how well-designed services are essential for digital inclusion to ensure the successful adoption and impact of digital health and care.

Inclusive design in digital health and care

Inclusive design is more than making services available and accessible, it's about making sure everyone can use them. It goes beyond compliance to address the diverse needs of people through an intersectional approach (across, e.g., age, culture, language, health literacy etc.). It involves understanding and addressing the full digital experience of engaging in a digital service from becoming digitally included (e.g., from motivation, accessing an appropriate device and connectivity, and building skills and confidence), to attention to requirements across individual needs, workforce capacity, and organisational responsibilities in the delivery of digital services. By shifting the focus from individuals to systems, the question becomes: what are health and social care organisations doing to open up access for people to the digital services they provide?

To support this, inclusive design requires:

- Well-designed digital services that are intuitive, accessible, and based on real user needs, not system led priorities.
- A clear understanding of the equality impacts, individual and service outcomes and impacts of the digital health and care tool / intervention.
- Aligned systems and processes that provide the infrastructure needed to integrate digital services and tools with appropriate human support.

Designing services for inclusion

Digital inclusion does not begin with technology, it begins with services. Even the most accessible digital platform will fail if the service wrapped around it is unclear, under-resourced, or poorly aligned to people's needs. Designing inclusive digital services starts with a shared understanding of who the service is for, what outcomes matter, and how people currently experience care. This includes recognising digital exclusion as a structural issue shaped by social, economic and organisational factors.

An inclusive approach considers choice, proportionality and human support from the outset. It frames digital as one option within a wider service offer and avoids assuming digital is simpler, cheaper, or universally preferable.

The Digital Health and Care Strategy states:

'A person-centred approach to digital health and care is also one that promotes choice. Choice for citizens means digital and nondigital options offered in parallel, on an equal footing. People will not be forced to use a digital service if it is not right for them, but it will be made available to those who want it'.

For digital inclusion to be a reality, equal attention must be given to enabling genuine digital choice, i.e., the choice to engage in a digital service and making sure support to engage is available if needed. Genuine 'choice' only exists for those who have the ability to access both options. If support to engage in digital health and care services is not available for people who might be unable to use the digital option then there is no choice, which places people at disadvantage and risks deepening inequality.

The Digital Scotland Service Standard reinforces this aspect of inclusive design in Criteria 3 'Design and deliver a joined-up experience – making sure everyone can use your service' - ensuring people are included in the research and design of digital services but also that there is an understanding of skills, connectivity and confidence as well as considerations in terms of what types of support may be required to help people use the digital service.

There is no shortage of policy and standards in providing directives and requirements to address inclusion and inclusive design. Organisations must assess their reliance on digital channels to deliver health and social care and ensure these do not become barriers for those who cannot, or choose not to, engage online. The more critical digital tools are to service delivery, the greater the responsibility to ensure that support is provided to engage and that services are inclusive, accessible, and supported by alternatives.

Designing digital platforms, interventions and products

Inclusive design in digital health and care focuses on usability, safety, trust and impact, recognising that technology is experienced within wider social and emotional contexts. Ensuring a trauma-informed approach as part of design minimises unnecessary complexity, avoids intrusive prompts, and supports people to engage without distress. It is also important that inclusive design considers digital wellbeing, where sustainable adoption depends on realistic expectations, manageable workloads and psychologically safe digital environments.

Digital services and online interventions are not 'free at the point of care'. There is a cost in relation to the data required to access and use the service - as well as access to a device where this is not provided by services. A 20 minute video consultation with 2 people will use approximately 230 MB of data on a mobile device or 450 MB on a laptop or computer (NHS England). Transparency about cost implications is important to avoid people facing additional unexpected costs where data limits may be exceeded and to ensure services develop mitigations for people experiencing digital and data poverty.

Where inclusive design is absent, barriers emerge which compromises access to digital health and care services and interventions. Embedding digital inclusion in the design and delivery of health and social care can reduce barriers to access and ultimately improve outcomes for people *and* services. In considerations of how to enable digital inclusion it is important that digital exclusion is not attributed or understood as being a personal deficit, but as a structural issue - impacted and determined by social, economic, geographic and organisational factors.

Embedding digital inclusion as part of an Equality Impact Assessment (EQIA) can help ensure that digital approaches do not widen disparities and that mitigations are developed from the outset. By examining how digital services will affect people with different protected characteristics, services can take a proactive approach to improve quality and inclusiveness, build trust with communities, and demonstrate transparency and accountability (*Equality and Human Rights Commission, 2016*).

Digital exclusion does not only affect access to health and social care services, it impacts health and wellbeing outcomes and inequalities. The findings of the *Digital Inclusion Programme evaluation* showed that people who are not supported to engage digitally may miss appointments, experience delays in access to care, or disengage entirely. From a service perspective, this creates failure demand, inefficiency, and inequality. Benefits of addressing digital inclusion included: consistent attendance and engagement, opportunities for prevention thereby reducing crisis demand, and increased autonomy and self-management.

Delivering inclusive design in digital health and care

Digital inclusion is a core part of the transformation of health and social care. Transformation will not be possible without digital inclusion, and it is important to ensure digital inclusion is built into any transformational change process. This requires leadership, coordination, and ownership across teams. Buy-in from senior leaders is essential, as well as alignment with organisational and national strategies, and internal champions or teams who can drive progress in service delivery. Unless there is a strategic approach to embedding digital inclusion across the system of health and social care, there is also a risk that programmes and work are repeated, contributing to inefficiency and preventing sustainability in the long term.

Embedding digital inclusion requires a coordinated effort supported by planning, governance, and communication to ultimately integrate into wider policies, training, and service standards. This is likely to involve developing internal guidelines and policies, updating training resources, revising commissioning processes and ensuring appropriate information governance is in place (particularly when working in partnership with third sector organisations).

A critical element of inclusive design is understanding where human support is needed and planning how that support will be delivered in relation to the 'reliance' on digital service delivery. Each organisation's approach should reflect how reliant the organisation is on digital for delivery of services, as well as what is practical, realistic and proportionate. For example, a service that does not rely heavily on digital may signpost to local community assets to access devices, connectivity or skills support.

Resourcing digital inclusion in digital health and care

Digital inclusion cannot be meaningfully embedded without dedicated resources. But 'resource' doesn't always mean significant new funding, it's about recognising and enabling the people, time, tools, and infrastructure required to support inclusive design and delivery.

Organisations that succeed in embedding digital inclusion think broadly and creatively about the resources they already have, the resource they still need, and how to fill the gaps. This includes internal assets, external partnerships, and workforce development.

People are an organisation's most important asset when embedding digital inclusion.

Staff roles: Think about who in the organisation is well-placed to support users with digital needs. This might be frontline workers, administrative teams, volunteers, or link workers. Identify roles where digital inclusion can be part of day-to-day interactions, then support those people to feel confident and capable. The Digital Inclusion Practice Guide for Health and Social Care is a useful tool that has been designed to support frontline staff.

Protected time: One of the most commonly reported barriers in health and care settings is the lack of time to build digital confidence - both for users and staff. If organisations want digital inclusion to become part of the service offer, they need to build in time: for digital support conversations, for upskilling, and for peer learning.

Leadership: Identifying champions or leads within services to take ownership of digital inclusion can support embedding. This could be a temporary secondment, an additional responsibility within an existing role, or a cross-team working group. What matters is that someone is actively driving the work forward.

Further information and resources on developing approaches to digital inclusion in health and social care are available here: https://scvo.scot/support/digital/inclusion/digital-inclusion-in-health-and-care/knowledge-bank

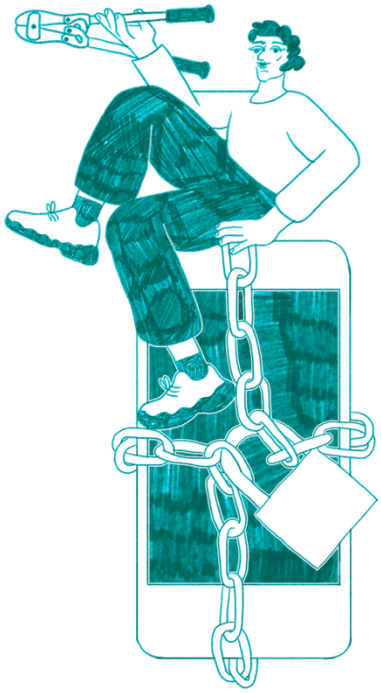
Scenarios: Inclusive design in practice

The following scenarios illustrate the implications of inclusive design in practice:

Sunnyside Health Centre has introduced an online registration form for new patients. Mary attends on Monday morning to register:

Scenario 1

Mary sees a sign saying all registrations must be completed online. Mary leaves because she doesn't see any other options for her in the Centre. There may have been support available here to help her with the digital form, however it wasn't advertised so she leaves without registering.



Scenario 2

Mary sees a sign saying all registrations must be completed online. The receptionist tells her there's only a digital option. The Health Centre hasn't considered providing a non-digital option. Choice is not available in this instance. Mary leaves without registering.

Scenario 3

Mary is told there's only a digital option to complete registration. The Health Centre has agreed on a process to support the form completion. The receptionists have been provided tablets to help people complete the registration forms. In this instance the receptionist doesn't feel confident supporting her with the form so she doesn't mention the support for registration. Support is available but there has been a workforce barrier. Mary leaves without registering.

Scenario 4

Mary is told there's only a digital option to complete registration. The Health Centre has agreed on a process to support the form completion. The receptionists have been provided tablets to help people complete the registration forms. The receptionist offers her the use of the tablet to complete the form but Mary has low digital skills. In this instance support (access to a device and connectivity) has been offered but it isn't the right kind of support to meet Mary's needs (skills and confidence). Mary leaves without registering.

Scenario 5

Mary is told there's only a digital option to complete registration. The Health Centre has agreed a process to support digital registration, and the receptionist offers to sit with Mary while she completes the form on a tablet. The digital registration platform itself is poorly designed. The text is small and difficult to read, instructions use unfamiliar language, and several mandatory fields are unclear. Some questions feel intrusive and are asked without context, causing Mary distress. Despite having access to a device, connectivity, and supportive staff, Mary is unable to complete the registration because the platform is not intuitive, accessible, or trauma-informed. Mary leaves without registering.

In each case, inclusive design could have prevented disengagement by addressing both system design and workforce capability.

Acknowledgements

We would like to thank the Digital Pioneers Community of Learning for the expertise and insights shared that have inspired and shaped the pillars papers. Thanks also to colleagues for their review and helpful comments.

To cite this paper:

Slater, A. and French, T. (2026) 'From pillars to practice: ‘Inclusive Design’. Digital Inclusion Programme. Digital Health and Care.

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