Digital
Lifelines
SCOTLAND
Saving lives through connections

Early Adopter 1 Programme
Interim Report on
Impact and Learning

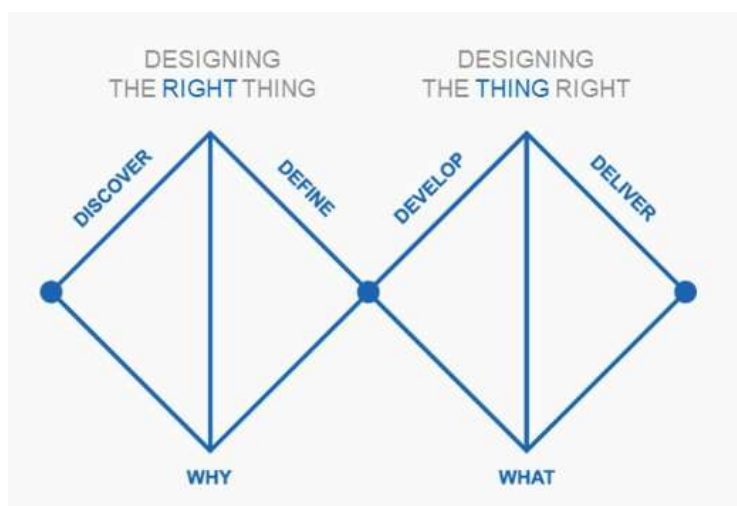# 1. About Digital Lifelines Scotland and the Early Adopter 1 Programme

Digital Lifelines Scotland

Digital Lifelines Scotland seeks to increase digital inclusion and to design new digital solutions with and for people with multiple and complex needs at increased risk of drug related harm. It aims to improve the health outcomes for people who use drugs, reducing the risk of harm and death, specifically to ensure that:

- **People** have greater access to the confidence, skills, motivation alongside devices and connectivity that form digital solutions that keep them safe and that enable them to become and remain connected to family, friends and relevant services that support them.
- **The services that support these people** have the digital means to develop and strengthen the support they provide, and staff that are skilful in using and developing digital solutions to enable those they support.
- **The sector** is connected and collaborating, developing joined-up services and exploring digital solutions together.

Digital Lifelines Scotland is led by Digital Health and Care at the Scottish Government in conjunction with core partners. The £2.75m programme is joint funded by Digital Health and Care, Drugs Policy Division, and the Drug Deaths Taskforce. Delivery Partners include the Drug Research Network Scotland (DRNS), the Scottish Council for Voluntary Organisations (SCVO), Turning Point Scotland (TPS), Connecting Scotland and the Digital Health and Care Innovation Centre (DHI).

The Programme has taken an approach informed by the Scottish Approach to Service Design, which ensures that time is taken to fully understand the needs of affected people - including citizens, staff and organisations – before co-designing appropriate solutions with and for them. The approach typically breaks down into four stages of Discover, Define, Develop and Deliver (not necessarily a linear process).

Early Adopter 1 Programme

Early Adopter 1 participants were approached as part of the 'Discovery' phase of the Digital Lifelines Programme. These were organisations already delivering innovation projects as part of the work of the Drug Deaths Taskforce in different geographies across Scotland.

A small grant (£10k-£15k) was made available with the initial intention that this would be for projects with a duration of about three months. With support from the delivery team, in particular SCVO, the grant administrators and specialists in digital inclusion - Early Adopter organisations identified the digital interventions that they were already engaged in, and which could be scaled and ideally reported on swiftly. The purpose was to gain a clear understanding of what worked in different circumstances and help influence the 'main programme'. There was an agreed schedule for sharing information and learning with the programme team.

The digital interventions identified for funding were a combination of device and data purchase; confidence building; and support for digital champions. This digital inclusion activity was designed to support the delivery of existing activity and, crucially, constructive human connection between service providers and people at risk of drug related harm.

The aim of the Early Adopter 1 phase was to take learning from the experience of the organisations to influence the longer-term Digital Lifelines programme.

2. About the Early Adopter 1 Organisations

Organisation Summary

Eight different organisations were successful in becoming part of the Early Adopter 1 (EA1) programme and these encompassed 12 different projects. The organisations comprised of 3 ADPS and 5 Third Sector Organisations.

1. CHAI (Community, Help and Advice Initiative)	2. East Ayrshire ADP (Alcohol and Drugs Partnership)
3. Fife ADP (Alcohol and Drugs Partnership) including:	• Clued Up Project • Restoration Fife • FASS Action, Adapt Project • Frontline Fife Homelessness Services
4. People Know How	5. Scottish Recovery Consortium
6. Angus ADP (Alcohol and Drugs Partnership)*	7. My Support Day*
8. Turning Point Scotland*	

While the duration of the projects was intended to be from October 2021 to Jan 2022,most projects were unable to fully deliver to this timetable due to: new lockdowns and staff shortages associated with the Omicron variant; severe staffing shortages; and other competing priorities in the sector.

Consequently, this report is entitled 'Interim' because, to date, five of the eight projects have been able to report back on the impact and learning from their projects; two are continuing with implementation and will submit feedback later; and one withdrew from EA1 and successfully reapplied for the second Early Adopter cohort.
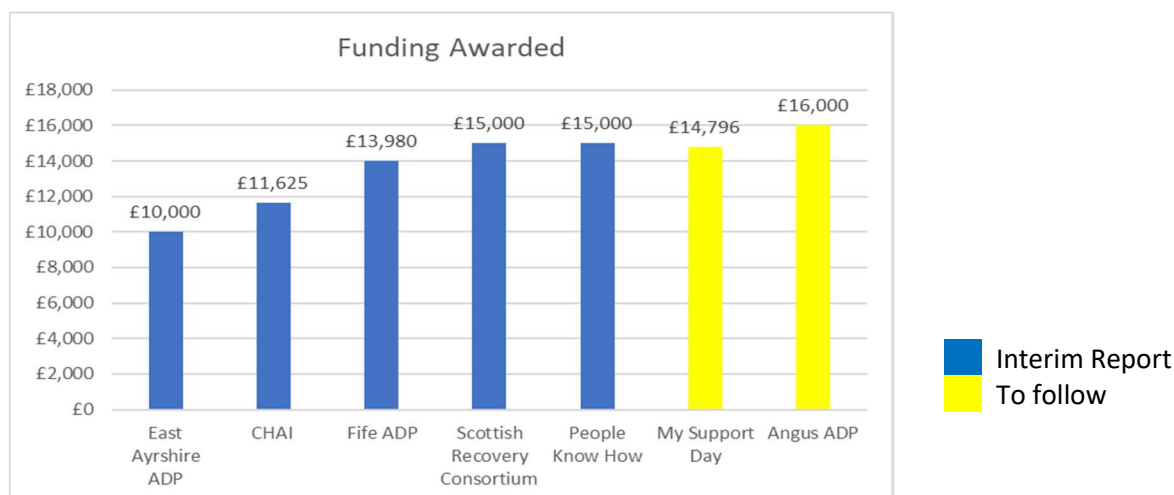
There was a reasonable geographic spread of organisations across Scotland, including some that had a national programme. There were some rural and relatively remote areas served as well as urban populations. Most projects were focused in areas of economic deprivation

The supports provided by participant organisations – to which they have added a digital inclusion component – include:

- Individual therapy, advocacy, case management, counselling, homelessness supports, early intervention and diversion
- Access to information and harm reduction support
- Financial advice and help with benefits, debt, accessing emergency grant funding
- Support and referral to; engage or re-engage with treatment; hospital discharge; preparation for, and quick access to, residential rehabilitation and specialised follow-up on discharge

Funding Awarded

Funding Awarded

East Ayrshire ADP	£10,000
CHAI	£11,625
Fife ADP	£13,980
Scottish Recovery Consortium	£15,000
People Know How	£15,000
My Support Day	£14,796
Angus ADP	£16,000

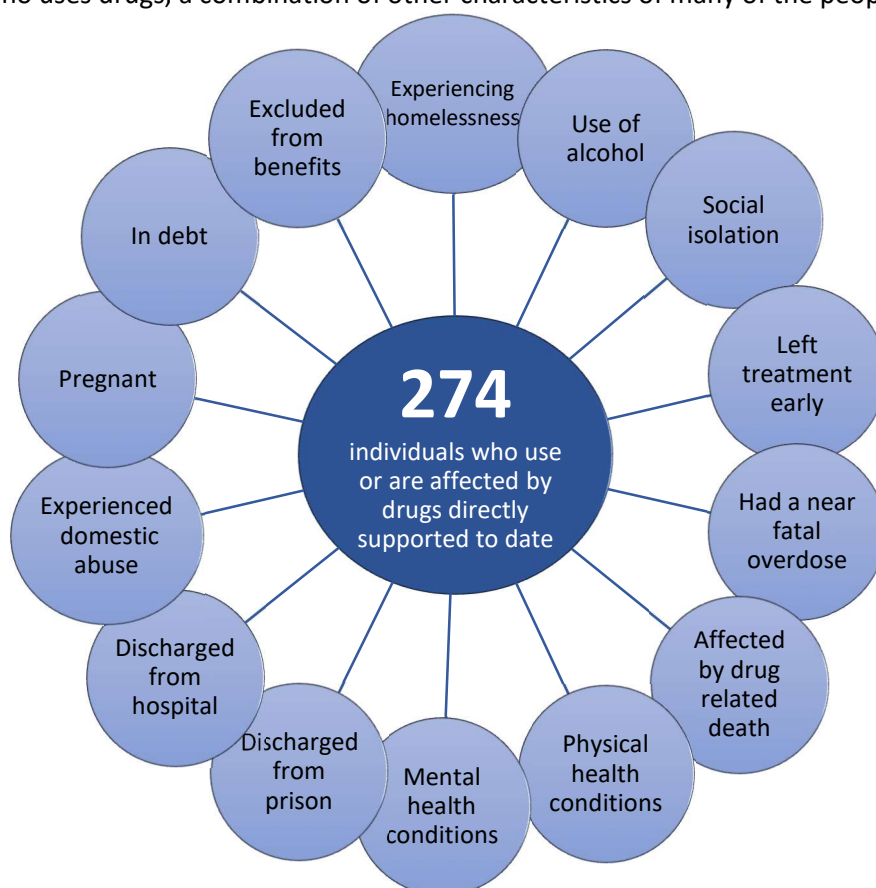Legend: Interim Report (blue), To follow (yellow)

 The total funding awarded for Early Adopter 1 organisations was £96,401. This report covers the five organisations (allocation of £65,605) that have reported to date.

3. Supports Delivered

Who has the support reached?

EA1 organisations reflected on the characteristics and life circumstances of people supported where it was possible to collect this information. Ages spanned from young people under 25 to older adults. From the available data, the majority of these were male. As well as using drugs or caring for someone who uses drugs, a combination of other characteristics of many of the people supported includes:

274 individuals who use or are affected by drugs directly supported to date

Surrounding characteristics: Experiencing homelessness, Use of alcohol, Social isolation, Left treatment early, Had a near fatal overdose, Affected by drug related death, Physical health conditions, Mental health conditions, Discharged from prison, Discharged from hospital, Experienced domestic abuse, Pregnant, In debt, Excluded from benefits

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There were also observations that (previous) lack of access to digital devices, connectivity and support created additional challenges for people "Clients were often sanctioned and receiving no or minimal payments. On release from prison, clients need assistance to make fresh claims or reinstate suspended claims. The lack of a phone regularly results in suspension of a claim because of failed contact between client and DWP" which can trigger re-offending and a well acknowledged cycle of exclusion.
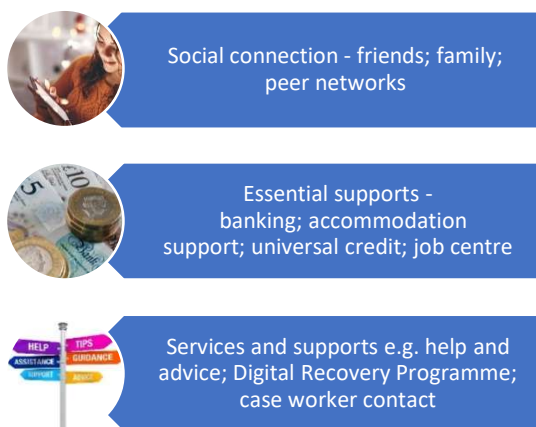
Devices and data distributed
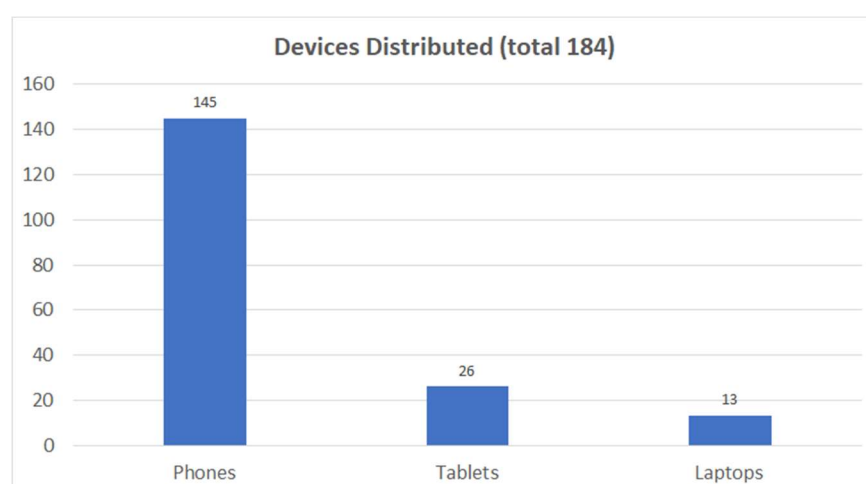
Where data was available, there was a clear preference for mobile phones and for data top ups over tablets, laptops, MiFi (acts as a mobile hotspot for devices) and broadband. However, this may be skewed by previous availability of Connecting Scotland tablets, laptops, and connectivity.
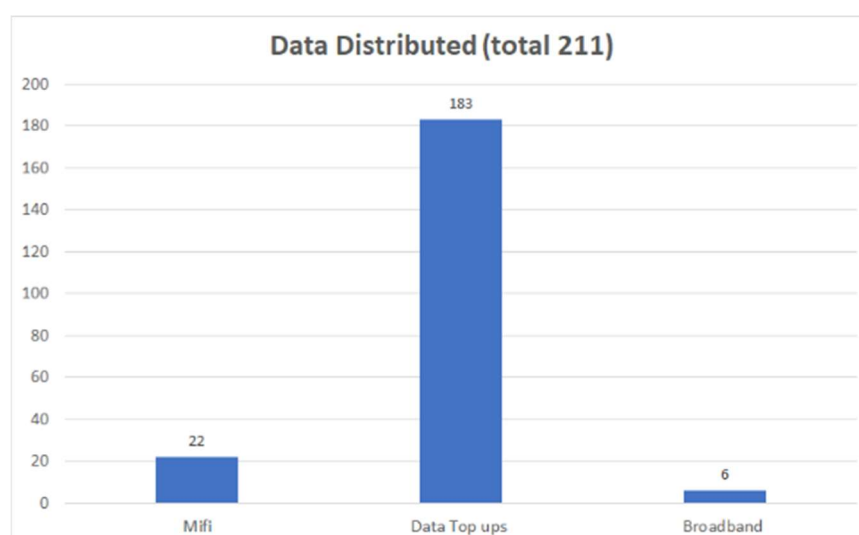
Supports provided and Use of Devices
(not presented in any particular order)

Devices were used to access:

- Social connection - friends; family; peer networks
- Essential supports - banking; accommodation support; universal credit; job centre
- Services and supports e.g. help and advice; Digital Recovery Programme; case worker contact

Supports to use devices included:

- Assessing digital needs and providing with appropriate devices
- Setting up devices for people
- Guiding people on use
- Activities to build confidence and skills
- Making sure people had a stable connection/maximising the output they receive from their telephone provider.

Broadly, use of the devices was consistent with the findings of the DRNS report on the digital needs of people who use drugs. The summary above also clearly demonstrates that devices are enablers of human connection. It also confirms that, to enable digital inclusion and the benefits it brings with it, people need support to gain the skills and confidence to set up and use digital devices.
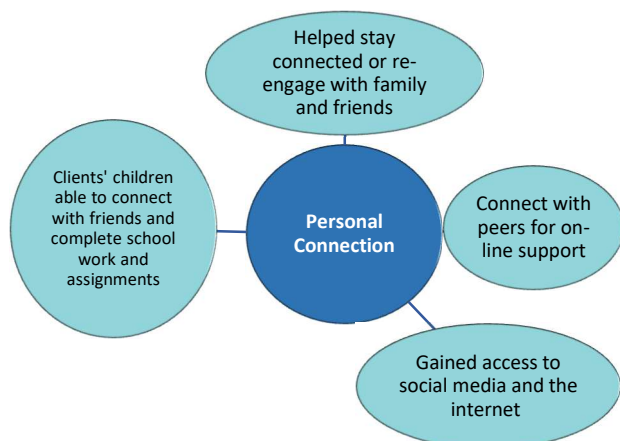
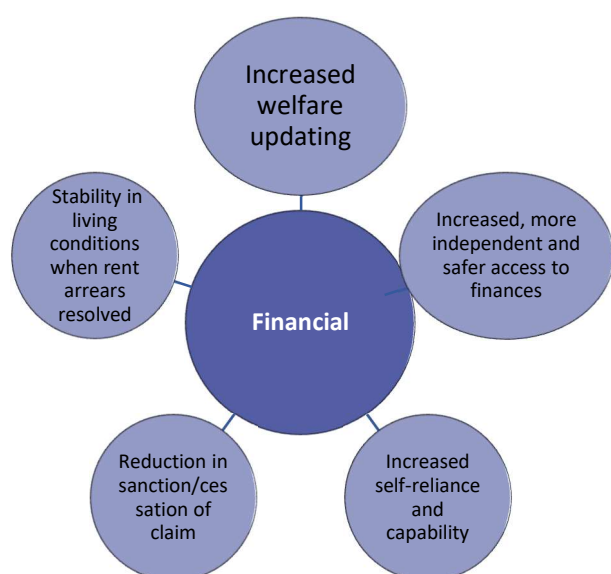## 4. Impacts of the Early Adopter 1 Programme

What Difference did it make?

A comment from one provider was that the impact of the programme was *"very positive and often life changing"*.

"People were so appreciative of being trusted by getting a device."

The reported impacts of the programme included situational changes relating to financial and housing status or connection with services. They also included positive emotional impacts in terms of connecting with others, feelings of self worth, confidence and inclusion:

Personal Connection
- Helped stay connected or re-engage with family and friends
- Clients' children able to connect with friends and complete school work and assignments
- Connect with peers for on-line support
- Gained access to social media and the internet

Emotional
- People felt connected, supported, empowered and less isolated
- Equitable inclusion
- Feeling of confidence, security and assurance

We can perhaps best articulate the impacts of the programme by sharing a selection of case studies which the Early Adopter organisations provided. Thanks to the people who shared their stories and the organisations involved who have made it possible to anonymise and publish these.

Case Study 1
East Ayrshire ADP

Connecting with Peers

Colleagues reported of a young man who needed phone top ups. This man started engaging on a twice weekly basis and agreed to come along to the peer cafe day. The team now find it easy to keep in touch via text message and phone calls daily just to check in. This is being reciprocated by him. Due to the peer involvement, he has been back in touch with family members - mum and gran - who have only reconciled due to the work being done by his peers. From zero engagement, the digital inclusion programme has now led to a weekly rural walk with over 9 participants who maintain contact digitally and provide ongoing peer support for this person.

**Case Study 2
Fife ADP
FASS Action, Adapt Project**

Engagement with Services

A pregnant woman who had multiple and complex needs had experienced 11 near fatal overdoses. An electronic device was supplied to her, which enabled the worker to continue to engage, advocate and support her into treatment, and maintain contact to ensure her safety. Workers in an assertive outreach service engaged with her. This resulted in 5 other agencies being involved in her support. The device allowed the other services involved to engage with her, put programmes of safety in place and allow for medical intervention and support via the NHS to her and her unborn child. The child was born safely, the woman is no longer substance dependent, four of the services have been able to withdraw and there is ongoing contact between her and the service worker.

Financial Independence

**Case Study 3
CHAI (Community, Help and Advice Initiative)**

A 58 year old single man with long-term drug use was experiencing homelessness following death of his partner. He is unable to read or write, has no bank account and his universal credit payments were being made into the account of a third party, which he was unable to access. The person had been sanctioned because of a failure to attend a meeting with his work-coach. He had no phone and was not receiving mail.

The person was issued with a basic mobile handset, SIM card and top-up. He was assisted to call the universal credit helpline to advise of new number. Details of his sanction were obtained and a mandatory reconsideration request was made to the Department for Work and Pensions (DWP) to revise the decision. DWP Safeguarding Officer contacted to assist in hardship payment request and in payment to PayPoint, which the person is now able to receive by virtue of having his own telephone. He was assisted to open a bank account and the hardship payment was made safely into that account.

**Case Study 4
CHAI (Community, Help and Advice Initiative)**

Social Connection

A man in his late 40s with mental ill health and current substance use presented as isolated and lonely and experiencing social anxiety. His priorities were to reduce his isolation, meet peers in recovery, connect to community and other support and review his current living arrangement.

He is staying in a house that he can't afford and wanted to move. He had no friends, and family lives far away. He had made several suicide attempts and was in extremely low mood. His alcohol use had progressed to daily.

Staff delivered a smart phone and data (Digital Lifelines) and Chromebook / MiFi (Connecting Scotland). He can now engage with family, appointments with services and recovery groups and activities. He is now engaging in face-to-face activities after meeting peers online. His peers have inspired him to have an alcohol detox and he has re-engaged with treatment. Further support needs have been identified and referrals made including benefits review, housing, one to one counselling, rehabilitation worker assisted to open a bank account and the hardship payment was made safely into that account.

5. What works in creating this impact?

What worked well?

Organisations identified what worked for people who use drugs and for the staff/ organisations involved in achieving these outcomes. These shared insights can be grouped into four broad areas.

Access to Devices

Access to a device had an immediate effect - placing the person in touch with support and welfare services, friends & family and simply having a phone number to be able to pass on. Enablers included:

- Provision of relatively basic handsets. These were often found to be more practical, although a choice of a variety of technology was also important
- Access to unlimited data
- Establishing simple, easy systems for staff to be able to request a device for a person allowing allocation immediately or at a maximum within a few days
- One organisation commented that they were able to develop good relationships with data and device providers , who were genuinely interested in the project and helped to identify the best solutions for the people supported

Building Skills and Confidence

All organisations embedded the building of confidence and skills as an essential part of their digital inclusion work. This extended to people who use drugs themselves, staff and volunteers. Common enablers included:

- Creation of a digital champion/digital case worker role
- Upskilling of staff/volunteers/peers first so that they can then engage with confidence to assist people to develop new skills.
- One to one support - tailored to the individual – to assist them quickly to access something of fundamental importance to them – social connection, bank account etc.
- Spending time with people in setting up and learning to use the equipment – (more employee time was spent on delivering this than expected)

Working in Partnership

Several of the early adopters formed new partnerships - or worked more extensively with existing partners to deliver the programme. Several of the early adopters formed new partnerships - or worked more extensively with existing partners - to deliver the programme. They found this to be a significant enabler, including:

- Engaging with local community-based grassroots organisations
- Enabling identification and referral of people who would most benefit from devices and skills
- Appreciating stakeholders' willingness to try new approaches

Flexibility

All organisations referenced the need for a flexible and individual tailored approach with the following as some of the key enablers:

- Taking supports and devices to people wherever they are
- Enabling digital access in person's presence
- Flexibility of drop-in sessions for clients that struggle to manage appointments
- Assessing individual needs and researching appropriate bespoke solutions with them
- Supporting people remotely
- Having different forms of communication to suit people's needs e.g. email, text, WhatsApp, face to face, video call.

Flexibility of Approach/Different needs

CHAI (Community Help and Advice Initiative) provide income maximisation, advice on benefits, debt and housing advice to individuals affected by drug misuse. They supported 55 people through this programme and identified two broad groups for whom different types of support worked:

The first group tended to have a secure tenancy, were stable on prescription, and were working with services to support/maintain recovery and financial stability. Approximately 30% of this group had literacy issues; 10-15% had a learning difficulty. Approximately 30% were without a bank account and having money paid into account of another person.

This group was best served by meeting the case worker in their home or at an arranged meeting point to assess needs and to assist with general financial matters, including obtaining individual bank accounts. The benefits for this group included a significant increase in personal empowerment with the person able to control their own finances. Clients were provided with a device to enable easy access to online Journal and/or online tenancy bidding process, removing the need to attend libraries or rely on support workers and leading to an increased sense of self-reliance and capability.

The second group were almost all experiencing street homelessness, had substance dependency and were neither in recovery nor sufficiently stable to engage with services. Approximately 60% of this group had literacy issues; 40% had a learning difficulty. Approximately 95% were experiencing severe mental health difficulties and trauma and 75% had a physical impairment or long-term condition.

This group were best served at drop-in clinics at homeless hubs where food and other facilities were available. Provision of a mobile handset with credit increased engagement contact significantly but not to a reliable degree.

Through mobile devices, this second group became connected with support services and with DWP, resulting in resolution of benefit issues and stabilisation of finances. Clients were able to avoid further sanctions/discontinuation of benefits resulting from failure to attend assessments. Clients were put back in contact with NHS treatment providers and support workers. In the longer term it is anticipated that this increased financial stability will have a positive impact on drug use, involvement with emergency services and on criminal convictions/risk taking behaviour relating to previous financial instability – theft, survival sex etc.

Obstacles to achieving positive outcomes

There were a number of obstacles to achieving positive outcomes with and for **people who use drugs** that were noted by the early adopter 1 organisations. These included:

- Lack of continuity in digital access to services, supports and people was both caused by, and was the cause of, difficulties for people who use drugs. For example, removal of devices when in custody; sanctions and removal of benefit when unable to connect digitally or when in custody; or loss of devices due to insecure living arrangements.
- Some clients were confused by technology and unable/unwilling to engage
- There was mistrust of digital services, in particular digital banking and sharing of personal details
- Some older people were unwilling to have digital equipment beyond basic mobile handsets
- There were concerns from providers that issuing devices, whilst in some ways enabling independence, created a dependency on the device and data which was only available short term

There were also **workforce** (staff/peers/volunteers) barriers to the digital inclusion activity which included:

- This work uncovered far more (non-digital) issues than could be dealt with
- There was a limit to workforce capacity and willingness to take on this additional work
- There were difficulties and delays in recruitment & training.
- The commitment required for training and confidence building was significant
- Some organisations discovered that there were unexpected extra staff hours required for digital work

6. Feedback on the EA1 programme

Positive Experiences

The feedback about the programme from participant organisations was extremely positive. This ranged across a number of areas:

Making an impact and reaching more people

From reducing loneliness and isolation to enabling contact with services for people who would otherwise have none, the positive impacts seen for the people supported was what motivated programme participants.

Access to devices, connectivity and skills for people

Access to a variety of devices as well as connectivity and support for the development of new skills were really important aspects of the programme that were valued

Support being person and/or community centred

The expectation by the programme of intensely local and individualised supports - connecting with local communities and peers - was seen as an enabler of the impacts achieved

Flexibility to test and learn

Participants valued the ability to test new solutions in a safe and supported environment. They appreciated the support provided by SCVO in "not putting pressure on us and recognise the complex and challenging situation facing ADPs over the last two years".

Barriers

Obstacle that had impeded progress were identified by Early Adopter 1 organisations and can be summarised as:

Funding
- Lots of opportunities at the same time with pressure to keep track of all different funding programmes
- Funding being time limited and support not being able to be sustained
- Need to keep finding other sources of funding

Targeting people at risk of drug related harm only
- Having to turn away clients with alcohol only issues
- Risk of stigma by media of the individuals supported/schemes perceived as giving away expensive equipment

COVID-19
- The impact on delivery and engagement of the COVID-19 Omicron variant
- Staff were re-allocated to COVID-19-related work
- Limited in person training on use of devices and supports

Device procurement
- Buying devices individually rather than bulk
- Replacing lost/stolen/damaged devices
- Understanding the costs involved for the digital needs of clients

7. What about the future?

Opportunities

Most organisations were intending to seek ways to continue the support beyond the end of the formal programme through embedding of digital skills and approaches into the way they work and through applying for further funding.

Specific opportunities identified which will be useful for the programme and its partners going forward were identified including:

- More integration/consistent use of the suite of apps (e.g. Silvercloud and Beating the Blues) being used in other services and shared learning on what works for people at risk of drug related harm
- More integration for the third sector and people who use drugs with Near Me
- Expand further to other vulnerable groups – e.g. people who also use alcohol
- Consider the sustainability of digital inclusion interventions.

8. Conclusion and Next Steps

These results clearly show that for vulnerable people, seemingly small impediments easily discourage or derail progress and become barriers. Digital inclusion helps to reduce the precarious nature of engagement with services and with other supports.

These findings will contribute to the future direction of the Digital Lifeline programme.....

Next steps

1. **Actions that we (the programme) are going to take**
   Share our learning
   Embed the learning within our ongoing activities, in particular the overall programme evaluation and the DHI discover and define report.
   Identify potential linkages and learning between Early Adopter 1 and 2 organisations.

2. **Actions that we suggest for service providers**
   Integrate digital champion competencies as part of frontline workers' roles
   Consider the value of engaging with you by someone who is digitally included
   Understand the value of supporting people to be digitally included and consider the benefits for both the organisation and the individual

3. **Actions for other funders**
   Provide funds for Digital Champion roles in conjunction with funds for devices and connectivity.
   When funding devices, ensure these are of good enough quality to be valued rather than "burner phones"
   Consider how digital inclusion approaches including skills, confidence, connectivity and devices can be sustainable over time.