Evaluation of the Digital Lifelines Scotland Programme: a Summary

March 2023

Report to
Digital Lifelines Scotland

from the
Drugs Research Network Scotland

Authors:
Catriona Matheson, Hadi Daneshvar, Hannah Carver, Graeme Strachan, Jess Greenhalgh and Joe Schofield.

Background

Scotland's drug death crisis requires a range of innovative solutions. The COVID-19 pandemic signalled the start of a realisation that digital technologies could reshape services and offer person-centred developments to strengthen support for people at risk of drug-related harm such as overdose. For this to happen, the public and voluntary sector supporting this group needed to be appropriately digitally able and connected. Against this backdrop, the Digital Lifelines Scotland (DLS) programme, run by the Scottish Government's Digital Health and Care Directorate was formed. It was a partnership between the Drug Death Taskforce (DDTF), Digital Health & Care Innovation Centre (DHI), Scottish Council for Voluntary Organisations (SCVO), Turning Point Scotland (TPS), Drug Research Network Scotland (DRNS) and Connecting Scotland. The programme was delivered through targeted funded initiatives referred to as Early Adopters 1 and Early Adopters 2.

Delivery of this programme was through a combination of activities:
- providing devices and connectivity for people with multiple and complex needs and to the staff and volunteers who support them;
- building the digital confidence and skills of people with multiple and complex needs at risk of drug related harm and staff who support them;
- developing new digital services and approaches that will benefit people in their daily lives, recovery and personal development;
- increasing understanding of the digital needs of people at risk of drug related death through data collection and evaluation;
- gathering and exchanging knowledge and experience of the systems, services and solutions that work effectively through a community of learning.

The DRNS, based at the University of Stirling, was tasked with evaluating the programme as well as supporting data collection around users' needs and reviewing the literature and evidence base around the use of digital technology to support people at risk of drug related harm.

Aim and Objectives

The aim of this study was to evaluate the main DLS programme using the Technology, People, Organisation and Macro-environment (TPOM) framework. The specific objectives were to:
1. consider the impact of the availability and use of digital technology on service users;
2. consider the impact of the availability and use of digital technology from the perspective of service providers and stakeholders;
3. identify gaps, barriers and enablers to meaningful adoption and engagement with digital technology in the service environment, organisation and macro-environment;
4. review whether the DLS programme has met its aims.

Methods

A mixed methods approach was applied, guided by the TPOM framework, which involved qualitative data collected via semi-structured interviews and quantitative data collected via a survey and secondary data provided by the programme team. Three groups of participants were included in the data collection:
1. Service users (survey and interviews)
2. Service providers of digital technology innovations (survey and interviews)
3. Programme team and board (interviews)

Results

Survey data were collected from 19 service users and 31 service providers. Interviews were conducted with 21 service users, 14 service providers and 12 wider stakeholders from the programme board and delivery team. Summarised key findings are presented below:

- The programme reached 274 beneficiaries through Early Adopters 1, and 965 through Early Adopters 2, via a range of devices and connectivity.
- The attrition rate through lost/stolen/sold devices was estimated to be around 10%. Even when individuals sold their devices as an emergency response to financial hardship, they would often pawn them and then re-purchase them.
- Smartphones and data connectivity were the most frequently requested technology. The usability of devices was viewed as particularly important.
- Training alongside provision of technology is important.
- Whilst some service users had concerns about their data security, service providers felt this was easily addressed through training and explanation.
- Service users still require training in basic digital literacy such as computer basics and use of the internet.
- Access to the internet enabled service users to access a range of harm reduction and health information and simply to connect with family and friends.
- Simple applications like the calendar function enabled engagement with appointments.
- Basic digital literacy skills were good for service providers.
- Service providers make considerable use of text and WhatsApp messaging to connect to clients.
- Digital technology was viewed as a way of making connections with service providers, friends and family, other health/social care services, improving wellbeing, and to support education.
- Service providers noted challenges around capacity and knowledge regarding data security, as well as issues around the time taken to procure devices.
- Person-centred approaches to digital technology provision were deemed important. Digital champions were viewed as integral to this, providing digital and other supports.
- The community of learning was viewed as an important resource for service providers, enabling effective practice and challenges to be shared.
- The wider context was important, in terms of how the programme was perceived and received.

Conclusion

Digital Lifelines Scotland is a progressive and novel programme that provides social inclusion and a platform for engagement for service users and those at risk of drug related harm. The personal and social benefits of the supply of devices and connectivity were acknowledged, appreciated and valued by participants. This was evidenced by a lower than anticipated rate of devices being lost/stolen/broken/sold. Service providers offered more than digital support, with emotional and personal support available to service users as a result of the connection through digital technology. There are challenges to be addressed such as service users' anxieties around data security. Furthermore, there is a need for a programme of training for service providers and services users to ensure they can fully embrace the opportunities that digital connections can provide.

Organisations and services are at the start of a potential cultural shift towards digital transformation, which could be enabled in a very meaningful way by the DLS programme. Future activity should move from device supply to digital services. Moving forward, the programme should use this evaluation evidence to direct the narrative and (indirectly) challenge the stigmatising views that may still exist in

wider society. Access to digital technology is no longer a luxury but a necessity in the modern health and social care arena.

Recommendations

1. Digital champions should be recruited from services to provide a locus of activity for training and support of staff and service users.

2. The DLS programme could coordinate the further training of specialist digital champions with expertise in developing online resources for services.

3. The emphasis on smartphone use necessitates the awareness of training and applications that can be used with a smartphone i.e., on a small screen.

4. The programme should continue the community of learning approach and extend this to include other services.

5. The community of learning should be used to foster the culture change across organisations that will enable:
    -understanding training needs
    -the importance of sustainability of engagement
    -development of digital solutions
    -promotion of cross-sector working

6. Future programme criteria need tighter inclusion criteria of the services and organisations which are given funds. This should be more specific in including people at risk of drug-related harm.

7. The programme should have more emphasis on harm reduction services whether third sector or statutory. The Scottish Drug Forum network of living experience groups would be an ideal network for inclusion.

8. Digital transformation initiatives need to be planned and launched in order to offer reformed and new services to tackle the challenges in the sector.

9. To address stigma, the DLS programme should be bolder in communication of the benefits of digital inclusion for people who use drugs. This will require some strategic communication support to ensure the messages are strong and based on the evidence presented.

10. The website should be further promoted as a focus for sharing information about the programme including the positive stories as well as areas for further development.

11. The TPOM and TPOM ODART should be used in future evaluations in which there is suitable qualitative analytical expertise.

12. The TPOM and TPOM ODART should be developed into a structured questionnaire tool that is validated for further use. This would provide a tool for non-specialists to apply in the future evaluations.