

“Bridge or Barrier?”

Attitudes towards Digital Health & Care in Frontline Social Care Services

May 2025



Executive Summary

Across the UK, the delivery of health and care services is becoming increasingly reliant on digital systems. Carr Gomm's Digital Pioneers Progress Fund project - "Bridge or Barrier?" - aimed to learn more about the attitudes of people we support and frontline Support Practitioners towards digital health and care. Focus groups were conducted with frontline Support Practitioners (n = 24) to understand their experience of supporting people to look after their health and wellbeing. One-to-one conversations with people we support (n = 27) explored their attitudes towards managing their health online and their perceptions of online platforms currently available to support wellbeing.

Our findings suggest that digital management of health and wellbeing is not a strong, initial digital hook for people accessing social care support. In addition, we found the prevalence of digital health services (e.g., NHS Near Me) to be low across localities involved in this research; with staff reporting that they felt uncertain on what digital resources and platforms were available to support health and wellbeing. Crucially, people we support and staff voiced concerns over moves towards 'digital by default' and the potential for technology to negatively impact individuals' level of connection to – and trust in – the care they receive. With Scotland's Digital Front Door to launch in December 2025, it is imperative that people accessing social care support – and Support Practitioners – are meaningfully consulted in the platforms design and delivery to ensure the service aligns with, and enhances, the existing support relationship.

Priority Action Areas

- Digital inclusion support must be appropriately funded and resourced to enable engagement with digital health and care
- Inconsistencies in the availability and awareness of digital health and care services across local authorities must be addressed
- Digital must be utilised as an enhancement to, and not a replacement of, the support relationship

Background

Carr Gomm's Digital Pioneers Progress Fund project "*Bridge or Barrier?*" aimed to explore whether digital health and care could be a potential facilitator or inhibitor of the wellbeing of vulnerable adults accessing social care support. The research was led by Shannon McNee, Carr Gomm's Digital Inclusion Development Manager, and frontline Carr Gomm Support Practitioners.

Twenty-four frontline Support Practitioners took part in focus groups to explore their experience of supporting people to look after their health and wellbeing, and the role digital plays in this. Support Practitioners represented a variety of Carr Gomm services, including short-term mental health and housing services, supported living services, and home care services.

As part of focus group participation, Support Practitioners were upskilled to conduct good conversations with people we support – who were already digitally connected - about their attitudes towards digital health and care. A total of 27 people we support took part and received a Gift Card as remuneration for their time. During one-to-one conversations, people we support reflected on their attitudes towards digital health and care and provided feedback on three online platforms:

- **NHS Near Me:** a platform which enables virtual appointments with health and care practitioners
- **Daylight:** an app, freely available via NHS Scotland, to support self-management of anxiety
- **We Are Undefeatable:** a website developed by a partnership of national health charities to support people living with long-term conditions to find free, accessible forms of movement

These platforms were selected as they are free to access and are produced and/or endorsed by reliable sources of health and wellbeing information in the UK.

Frontline Staff: Attitudes and Perceptions towards Digital Health & Care

In focus groups, Support Practitioners drew a distinction between the barriers which arise at the **support level** versus the barriers present at the **wider health and social care system level**.

At the support level, Support Practitioners reported that – in their experience – the majority of people we support are uninterested in using digital to support their health and wellbeing. Two main themes were identified as potential explanations for this:

Self Worth, Motivation and the ‘Hook’

Many people we support experience feelings of low self-worth and motivation, particularly those living with severe and enduring mental health conditions. This can make looking after health and wellbeing challenging in general (e.g., getting out of bed, completing daily hygiene tasks, eating a balanced diet).

Crucially, motivation is the foundational pillar to digital inclusion. As individuals can find conversations on health and wellbeing to be upsetting, uncomfortable, or uninteresting – using digital to support this area of life may not serve as a strong ‘hook’:

“People we support often do not believe that they are capable of change. They feel that they do not deserve more than they have.”

When Support Practitioners were asked how they currently use digital to support wellbeing outcomes, examples largely focused on bringing fun into support by enhancing a person’s hobbies and interests (e.g., DJing, reminiscence, digital artwork) which can help boost feelings of wellbeing and connection. In addition, digital was frequently used to respond to a pressing crisis (e.g., applying for housing and benefits) which, when positively addressed, enhanced an individual’s wellbeing. However, Support Practitioners did not report use of digital health and care resources and services as a common feature of digital inclusion support – with Support Practitioners reporting a low level of awareness of available platforms to support health and wellbeing.

Online Safety Concerns

Support Practitioners noted that people we support report a lack of trust in digital systems, largely around the storing and use of personal information, which may be amplified by existing mental health conditions (e.g., paranoia or anxiety) or past negative experiences:

“Some people I support really want to be using phones and computers, but some people tend to be quite dubious. There’s a particular person I support who has been hacked in the past. He’s really protective over his personal information now and who has access to that.”

Support Practitioners also reflected that increased awareness of misinformation online may be leading people to avoid recognised, legitimate sources:

“I think the concern over misinformation has got to the point where people I support don’t even want to use things like NHS Inform because they’re worried that they can’t trust that source, even though we’re trying to reassure them its legitimate.”

However, Support Practitioners also highlighted challenges present at the wider health and social care system level. Three main themes were identified:

Lack of Digital Options in Local Communities

Whilst Support Practitioners were able to provide some positive examples of supporting people to access digital health and care (e.g., ordering repeat prescriptions online, sending photos of dermatological concerns to GP) - staff reported that there is a significant lack of digital services in the communities they work in:

“Since covid, I’ve noticed there’s been a big pull away from digital in my area. I know people who are linked in with the physio team, and they sometimes have an online appointment, but it’s not as widespread anymore.”

For example, none of the 24 Support Practitioners who took part were aware of NHS Near Me being regularly offered as an option by GPs in their local areas. Carr Gomm Community Link Workers (CLWs), based within GP practices, reflected that telephone appointments are often preferred by practice staff as they provide greater flexibility (e.g., a patient can be called during a window of time, rather than a specific appointment slot). In addition, CLWs stated that unreliable internet connections within GP practices can make NHS Near Me appointments almost impossible. Support Practitioners in rural areas highlighted that a lack of digital health and care services is a barrier to people accessing care and support:

“In Lochaber, having a lack of digital when it comes to GP appointments in the winter is really hard as some people can’t get out of their homes. This has a real impact on their health in the short- and long-term”

Support Practitioners saw clear potential for digital technologies to assist them to work effectively and provide higher quality support by taking the place of “outdated” non-digital systems and processes:

“Trying to get a GP appointment is so difficult. Sometimes we need to try and book appointments for 5 different people as soon as the phone line opens at 8:30. Sometimes, the practice says they’ll need to phone back to confirm. By that point, you’ve run out of time on the visit.”

Concerns about “Digital by Default”

Whilst Support Practitioners noted a lack of digital options in their local communities, they did not view the introduction of digital as a blanket solution. Support Practitioners reflected that, for many people they support, digital inclusion may never equal digital independence. This means that individuals may always require a degree of prompting or assistance when accessing digital health and care. Therefore, effective use of digital is reliant on the Support Practitioner themselves – both in terms of the Support Practitioner’s availability and digital confidence:

“I think having digital options is great, but the reality is a lot of people we support wouldn’t be able to use these routes completely independently. So, it’s not that digital is necessarily a time saver.

Supporting someone to use these options is still reliant on us having enough time within support to assist someone to access these routes. Staff also need to feel digitally confident enough to support someone to do this.”

Concerns were raised around the accessibility of digital self-management. One Support Practitioner shared their experience of supporting a young woman who had been sign-posted towards Headspace; a subscription-based mindfulness meditation app:

“I recently was supporting a family whose daughter has been on the CAHMS waiting list for something like 26 months. The GP sent them a link to Headspace which had a month’s free trial but after that you have to pay. So, it was having a benefit but then the family were locked out when the free trial ended.”

Support Practitioners were also concerned about digital health and care “replacing” face-to-face appointments, and thereby negatively impacting individual's sense of connection and trust to the care they receive:

“The doctor’s surgery is like a meeting point! People we support see their pals there and they’ve built up relationships with the clinical staff over the years – there’s that trust.”

Challenges in Data Sharing

Support Practitioners are regularly required to communicate with other health and social care partners. However, Support Practitioners reflected that communication can sometimes break down due to restrictions on the sharing of information between organisations:

“I tried to speak to the mental health team of a person I support because I had noticed a worrying decline in his memory. I asked to speak to his CPN, but I was told they couldn’t do that because of data protection. The person no longer had the capacity to speak to his mental health team himself or provide his permission for me to book an appointment for him. It just felt impossible.”

Support Practitioners discussed the positive impact that PASS – the care management system used by Carr Gomm – has had on communication within their own teams and expressed hope on how the implementation of digital solutions may be able to streamline communication between the different partners involved in the delivery of an individual’s care.

People We Support: Attitudes and Perceptions towards Digital Health & Care

70% of people we support rated themselves as 'fairly to very' digitally confident. When asked to describe how they currently use digital, people we support largely provided examples of how digital enables them to engage in their hobbies and interests, connect with the world around them, and learn new things which in turn had a positive impact on health and wellbeing:

"My phone is like a second set of hands. I like the sense of global inclusion and the freedom and variety of accessible information of all types. It helps a lot when you are lonely."

Health and wellbeing was the least common use of digital (13%) - with communication (22%), entertainment (21%), and online shopping (21%) being the most popular. However, 59% stated that they would be 'interested to very interested' in exploring using digital to support their health and wellbeing. People who rated themselves higher in digital confidence were more likely to be interested in using digital for this purpose. People we support provided clear motivations for wanting to use digital to support their health, including learning more about their disability or health condition, saving time and money, and being able to achieve health goals at home:

"I have serious anxiety and struggle to go to appointments [in person]. I want to go to the gym, but I get too stressed to be able to go physically."

Those who were not interested in engaging with digital health and care services voiced concerns over the security of their personal data and the potential for misinformation:

"I feel like a lot of wellbeing tips on the internet can be scams or [claim to be] cure-alls."

Feedback on Health and Wellbeing Platforms

NHS Near Me

81% of people we support had never heard of NHS Near Me. Once introduced to the platform, 52% of people we support stated that they would be likely to use it in their own life. However, people we support were clear that NHS Near Me should be offered as an option rather than the default means of engaging with health professionals:

“It does allow the patient to feel more comfortable as they are in their own surroundings. It can take the stress away from journeying to appointments, too. It would be good if used in combination with face-to-face appointments.”

Those who rated themselves as unlikely to use NHS Near Me stated that they preferred face-to-face appointments:

“I like the process of phoning up to make the appointment alongside my support and then going to the appointment together in person”

For others, discussing their health concerns online did not feel appropriately safe or private:

“It’s not suitable for me. I think I’d struggle to discuss my mental health online. I also lack privacy to take a call at home.”

Daylight

93% of people we support had never heard of Daylight, with 49% reporting that they would be likely to use the app in their own lives. For some people, the fact that the NHS is endorsing the app made them feel secure in using it as they knew it was legitimate. However, for others, concerns remained over the suitability of digital self-management:

“I don't think I could trust an app to help me with my anxiety, I would rather speak to an actual professional person about this.”

Those who liked the app felt more must be done to promote these options to the public:

“I think it's strange that I haven't heard of this app if the NHS is funding it. I might give it a go, I will probably see if it is helpful. This could be helpful if more people are aware that it exists.”

We Are Undefeatable

100% of people we support had never heard of We Are Undefeatable, with only 37% stating they would be likely to use the platform in their own life. People we support were concerned about potentially injuring themselves without professional, in-person guidance (e.g., physiotherapist):

“I know what I can and can't do. I feel if I use the website, I will push myself too much and hurt myself.”

Others felt that exercising online would remove opportunities to connect with others:

“I like that it's tailored and accessible, but I think some cons are that it removes social and peer support.”

Interest in Receiving Support to Explore Health and Wellbeing Online

People we support were asked whether they would like their Support Practitioner to assist them in using digital to support their wellbeing. Most people we support (56%) declined. The most common reason for declining was an existing high level of digital confidence which meant the person felt comfortable enough to explore digital health and care independently. Three people reflected that they were happy with how they currently use digital and the support they receive to achieve this:

"I already use mindfulness videos on YouTube, which helps with my mental health. I know how to use this, and staff do this with me."

People who were interested in receiving support were more likely to have lower levels of digital confidence. The prospect of using digital to "move more" was the most common motivation:

"I still feel a bit anxious using my tablet, but I would be interested in seeing how I could use it to move more."

Summary

Our findings suggest that digital health and care is not a strong, initial 'digital hook' for many people we support. People largely discussed the positive influence of digital on their wellbeing in relation to their hobbies, social connections, and learning - rather than directly engaging with health and wellbeing resources or services. This aligns with challenges that Support Practitioners reported in involving people in '*Bridge or Barrier?*', with many individuals expressing discomfort or disinterest in taking part in a conversation explicitly focused on health.

Whilst this lower level of engagement may be related to feelings of low self-worth and motivation, as proposed by Support Practitioners, data from one-to-one conversations suggests a high level of interest in the potential benefits of digital health and care; particularly for individuals who feel confident in their level of digital skill. More research is required to explore the potential disconnect between Support Practitioners' perceptions of the attitudes of people we support towards health and wellbeing, and individuals' own self-reports.

Despite the proliferation of digital tools for self-management, our findings suggest this development may not be translating into awareness on the frontline. During focus groups, Support Practitioners reported being unsure of what digital platforms were freely available in Scotland to support health and wellbeing. To support good conversations about digital health and care, Support Practitioners must be equipped with accessible, up-to-date information on available platforms, their potential benefits, and reassurances on their security.

However, people can only be supported to engage with services and resources if they are readily available in their communities. Our findings demonstrate the prevalence of NHS Near Me is low across localities involved in this research which covered services in Glasgow, Edinburgh, Argyll & Bute, Highland, Forth Valley, and Dundee. Furthermore, NHS funded apps like Daylight do not appear to be effectively marketed to the public.

Support Practitioners and people we support viewed digital as having strong potential to enhance the delivery of care and support. However, our findings highlight concerns on the potential for digital to negatively impact individuals' sense of connection to – and trust in – the care they receive. The importance of relationships was also highlighted by Support Practitioners who voiced their critical role in supporting people to access digital platforms. Given the recent Scottish Government announcement that Scotland's 'digital front door' is to launch later in 2025, it is imperative that people accessing social care support – and Support Practitioners – are meaningfully consulted in the platforms design and delivery to ensure the service aligns with, and enhances, the existing support relationship.



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