What practitioners need

Lessons on digital inclusion from the frontline of health and social care

June 2026

Overview

This report draws on learning insights from a series of webinars delivered in late 2025 and early 2026 as part of the Digital Inclusion Programme, National Learning Exchange. The themed webinar sessions were designed specifically for practitioners working across different areas of health and social care and open to all sectors. The intention of the sessions were to focus on how digital inclusion can be supported in different services and settings across the landscape of health and social care and offer practical insights and tools to help embed digital equity into everyday practice.

Sessions were themed based on insights from the national Digital Inclusion Programme and included:

- Mental Health: exploring how services can support digital inclusion to improve access to mental health and wellbeing support.
- Self-management: exploring how services can support digital inclusion to empower people to take control of their health and wellbeing.
- Primary care: discovering how to create digital inclusion support that can strengthen patient engagement, improve access, and support trauma-aware care in primary settings.
- Social Care: exploring how services can create digital inclusion support that strengthens relational practice, supports wellbeing, and promotes autonomy across social care settings.
- Disability: exploring how services can create digital inclusion support that promotes autonomy, wellbeing, and rights-based practice for disabled people.
- Minority ethnic communities: exploring how services can create digital inclusion support that promotes equity, wellbeing, and culturally responsive care for people from ethnic minority backgrounds.

The report shares overarching learning on practitioner needs for embedding digital inclusion and also provides a set of 'Spotlight' appendices (at the end of the report) with insights specific to each thematic webinar.

Session Delivery and Participation

The webinar sessions were delivered by Mhor Collective alongside guest speakers with specialist knowledge on the theme areas, with support from SCVO and Tara French Consulting.

Across the series, 889 leaders registered, with 349 practitioners participating in the sessions.

889

Registered

349

Participated

Sessions were delivered on Microsoft Teams (with an additional session held on Near Me) and materials included a set of presentation slides and the use of Mentimeter online survey questions posed throughout the session to support interaction and capture insights. Questions focused on current impacts of digital inequality, how a minimum digital living standard would impact on people's experiences of health and social care and what practitioners need to embed digital inclusion in practice.

A range of tools and resources were provided to participants to support further exploration of digital inclusion in their service/setting. Participants were also invited to complete a post session evaluation to share feedback.

What do practitioners need?

To embed digital inclusion effectively, services and practitioners require a comprehensive, sustainable support framework that addresses practical, cultural, organisational and systemic challenges. Digital inclusion must be treated as a core component of person-centred care, not an optional add-on. Practically, this means understanding people's starting points and responding with appropriate support rather than making assumptions that risk widening inequalities.

Dedicated support, collaboration and networks

Practitioners need structured support mechanisms, such as networks or communities of practice, to share learning, resources and problem-solving approaches. Peer support, digital champions and access to trusted points of contact for digital issues can help build confidence and sustain momentum across teams.

There is a strong appetite for deeper collaboration with Third Sector partners, who already play a vital role in supporting both service users and practitioners. More regular dialogue with health and social care organisations and clearer mapping of who can support what locally and nationally would strengthen collective impact for digital inclusion and avoid duplication.

Cross-sector collaboration is also critical to understanding existing community assets that support digital inclusion, fostering trust (particularly in diverse or marginalised communities) and enabling inclusive, place-based approaches such as community hubs, 'Discovery College-style' models, and supported learning groups.

Time, skills, knowledge and confidence

Regular, protected digital skills training is required for staff so they feel confident supporting others, alongside tailored learning opportunities for people accessing services, recognising different starting points, abilities, and learning styles. Digital capability development should be continuous, supported and responsive rather than one-off or assumption-based.

Embedding digital inclusion requires protected time for staff to:

- Understand what digital services are available;
- Explore digital therapies and tools confidently;
- Assess and respond to individual digital needs; and
- Research and implement accessible changes during service design.

Training is essential to build confidence and competence, particularly for managers and frontline staff supporting people with severe and enduring mental health needs, people in inpatient or forensic settings and those who have never used digital technologies before.

Practitioners consistently highlighted the need for:

- Good quality digital training that increases confidence and engagement;
- Simple, reliable guidelines and equipment;
- Acceptance that digital learning is ongoing; and
- Easily accessible advice or troubleshooting support.

Increased practitioner knowledge and confidence directly improves engagement and outcomes for people accessing support.

In addition to general digital skills, managers require targeted support to build confidence using online tools and a clear understanding of referral routes, support organisations and trusted digital inclusion resources they can confidently signpost to.

Building awareness and reflective practice

Conversations on digital inclusion raises awareness for practitioners and organisations. Staff value the opportunity to step back from day-to-day pressures to reflect on:

- What services currently do to support digital inclusion;
- What services and supports are available digitally; and
- How practice could improve.

Learning from prior experiences and sharing good practice is vital to informing future change and embedding digital inclusion early in service development.

Leadership buy-in, organisational culture and systemic change

Senior leadership engagement is critical. Digital inclusion must be championed at the highest level to ensure it is prioritised, properly resourced, and embedded in services rather than driven by individual enthusiasm alone.

This includes:

- Buy-in from senior management and boards;
- Organisational willingness to tolerate appropriate risk and flexibility;
- Shared NHS systems where possible, rather than fragmented local solutions; and
- Adjustments to information governance approaches (examples such as: enabling secure email communication with patients more consistently across Boards).

Digital inclusion should be recognised as a systemic issue, requiring policy, organisational and cultural change. Third sector partnerships should be supported to work not only with people accessing support, but also with practitioners and service providers, offering training, advice and shared problem-solving to strengthen system-wide digital inclusion.

National leadership, policy and funding

There is a clear call for specific, integrated and sustained support from the Scottish Government to address digital exclusion, not just 'soundbites'. This includes:

- Stronger national policy direction;
- Dedicated and ring-fenced funding for digital inclusion;
- Clear communication of roles and responsibilities; and
- Consistent messaging across health and social care delivery organisations.

A national drive, backed by policy and resources, is needed to enable health and social care sectors and partners to deliver inclusive digital services at scale.

Human-mediated and person-centred support

Digital solutions are most effective when paired with human-mediated support. Digital exclusion should be routinely acknowledged in day-to-day practice by actively asking about access, confidence and preferences. These conversations not only identify unmet need, but also raise practitioner awareness and encourage more inclusive, reflective practice over time. This includes:

- Time to explore a person's digital needs and preferences;
- Supporting informed choice (e.g. understanding the implications of digital-only letters);
- Providing step-by-step guidance via text, email or printed formats; and
- Removing shame from conversations about digital skills.

Digital inclusion work should feel supportive, non-judgemental and enabling and plays a critical role in fostering trust and belonging. For people who have experienced exclusion from services, feeling that 'the NHS [or care service] is for me' is a necessary foundation for engagement. Front-door inclusion in primary care and early points of contact is therefore a vital part of digital inclusion, not a downstream consideration.

Practical infrastructure, investment and sustainability

Digital inclusion depends on baseline resource readiness. This includes reliable devices, up-to-date software and stable, affordable internet access for both staff and people accessing services. Outdated or unreliable technology undermines confidence, trust and engagement, even where digital services technically exist. While connectivity to digital systems may exist, access to devices, safe Wi-Fi and data remains a significant barrier, particularly in inpatient, forensic, rural and social care settings. Key needs include:

- Availability of appropriate technology and equipment;
- Safe device and Wi-Fi access for mental health inpatients;
- Funding for device banks and connectivity support (especially for rural areas); and
- Staff availability and funded time to support patients face-to-face with digital systems.

Crucially, long-term digital inclusion cannot rely on short-term grants. Sustainable funding is required to maintain devices, connectivity, staff capacity, training and ongoing support. Investment and a long-term national focus are essential.

Accessibility, equality and inclusive communication

Digital inclusion must be accessible to all. This includes:

- Providing information in BSL, with interpreters or BSL videos;
- Designing resources for people who are most at risk of exclusion and marginalisation; and
- Ensuring Deaf people and others who may not read English easily can access information equally;

People with disabilities must be centred from the very start of design processes to ensure inclusivity and accessibility.

Co-production, lived experience and design standards

People who design digital platforms and services should include:

- Staff and people accessing support who are not digitally confident;
- People with lived experience of digital exclusion; and
- People who are marginalised by systemic barriers including people with disabilities and racialised communities.

Those with advanced digital skills can lack insight into the barriers others face. Co-production and rapid digital inclusion assessments for all new services can ensure accessibility is built in from the outset.

Understanding what 'good' looks like for digital engagement in services should be explored collectively and informed by lived experience.

Safe spaces and inclusive settings

Protected spaces for digital engagement should be treated with equal importance as face-to-face care. This includes opportunities such as:

- Protected space and time for digital appointments;
- Safe digital access within inpatient units;
- Spaces in schools for young people to access digital therapies; and
- Community groups or drop-ins where people can learn digital skills together in a supported, non-judgemental environment.

Creative ideas for exploring engagement with the online world highlight the value of approachable, low-pressure ways to build confidence.

Screening tools, resources and shared assets

There is strong interest in practical tools and shared resources, including:

- Baseline digital readiness and assessment;
- A simple digital exclusion screening or assessment tool, embedded into initial
- assessments or first contact processes, covering access to email, devices, connectivity, and confidence;
- Banks of resources (including e.g., digital literacy assessments, and security/safety online);
- Quality-assured national resources promoted consistently (e.g., NHS Inform);
- Slide sets and materials for digital wellbeing or literacy sessions; and
- Self-led or supported digital help courses for use with support workers.

Shared assets reduce duplication and support consistency across services.

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Spotlight: Social Care

Not all staff teams across social care currently have reliable access to digital systems, online documents, or functional devices, creating disparities in the workforce itself. Recent shifts to platforms such as MS Teams have highlighted uneven levels of confidence, access and support across teams. Some staff are struggling to use these systems effectively, which can result in missed communications, reduced collaboration and increased anxiety rather than efficiency. Where technology has previously failed, trust is harder to build, leading to hesitancy, resistance or avoidance of digital media altogether. In some cases, staff responses move quickly to 'digital is not suitable for our service users,' reflecting both genuine concern and a broader discomfort with digital systems.

At the same time, there is an increasing need for quick access to up-to-date information, rapidly changing care plans, and effective collaboration with multidisciplinary teams and family members. When systems are inaccessible, poorly supported, or lack accessibility features, this agility is lost, directly impacting care coordination, decision-making, and staff workload. Core workplace systems frequently lack built-in accessibility options and external tools that might better meet needs cannot be adopted due to information governance, security or compatibility restrictions.

Older people in particular may lack the skills, confidence, physical ability, or financial means to keep up with the pace of digital change. Many people experience declining vision, dexterity, memory, or concentration, making digital platforms increasingly difficult to navigate. Others are financially excluded and unable to afford devices, data, or broadband. Many people are experiencing low confidence overall and finding everyday tasks that are now digital by default increasingly hard to manage.

Spotlight: Disability

Mandatory digital-only services create significant barriers for both people accessing support and for staff. When accessibility and inclusive design are insufficient, people cannot fully participate in digital transformation initiatives.

For people accessing support, the lack of inclusive design directly affects their service access. It impacts their ability to communicate effectively with teams, express what they need and in sharing vital information required for full support. Digital inequality often results in isolation and removes people's agency, choice and opportunity. Many people do not know what they are missing until they encounter useful digital tools, yet without the skills, confidence, or access to technology, these tools remain out of reach. Cognitive, motor, literacy, or language barriers, combined with digital systems that feel like a foreign language, create significant challenges.

Within learning disability services, digital inclusion requires adaptation rather than assumption. Supporting people to use digital channels safely must be balanced with designing digital approaches that reflect different communication styles, processing needs and personal preferences, rather than expecting people to conform to standardised digital systems.

Spotlight: Mental Health

Digital solutions can improve access to care, for example through computerised CBT, asynchronous consultation systems and video appointments, which can allow people to access support more conveniently and flexibly. In some cases, digital care offers opportunities to work around other health appointments, widen access to evidence-based tools such as Sleepio, and facilitate remote services across large geographical areas. However, those who face digital exclusion may wait lengthy times for 1:1 therapy or be unable to engage at all, creating and widening inequality rather than reducing it. In busy primary care settings, particularly in socially deprived areas, GPs often have limited time to explore psychosocial needs or navigate long mental health waiting lists, making appropriate digital or community-based signposting challenging.

Digital inequality also intersects strongly with mental health, learning disability, age, custody status, trauma, and confidence. Some mental health patients face additional barriers related to psychotic ideation, where digital environments can feed or exacerbate paranoia. Others may lack confidence, literacy, language skills, or opportunities to learn how to use technology safely and effectively. People who have spent long periods in custody may have little or no experience with smartphones or digital systems, while those currently in prison are digitally excluded by design due to security restrictions despite experiencing significant health and social inequalities.

Spotlight: Mental Health

Older people often report feeling uncomfortable or burdensome when asking for help with technology, which can limit engagement with video therapy, digital letters, self-help materials, or at-home therapeutic exercises such as relaxation videos. Lack of access to private space can also prevent some young people from attending online appointments. Learning disability services face particularly high barriers due to literacy demands, device access and reliance on family or staff support, which is not always available.

While telephone appointments can help bridge gaps for those unable to use digital tools or travel long distances, they are not always an adequate substitute for high-quality therapeutic input. Many services rely heavily on telephone contact because it remains the only accessible option for a significant proportion of patients. However, this can restrict the range of interventions offered and reduce treatment effectiveness.

Poor or variable internet strength, on both the patient and staff side, can significantly disrupt individual therapy sessions, reducing therapeutic time and increasing stress, or leading to abandoned appointments altogether.

Spotlight: Primary Care

As services move toward digital triage, e-consult systems and rehabilitation tools to improve costs and efficiencies, those without access to, confidence in, or choice over these tools are increasingly disadvantaged. Patients are often unable to book appointments online or order prescriptions digitally, while in other cases choice is removed entirely, with prescriptions only available online and no telephone option, or with mandatory use of e-consult rather than a mix of online and telephone booking. This lack of flexibility creates significant barriers and removes personal preference, increasing frustration and disengagement.

Some people are unable to use digital options such as weight management or mental health resources, leaving them on waiting lists for long periods while conditions worsen and self-efficacy declines. Patients who cannot access or use their GP practice digitally experience increased stress, deterioration in health and rely on the third sector to navigate systems on their behalf, increasing pressure on already stretched services.

People struggle to engage with tools such as My Diabetes My Way, use remote monitoring to manage long-term conditions, or respond to secondary care letters that require digital action. For those whose first language is not English, engagement can become almost impossible. Neurodivergent patients and staff face particular challenges because systems are not designed with inclusive needs in mind, often resulting in longer journeys, additional steps and delays in appointments or prescriptions. Beyond access, there are also risks of misinformation and disinformation, particularly around vaccines, affecting trust and decision-making.

Keeping up with the demands of face-to-face delivery impacts service capacity, without the ability to fully support digital change, including offering non-digital alternatives. Poor and inconsistent implementation of digital services, due to limited staff capacity, lack of confidence, or unsuitable equipment, means that some services are available in certain areas but not others, further entrenching inequalities and compounding existing health and social disadvantages.

Spotlight: Minority Ethnic Communities

Changes to digital services are often implemented without sufficient user engagement, user testing, or equality impact assessment of digital applications, which excludes the very people most affected. As a result, opportunities are missed to meaningfully engage across groups, ensure developments are informed by lived experience and build trust and credibility.

Language and financial barriers are significant, alongside fear of privacy issues, lack of trust in systems and limited literacy or digital skills, which frequently prevent engagement. Some people do not want to share their data if they do not know who it will be shared with or how it will be used. Others, particularly those with direct or indirect experiences of racism, may be hesitant to disclose race or ethnicity data or related proxies. This lack of trust can be compounded by a perceived lack of input from people affected and assumptions about individual willingness or ability to engage.

Some people actively choose not to learn digital tools because they feel disconnected from their reality, while others become reliant on others to do things for them that, given the chance and appropriate support, they could do themselves. This reliance often requires people to be vulnerable and share private information, which can further undermine confidence and autonomy. Limited phone or face-to-face support has been a persistent challenge for many digitally excluded patients.

Creating high-quality information in accessible formats for all is recognised as important, but doing this well takes time and resource. Without sustained inclusive engagement and investment, digital exclusion has wider consequences. Long-term unemployment or roles requiring little digital knowledge can limit career progression for individuals such as single parents, keeping them locked in low-paid, low-grade work. This creates frustration, slows progress within teams where inequality exists, and ultimately leads to poorer engagement and outcomes. While digital inclusion has the potential to improve access and experiences, without addressing these barriers, many people will remain excluded and disadvantaged.

Spotlight: Self-management

There are persistent assumptions that young people are digital natives, yet access, confidence, and health literacy remain major barriers. Digital inclusion courses are limited, often based in libraries, and usually require someone to sit alongside the person to support learning which is not always possible.

For carers and the people they support, digital exclusion leads to reduced access to information, learning opportunities, and timely support. For people who are housebound they may have family who are willing to help, but this takes additional time, coordination, and effort. Very long waiting lists mean people are often left unsupported for extended periods, despite the existence of excellent NHS digital resources such as physiotherapy and gentle exercise programmes that could help housebound individuals get started safely with movement and self-management if they were able to access them.

There are also wider wellbeing implications. Paper resources and forms are often generic and not tailored to an individual's stage of recovery, whereas digital tools can provide personalised support at the exact point it is needed. When people cannot access these tools, opportunities for prevention, early intervention, and self-management are lost. For some patient groups, such as those with eating disorders, lack of critical media literacy can increase vulnerability to harmful online content, further affecting mental health and recovery.

The impact of digital exclusion extends beyond healthcare. Reduced access to the most up-to-date resources that are now typically in digital formats limits people's ability to learn, build confidence, and engage with opportunities that support overall wellbeing. Many people would benefit from integrated 'MyCare' style platforms that truly reflect health and care in a holistic way, including physical health, mental wellbeing, financial stability, and social inclusion. There is a major opportunity here for health improvement, wellbeing support, and prevention of ill health, but only if digital inequality is actively addressed.