From pillars to practice
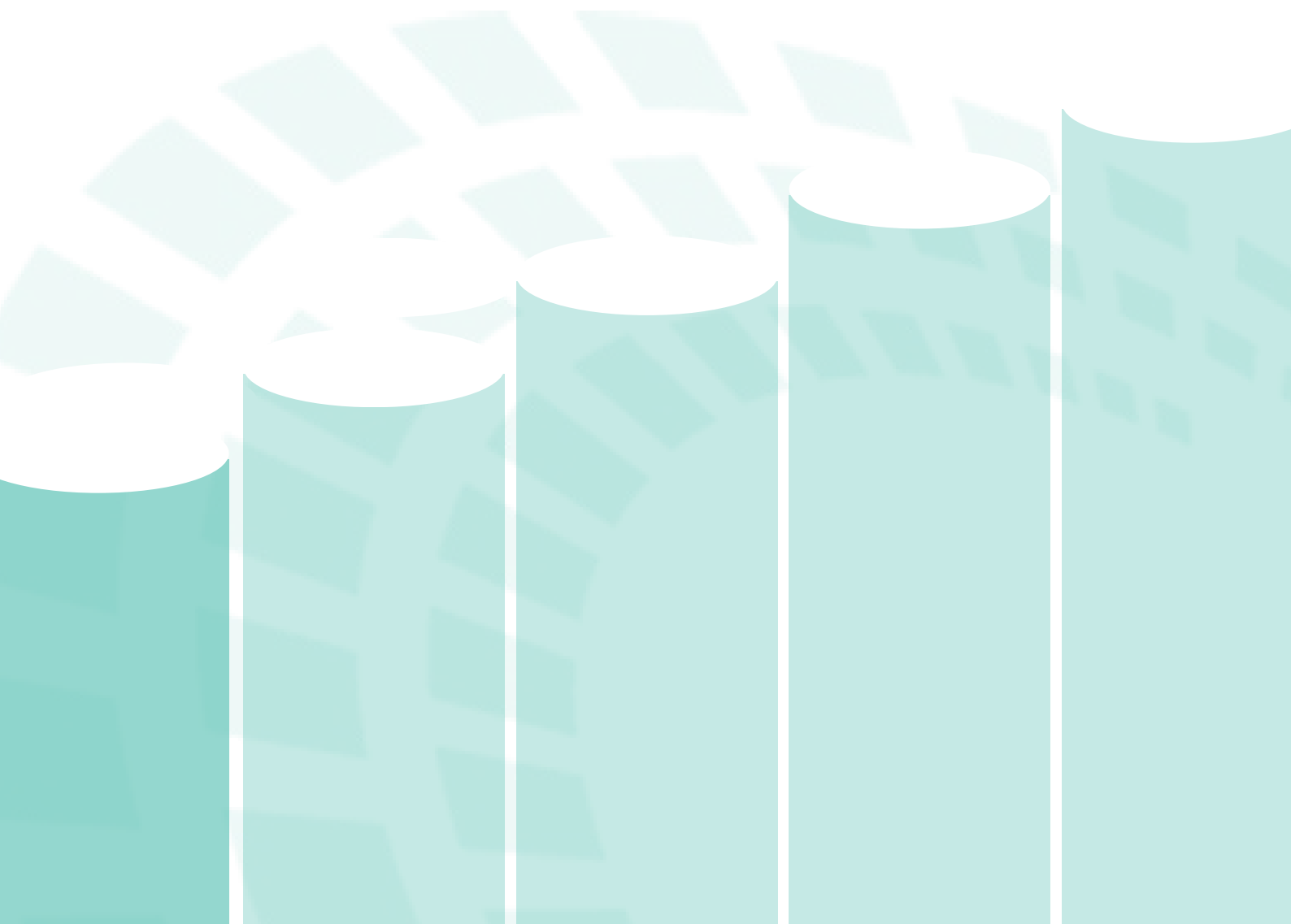
Motivation

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: Motivation

In this paper, we focus on the pillar of 'Motivation' as a key requirement for digital inclusion.

	Motivation
As someone that's digitally excluded I need...	to understand how being online can benefit or be of interest to me;
As part of the workforce I need...	to be mindful of digital inclusion and promote the benefits and opportunities that being online can bring to the people I support;
As an organisation or service we need...	to prioritise digital inclusion across organisational strategy/policy and promote across all levels of the organisation to create knowledge and awareness.

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

What do we mean by 'motivation'?

Although motivation is closely linked with skills and confidence to get online – we have included motivation as a distinct pillar for digital inclusion given that if someone is not motivated to engage online, the subsequent pillars are redundant.

The 'motivation' pillar can relate to many definitions and considerations of what motivation means. At the individual level, motivation for digital inclusion aligns with the definition of motivation as 'a person's willingness to exert physical or mental effort in pursuit of a goal or outcome' - in this instance the outcome of being able to benefit from the opportunities being online can bring. However, it also relates to the ability to motivate someone to want to become digitally included - 'the act or process of encouraging others to exert themselves in pursuit of a group or organizational goal.' Motivation goes hand in hand with digital choice. In the Digital Health and Care Strategy, digital choice 'for citizens means digital and non-digital 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.'

Motivation is the first step on the journey to digital inclusion. The benefits and opportunities of what digital offers must be clear and relatable before someone will want to engage. When it comes to digital health and care, it is unlikely that engaging in health and care services would be an initial key motivator or 'hook' for someone to want to get online. A 'hook' is more likely to relate to a person's interests or hobbies and is usually the starting point to creating interest to engage in the online world. Other work has found that people may be interested to engage digitally in health and care services for convenience, saving time and money in travelling to appointments.

In the digital health and care context, engaging people in conversations about digital often comes after relationships and trust have been established. This has been described as a 'pre-motivation phase' where supporting people to feel comfortable and building consistency through 'places and faces' can help when beginning to introduce the idea of digital. People must feel ready to engage and it may require multiple explorations before someone feels ready to commit to going online. Where relationships already exist between the care provider and person accessing support, it may be easier to begin conversations about what digital may offer in the context of health and wellbeing as part of person-centred or personalised care.

The setting in which the conversation takes place can be a factor in how digital is explored. Formal settings may not provide the best or most honest responses because there can be an imbalance in the relationship. The most significant factor will be the relationship between the person and the practitioner, especially if trust has been established.

Communicating the benefits of digital

Motivation to engage in digital also applies to the workforce relating to both their openness to support digital ways of interacting with services and their ability to promote the benefits that digital may bring to the people they support. The opportunity to engage someone digitally will be lost if the workforce does not appreciate the benefits and opportunities being online can bring. This understanding may exist on a personal level, outside of the workplace, but it often fails to translate to how digital is applied to professional practice.

In the context of health and social care, digital can be beneficial at the individual, workforce and organisational levels. Mapping out these benefits can help organisations promote and engage people in digital health and care services.

The following sections provide an overview of learning from the Digital Inclusion Programme about some of the benefits that digital can offer:

Individual

- Digital can support people to be more independent and have increased choice and control in how they manage their health and care. Examples of self-management apps and tools include: Sleepio, SilverCloud and My Diabetes My Way.
- Technology Enabled Care (TEC) can also play a significant role in supporting better health and wellbeing outcomes, with a range of smart devices that can support choice and control around independent living e.g., video doorbells, smart speakers and sensors, remote monitoring (Connect Me).
- Websites can support people to find and access information and resources for their health and care needs in Scotland such as NHS Inform and ALISS – A Local Information System for Scotland.
- Beyond specific health and care solutions, many of the digital tools we use in daily life can support health and wellbeing e.g., video calls and messaging apps to reduce loneliness, wearable devices that track and monitor physical activity data to support healthy lifestyles, and social media apps to support a sense of connection to the wider communities. Another example, using 'Playlist for Life' led to an 80% reduction in the use of medication since integrating personally meaningful music into the care of people living with dementia.

- Engagement with health and care services online offers support from the comfort of home or a place that feels safe or more familiar, which may support access for people with disabilities, mobility issues, mental health conditions or people living in remote and rural locations that may have significant travel and time costs associated with accessing in-person support.

Workforce

- Digital tools can complement care being provided by services, adding new resources to the practitioner toolbox and support better health and wellbeing outcomes.
- Digital delivery, e.g., via Near Me video consultations, can reduce waiting times, reduce A&E attendance, travel time for staff (and patients), help manage time more efficiently (group consultations avoid the need to book rooms), and support practitioners to provide person-centred care where the patient has chosen digital consultation.
- Working with higher risk people e.g., history of violence towards staff, can be more safely managed through digital delivery.

Organisational

- Organisations can expand their reach through digital delivery, both in terms of geography and people that have not traditionally engaged with the service.

- Over time, digital choice and options can be provided more consistently, enabling a balance between in-person and online delivery whilst maintaining flexibility of access. This can provide efficiency and cost savings, focusing resources where they are most needed.
- Digital service delivery can offer more opportunity for flexible working arrangements, allowing for better wellbeing in the workplace and reducing the financial burden of large physical estates.
- Digital self-management, for those that can and want to do this, can help reduce waiting lists for services that are oversubscribed. This can also help increase self-efficacy of how an individual manages their condition.

Supporting safe engagement online

As with the delivery of all health and care, digital is not an endless list of benefits without risks. This can create a sense of fear for many people, and it is important that we acknowledge this upfront. However, as is the case of how we navigate daily life in physical spaces, we constantly assess risk and take steps to reduce the likelihood of harm

Online harms will be a significant concern for anyone working in a setting where they are responsible for the health and/or care of another person. The concern can be more pronounced working with people with existing vulnerabilities.

Everyone can be at risk of harm online e.g., scams, compromised passwords, abuse, but there are measures that can be taken to reduce risk through mitigations. Online safety, although part of digital upskilling, can be a key feature of helping someone gain motivation to engage with digital. Equipping our health and care workforce with an understanding of online harms, and how to respond to them, can be an enabler for increased digital engagement.

Our own anxieties about digital can be barrier to supporting others, especially if these fears limit our willingness to start conversations with the people we support. 'Choice' is a core feature of the narrative on digital service delivery. However, this is primarily framed as a person's choice and option not to engage with digital. 'Choice' also means that individuals are given the opportunity to make informed choices as to whether digital might be beneficial to them in the full knowledge of how to stay safe online. Personal autonomy means finding a balance between safety and person's right to choose how they want to engage.

Organisations can empower the workforce through the introduction of a digital risk assessment or embedding digital risks into pre-existing risk assessments. Benefits of this approach include:

- Utilising contextual information that takes account of the setting in which support is being delivered.
- Minimising the opportunity for negative workforce bias about digital.

- The opportunity to build and learn from best practice internally through streamlined practice, reducing the burden on the workforce to find their own way through this topic.
- The ability to leverage workforce insights from pre-existing relationships, especially in relation to existing vulnerabilities that could be exacerbated or triggered online.
- Supporting personal autonomy and person-centred support, building online safety into any care or support plans.
- Integration with other information held by the organisation, for example, personal care plans, that can help make informed assessments.

Data privacy

Data privacy is a notable barrier that impacts motivation to go online, often driven by a fear of being the victim of a scam or fraud. In some cases, it is necessary to provide personal data e.g. to access services, and individuals may be happy to provide this. We may actively share our data with others e.g., through social media posts. In other cases, data can be captured passively e.g., through 'cookies' tracking website activity. Data is a significant part of the online experience. Data privacy is how an individual controls their own data online.

Moreover, data privacy and fears on how data may be used has implications for how a person may perceive digital health and care, especially given that health-related data is sensitive personal data. Motivation to engage in the digital world should be supported through an understanding of how to keep personal data safe online. This begins with strong passwords and device security (see 'From Pillars to Practice: Devices and Connectivity') and extends to privacy settings on social media. Compromised data can cause financial, social or economic harm to individuals. This can erode trust in digital generally and to the organisation.

Fears on data privacy in relation to digital health and care can be overcome by providing information on how data will be used by the digital service, aligning with the human rights principle for digital health and social care of 'people should have access to data held about them by health and social care services and have control over this data and how it is used.' A key improvement included in the Digital Health and Care Data Strategy is to develop a Code of Conduct on Privacy by Design for health and social care partner organisations, that would provide the necessary assurance to the public, partner organisations and supervisory authority, as well as enhance trust.

Introducing digital options for accessing health and care support

Opportunities to introduce people to digital and explore digital options will vary across different health and care settings and services, as well as contexts and situations (e.g., Covid-19). This will be determined by several factors in the service delivery model including what digital options are available, the timing and purpose of existing interactions for people accessing support (e.g., GP appointments are currently seven minutes which does not give a lot of flexibility to support exploring digital options). Ultimately, it is important for people to recognise that everyone in any health or social care role can play a part in starting the conversation.

However, in starting the conversation about digital, the workforce needs to be confident that there is a clear pathway for next steps if a need is identified around access to a device/connectivity or digital skills support. At an organisational level this requires an understanding of and commitment to supporting the potential digital needs of the people and communities they support.

Learnings from engagement with people accessing digital health and care services as part of the Digital Inclusion programme has highlighted the importance of initial face to face interaction to build relationships and trust prior to being introduced to digital options. The findings of the Citizens' Panel for Health and Social Care reported that people prefer to use digital to book appointments and seek information, and prefer face to face in relation to attending appointments and seeking advice. These insights reinforce the importance of designing the conversation about digital and ensuring appropriate digital inclusion support is available.

Workforce considerations

There is a real opportunity for Scotland's health and social care workforce to enhance care and complement their existing service provision by initiating conversations about digital.

"But digital isn't in my job!"

For many organisations, the 'ask' is not for the health and care workforce to universally start delivering digital skills support. The 'ask' is to support access to health and care and offer digital choice where these options are available.

The unavoidable reality is that we live in an increasingly digital world. Phonebooks and many community notice boards have been replaced with search engines and online forums. Digital is becoming a fundamental part of many people in how they find and access health and social care services. Simply having a conversation with someone could be the start of their journey to improved access and achieving better health and well-being outcomes.

To help unlock the 'motivation pillar' of digital inclusion the workforce across the landscape of health and care sectors need improved:

- Understanding of the benefits of digital, in general terms and about achieving better health and wellbeing outcomes.
- Understanding of the digital services available and how to approach introducing these to the people they support and/or to colleagues.
- Understanding of common fears about digital and how to approach mythbusting/overcome fears.
- Understanding of online harms as they relate to the people and communities they support, and how to reduce these risks.
- Processes to support consistent risk assessment of online harms.
- Pathways to refer someone for further digital support when someone indicates a willingness to explore digital as part of their care.

Organisation considerations

At an organisational level, there are various considerations as to how digital inclusion can be embedded. This should be underpinned by a strategy or policy, regardless of the level of responsibility an organisation has to digital inclusion and should align with the needs and benefits of Equality and Inclusion Impact Assessments. In services where digital delivery is being explored it is vital that organisations invest in digital inclusion support to avoid removing access or excluding people. Key actions that will be universal for all organisations include:

- Mapping the ways in which digital tools can enhance access to care and complement service provision.
- Communicate the identified benefits of digital across the organisation and embed this in strategies/policies.
- Support the wider workforce with digital upskilling, with an emphasis on online safety.
- Review, and update if necessary, existing policies and procedures on risk assessment to incorporate digital.
- Develop an approach to assessing the risk of online harms, either as a standalone tool or embedded in existing processes.
- Mapping clear referral pathways for further digital support e.g., access to devices/connectivity and digital skills support.
- Review, and update if necessary, existing policies on data privacy for digital services.

Scenario: Motivation in practice

The following scenario highlights the considerations and implications of 'motivation' and how this may be realised in person centred care for a person accessing services.

Jane, a GP, sees Lucy on a regular basis as Lucy lives with a long-term condition and they have built up a good rapport. Jane wants to recommend an app that may help Lucy with her sleep disorder. Jane opens a conversation about the app and asks if Lucy has much experience of using digital tools.

Lucy has a smartphone and a monthly data allowance but only feels confident using messaging apps. With Lucy's consent, Jane refers her to the local Community Hub which has Digital Champion weekly drop in support. Lucy trusts Jane and is happy to give this a go.

Scenario: Motivation in practice

Phil is a Peer Digital Coach with his local Health and Social Care Partnership, working at the local community hub where they provide a weekly digital drop-in. Phil has a library of tablets available at the drop in to let people explore different digital tools.

In exploring these digital tools, Phil can understand any fears or barriers that people have to being online and gently talking them through how they can control their privacy settings. Phil can support Lucy to explore the sleep disorder app and help her build confidence in using this on her smartphone.

Scenario: Motivation in practice

The Health and Social Care Partnership has prioritised supporting Digital Inclusion as part of the five-year Health and Social Care Plan. Through the Community Planning Partnership, they have identified existing assets in localities which have become 'Community Hubs.'

The Hubs have been equipped to provide digital access and skills support through Digital Champion cafes. The cafes have a Peer Digital Coach who has been trained in providing digital skills support and who have their own lived experience of developing their digital confidence in interacting with health and social care services.

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