

Digital Social Care Webinar

The webinar will begin shortly and will be recorded, please keep cameras and microphones turned off.

Agenda

- **Shannon McNee, Carr Gomm** - *Bridge or Barrier? Attitudes to Digital Health and Social Care in front-line social care services*
- **Murray Davies, The Viewpoint Organisation and Robyn Elliot, East Lothian Council** - *My Story app*
- **Nicky Cronin, Care Inspectorate and Peter McLachlan, Simon Community Scotland** - *PainCheck*
- **Candice Aitken** - *Digital Innovation Hub update*
- **Q & A**
- **Additional resources and evaluation**

Bridge or Barrier?

- Attitudes towards Digital Health & Care in Frontline Social Care Services



Who We Are

- Leading social care and community development charity supporting over 4,000 people each year across Scotland
- In 2021, we launched the Digital Inclusion Research Project to learn more about the digital needs of people we support and frontline staff to ensure everyone has the choice and opportunity to get online in a safe and meaningful way





Digital inclusion is a fundamental human right

Our approach to Digital Inclusion

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- We are already in the lives of hundreds of people each day who are at significantly increased risk of digital exclusion
- How can we use digital as a tool within the existing, trusted support relationship to support someone to meet their needs and achieve their goals?



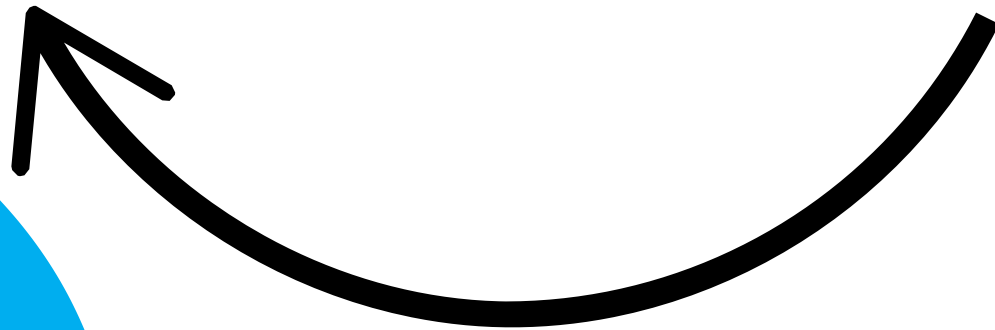
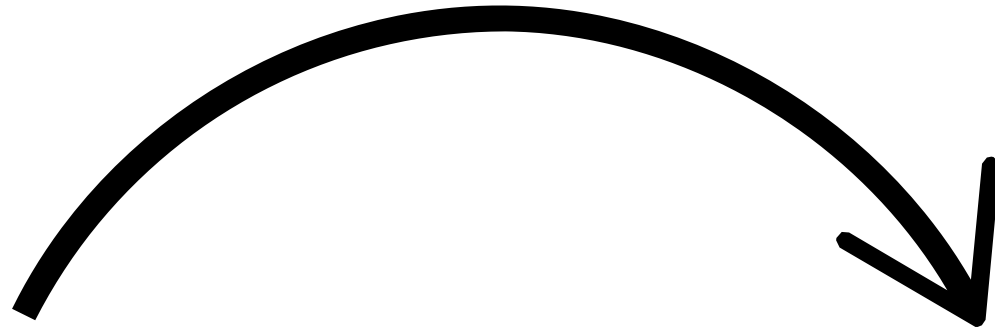
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‘Bridge or Barrier?’

- Supported via the Digital Pioneers Progress Fund
- Research piece exploring the attitudes of people we support, and staff, towards using digital health and care platforms
- Focus groups with frontline Support Practitioners (n = 24) and one-to-one conversations with people we support (n = 27)



Near Me



daylight



**WE ARE
UNDEFEATABLE**



**Digital Health & Wellbeing is not a strong initial ‘hook’,
but 59% of people we support reported being interested
in learning more with someone they trust**

“[NHS Near Me] 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.” -

Person We Support

“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” -

Person We Support



Support Practitioners feel uncertain about what digital resources and services are available to the people they support

- *“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.”*

- Support Practitioner



People we support and Support Practitioners reported concerns about moves towards “digital first” or “digital by default”

“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.”

- Support Practitioner

“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.”

- Person We Support

“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 [...] 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.”

- Support Practitioner

Key Takeaways

- Digital inclusion support must be appropriately funded and resourced to enable engagement with digital health and care
- Inconsistencies in the availability 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

Looking Ahead

- Health & Social Care Renewal Framework contains an explicit Digital principle:
 - *“Using technology and innovation to change people’s experiences of how they interact with services and better manage their own wellbeing, whilst simultaneously maximising the use of data and technology to make services as modern, joined up and efficient as possible.”*
- People accessing social care support, and frontline staff, must be meaningfully consulted in the design and development of digital health & care services (e.g., Digital Front Door)





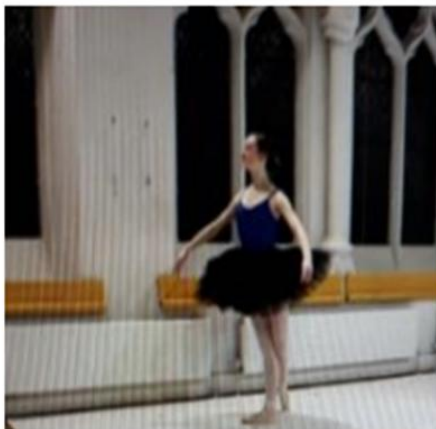
Get in touch!

shannonmcneen@carrgomm.org

Scan for full 'Bridge or
Barrier?' report



My Story



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My Story

Why It Matters



- Frequent moves and changes in caregivers can lead to lost memories and identity gaps for care-experienced young people.
- The absence of tangible life evidence can harm self-esteem, mental health, and physical wellbeing.
- Research shows that recalling personal memories is vital for emotional and psychological resilience.

*‘knowing where
you’ve been helps
you decide where
you’re going’*



My Story

A missing piece...



*‘What I did, where I went
and what I looked like
when I was younger.
Happy moments not sad’*

- There is no clear data on how many children in care receive memory resources.
- Policy strongly supports memory-making, yet NICE (Oct 2021) highlights that life story work is often neglected and underfunded.
- The absence of photos and stories is one of the most painful losses from childhood.



Continuous Recording of Memory Moments

All children in care

Everyday practice by carers and staff

Begins from entry into care

Captures ordinary experiences (photos, anecdotes, achievements, fun moments)

Builds positive identity belonging, and resilience

Does not require stability of placement or specialist skills



Therapeutic Life Story Work

Smaller identified group with unresolved trauma or confusion about their past

Structured intervention by trained practitioners

Usually used when children are preparing for adoption or permanence

Helps children process trauma and make sense of their life story

Provides meaning and understanding where experiences are fragmented or traumatic

Requires specialist training and professional input

My Story

Two Complementary Approaches

Therapeutic Life Story Work – Structured reflection on past experiences to build identity.

Everyday Memory-Making – Ongoing capture of daily moments, achievements, and relationships.

Together, these approaches support emotional wellbeing and a stronger sense of self for care-experienced children.



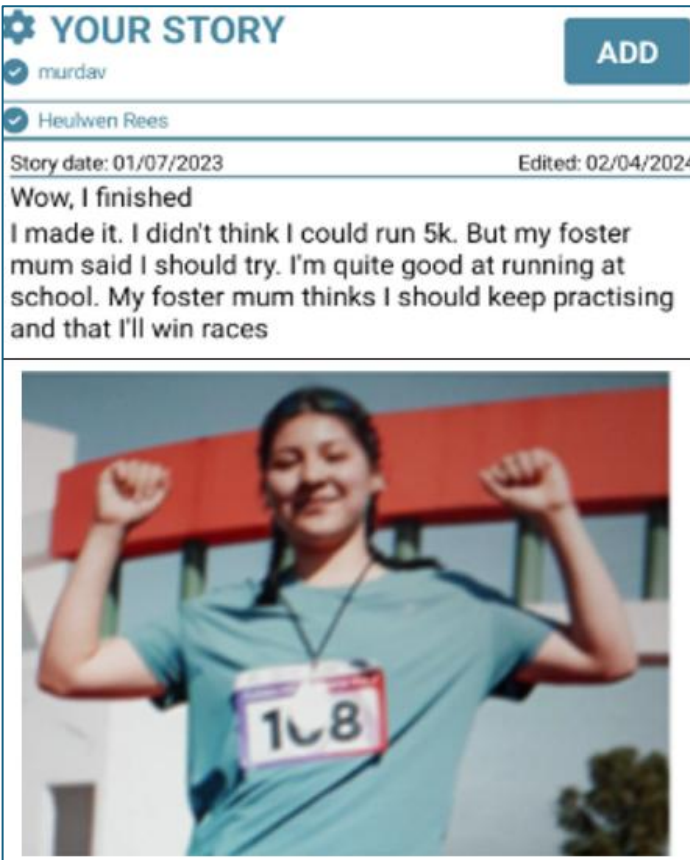
My Story

My Story can be used as a photo journalling app...

- A photo journalling app for children and young people to capture memories, relationships, and achievements.
- It offers a private space to preserve everyday moments that shape identity.
- Helps to build identity, confidence, and emotional wellbeing.



As a foster carer for 20 years, I've seen photo books get lost - children often return asking if I still have their photos.



My Story



Building Relationships and Connections...

- Start early - ideally when the child enters care
- Record little and often to build the habit...
- Involve the child in every step- it's their story
- Celebrate effort, not just milestones
- More than storage: it helps young people own their identity and future



My Story

ADD TO YOUR STORY **SAVE**





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WHAT'S THIS ABOUT
what's this about

WHEN DID THIS HAPPEN 18/07/2023

WHAT DO YOU WANT TO SAY
what you would like to say

HOW DOES THIS MAKE YOU FEEL
how does this make you feel

ADD PICTURES AND MORE...    

What Is Photo Journaling?







- Photo journaling is about capturing meaningful moments through photos and personal reflections.
- Children and young people record their thoughts, feelings, and memories - creating a storybook of their life in pictures and words.
- There are no rules. It's their story, told their way.




My Story

What Kinds of Stories Can be Added?

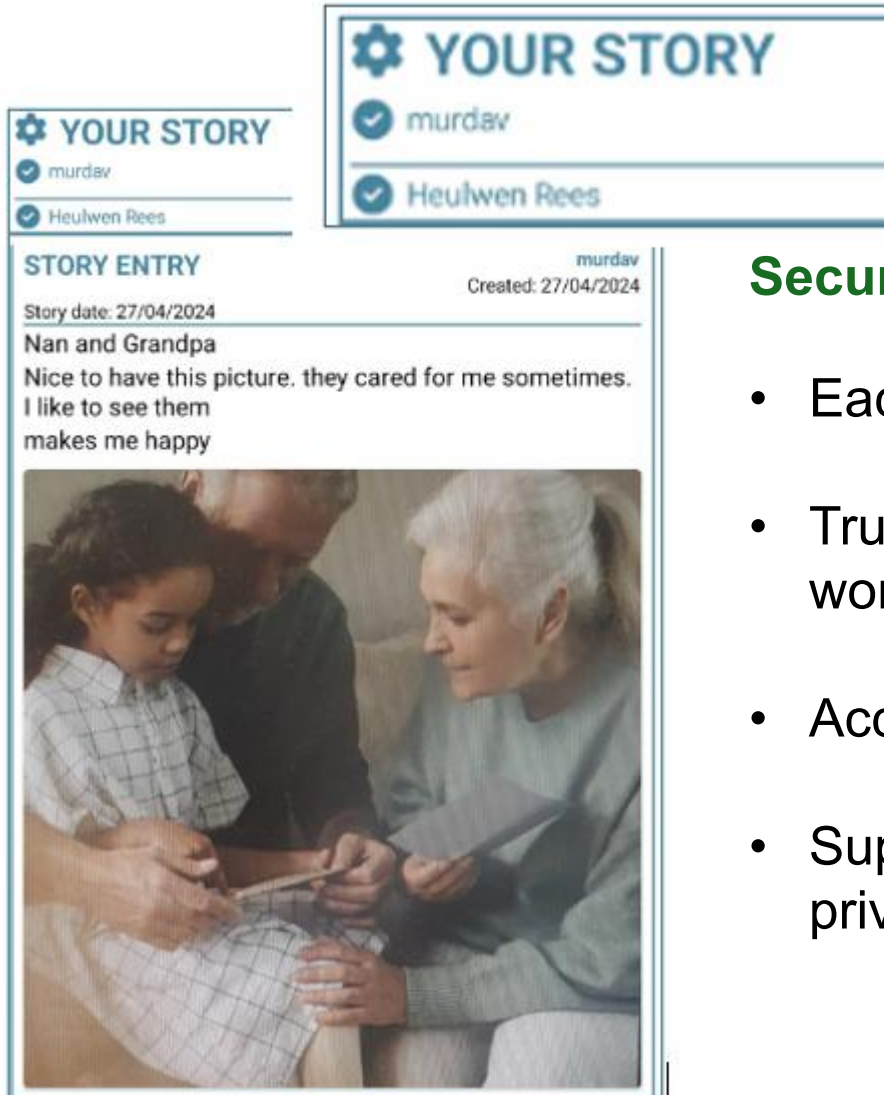
Think about:

-  Achievements – big or small
-  People who matter
-  School life
-  Hobbies, interests, and hidden talents
-  Special trips or fun days out
-  Feelings or things you want to remember

My Story creates a collection of stories showing what makes a young person who they are 



My Story



Secure & Personal Access






- Each child/young person has a unique account
- Trusted adults (e.g. foster carers, key workers, social workers) can contribute memories
- Access is optional and can be disabled
- Supports collaborative memory-building, while respecting privacy



My Story

Adding Content to My Story

Record:

-  Photos
-  Videos
-  Documents (e.g. certificates, drawings)
-  Reflections or voice notes
-  Captions or short written entries

When adding a new entry:

1. **Title** the entry in “What’s this about?”
2. **Pick a date** (this can be in the past)
3. **Write or support a description:**
 - Who’s in the image?
 - What’s happening?
 - Why is it special or meaningful?
 - What skill, memory, or feeling does it show?



ADD TO YOUR STORY

SAVE

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WHAT'S THIS ABOUT

what's this about

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WHAT DO YOU WANT TO SAY

what you would like to say

HOW DOES THIS MAKE YOU FEEL

how does this make you feel

ADD PICTURES AND MORE...



 Help young people see how this entry reflects their identity, progress, or achievements.

My Story

All About Me: Supporting Continuity in Care

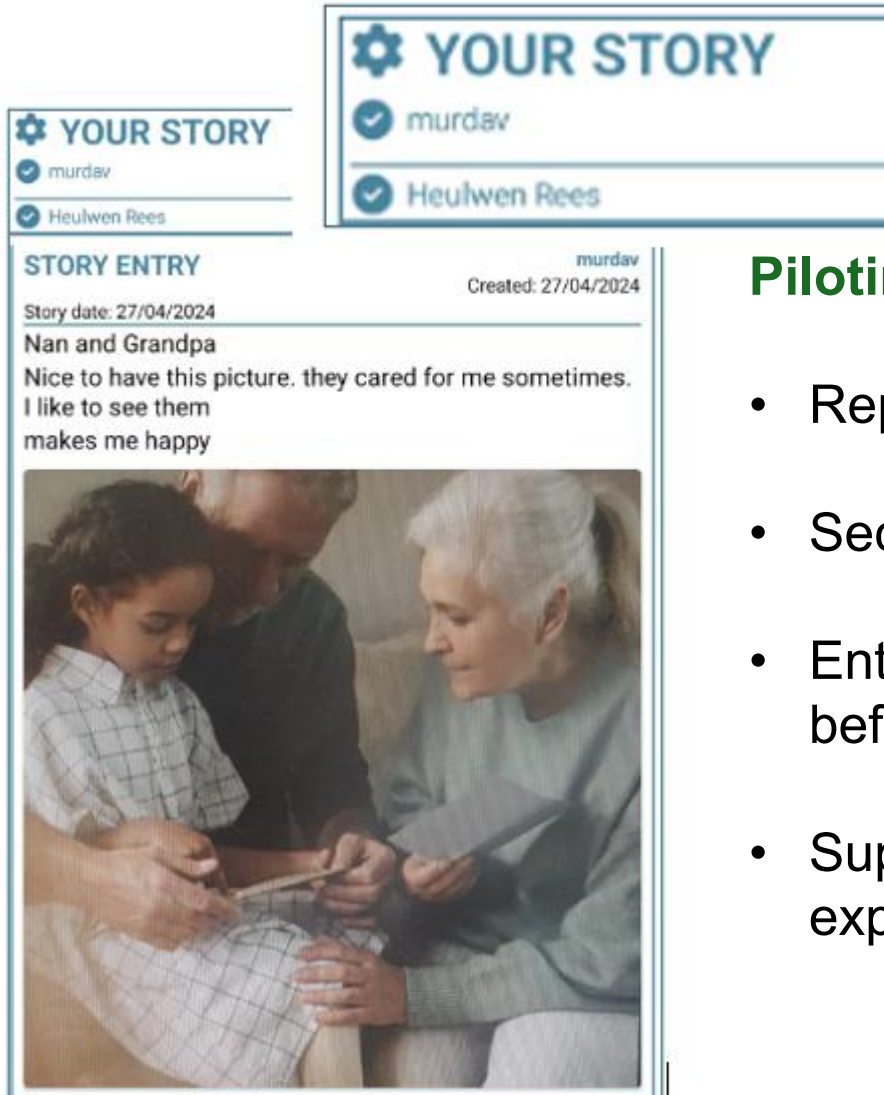
Adding "All About Me" headings to *My Story* helps children record personal details that travel with them.

It reduces repetition and gives new carers insight into likes, dislikes, and key background information often missing from reports.

The form is titled "ALL ABOUT ME" in a banner at the top left. It is divided into four main sections:

- Top Left:** A green square with a globe illustration and the title "ALL ABOUT ME".
- Top Right:** A section titled "MY BIRTH MUM IS" with a line for a name and a dashed box for a drawing, labeled "SHE LOOKS LIKE THIS". Below the box is the text "THINGS I REMEMBER ABOUT MY MUM".
- Bottom Left:** A section titled "I LIVE WITH..." with a line for a name. Below it are illustrations of a wind turbine and a house.
- Bottom Right:** A section titled "MY SCHOOL IS CALLED" with a line for a name. Below it are four boxes for school-related information: "I AM IN GRADE:", "MY TEACHERS NAME IS:", "MY FAVOURITE SUBJECT AT SCHOOL IS:", "WHAT I LIKE ABOUT SCHOOL:", and "WHAT I DISLIKE ABOUT SCHOOL:".

My Story



Piloting My Fostering Story in East Lothian

- Replaces traditional diaries/emails for foster carers
- Secure daily entries with a separate login from the child's
- Entries can be reviewed in supervision and downloaded before visits
- Supports recording of incidents, training, and key experiences

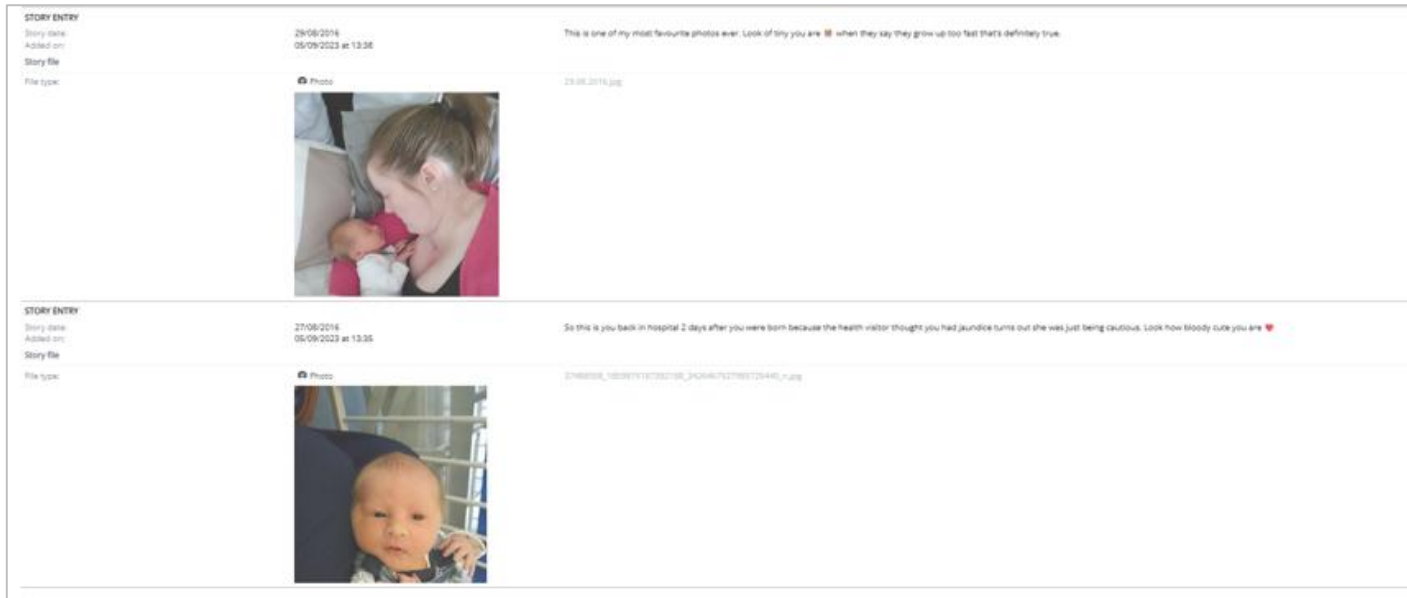


My Story



Accessing Stories via Web Browser

- Stories stored in the organisation's database can be viewed through a web browser.
- Individual stories can be reviewed and printed directly from the browser.



My Story

See the Child Behind the Case File

Using Stories to Support Reviews...

A Child's Personal Reflection:

Looking back on my stories, I feel proud and happy.

Spending time with family and friends means a lot to me.

Trying new things made me nervous, but being brave helped me grow. Overall, I feel like I'm doing really well.

- Personal stories can highlight what's going well and what's not.
- Summarising these stories ensures care planning reflects the child's real, ongoing experiences- not just isolated reports.
- *My House Story...*



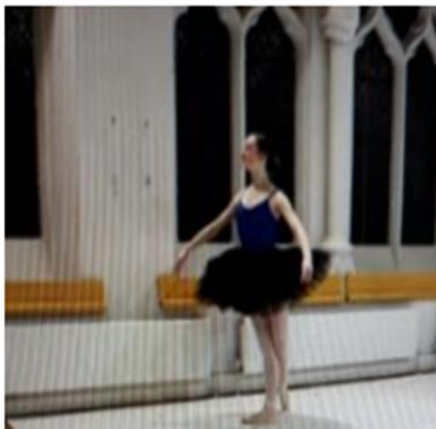
My Story

My Story, Always Evolving...

- My Story isn't a one-time thing – we keep adding to it over time.
- It's a child or young person's story, and it grows as they do.
- Memory work is therefore not optional - it is a universal need that **helps children thrive, not just survive.**



My Story



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Using technology in pain assessment

Nicky Cronin

Senior Improvement Adviser (Digital)

Peter McLachlan

Managed Alcohol Service (MAP)
Simon Community

WHAT IS PAINCHEK?

Fast &
easy to
use
**Mobile
App**

Uses AI
to detect
microfaci
al
features

A
medical
device in
your
pocket

Document
ed at the
**Point of
Care**

Pain
assessment
Analytics

Fully
integrated
into **Digital
Clinical
Systems**



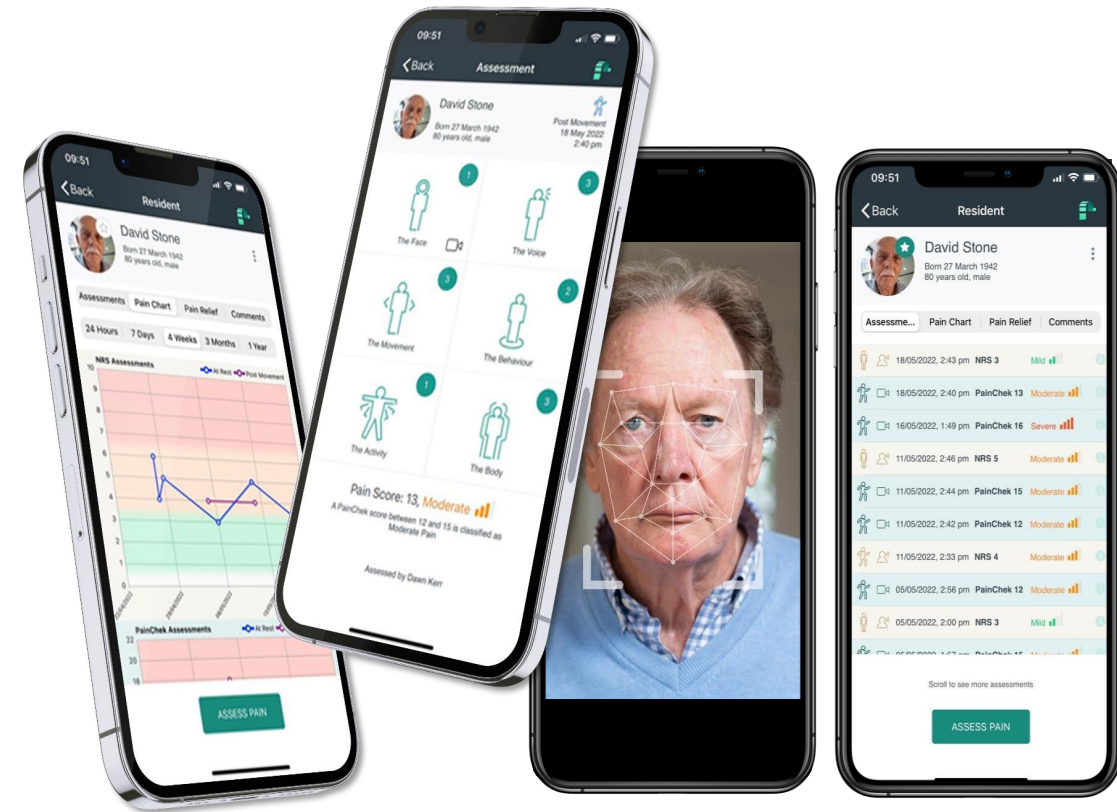
Pain in elderly care

- As a person's dementia progresses the prevalence and intensity of pain increases whilst their ability to express pain diminishes
- Pain is often under-recognised and undertreated in people with a cognitive impairment
- In care homes up to 80% of people with dementia regularly experience pain



PainChek: Care Inspectorate pilot

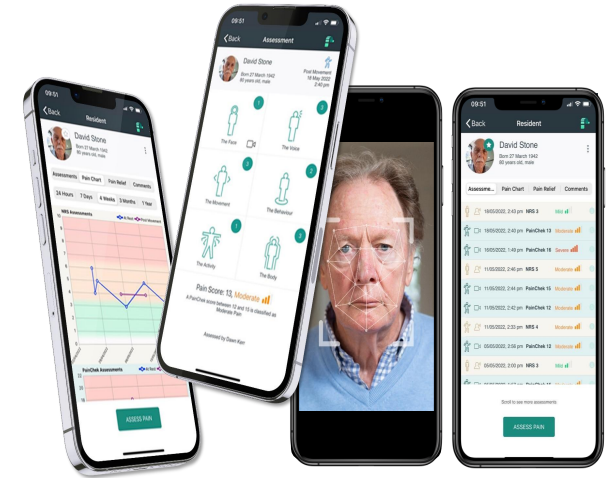
- What are we doing ?
- Who's in the team?
- Which service types are involved?
- What are we measuring?



Summary findings



- 21 care services in Scotland across phases 1 and 2
- No documented pain assessments at baseline
- 9693 assessments using PainChek, 2200 showing pain (22.7 %)
- 224 different assessing users
- Most services lacked digital foundations to participate

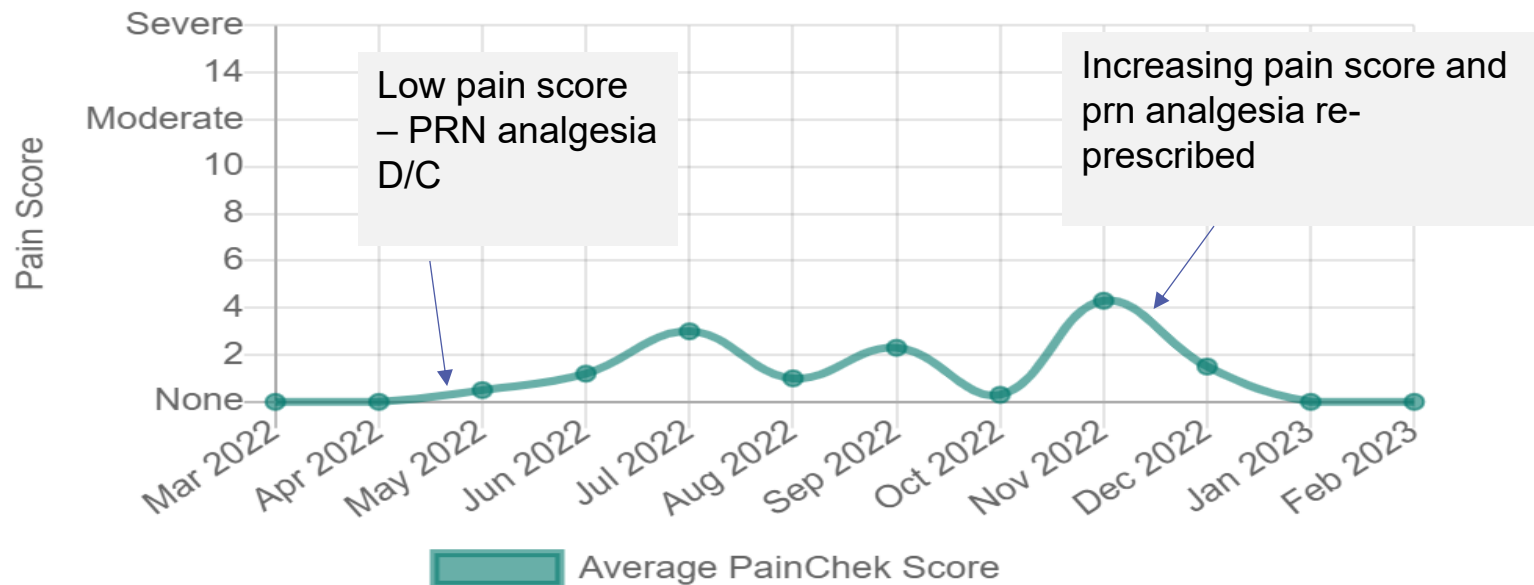


Medication optimisation



- In one service, 4 people were prescribed but rarely given PRN analgesia in the baseline period. In each case, the pain scores at the start of the test period indicated low or no pain, and the analgesia was discontinued.

Average PainChek Score History Mar 2022-Feb 2023 ⓘ

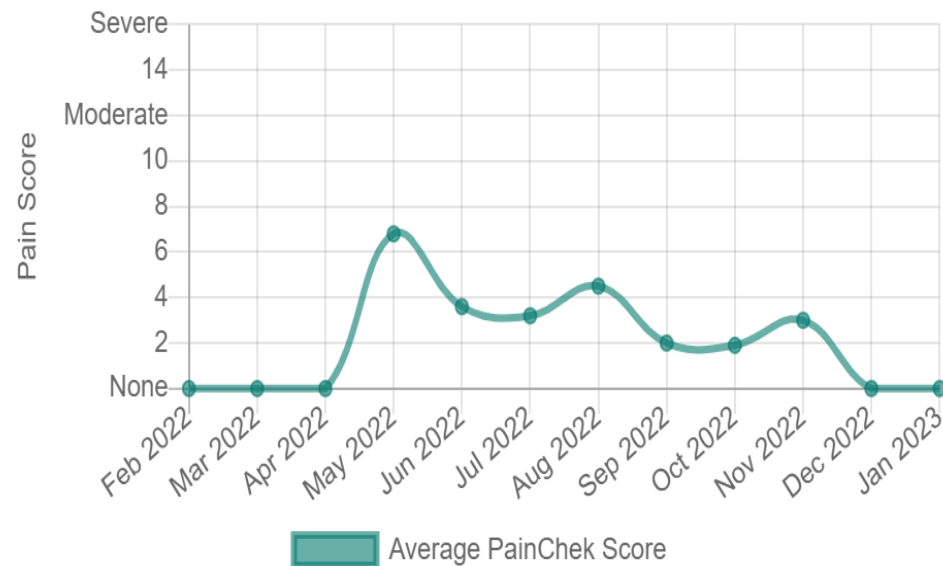


- One of the four subsequently showed a slight increase in pain scores at the end of the test period and the prn analgesia was re-prescribed and given appropriately

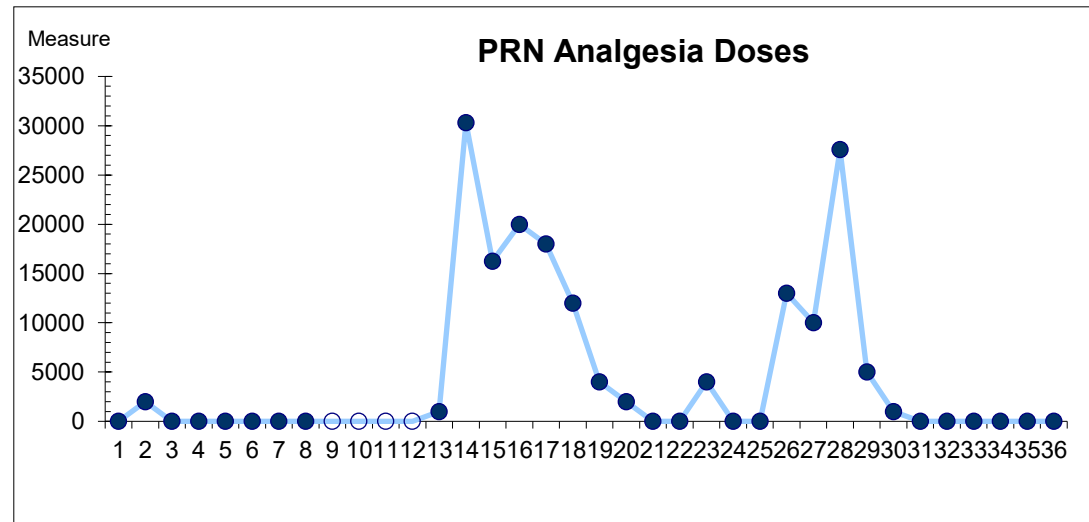
Medication optimisation



Average PainChek Score History Feb 2022-Jan 2023 ⓘ



Baseline Period
6 stress and distress incidents in 12 weeks



Test Period
4 stress and distress incidents in 24 weeks

Quality of life:

	Falls	Stress and distress	BMI (maintained or increased)	Dependency (maintained or decreased)
1	-31%	No change	59%	68%
2	-48%	-11%	50%	45%
3	+6%	-29%	42%	73%
4	-4%	+91%	56%	13%
5	-42 %	-42%	50%	50%

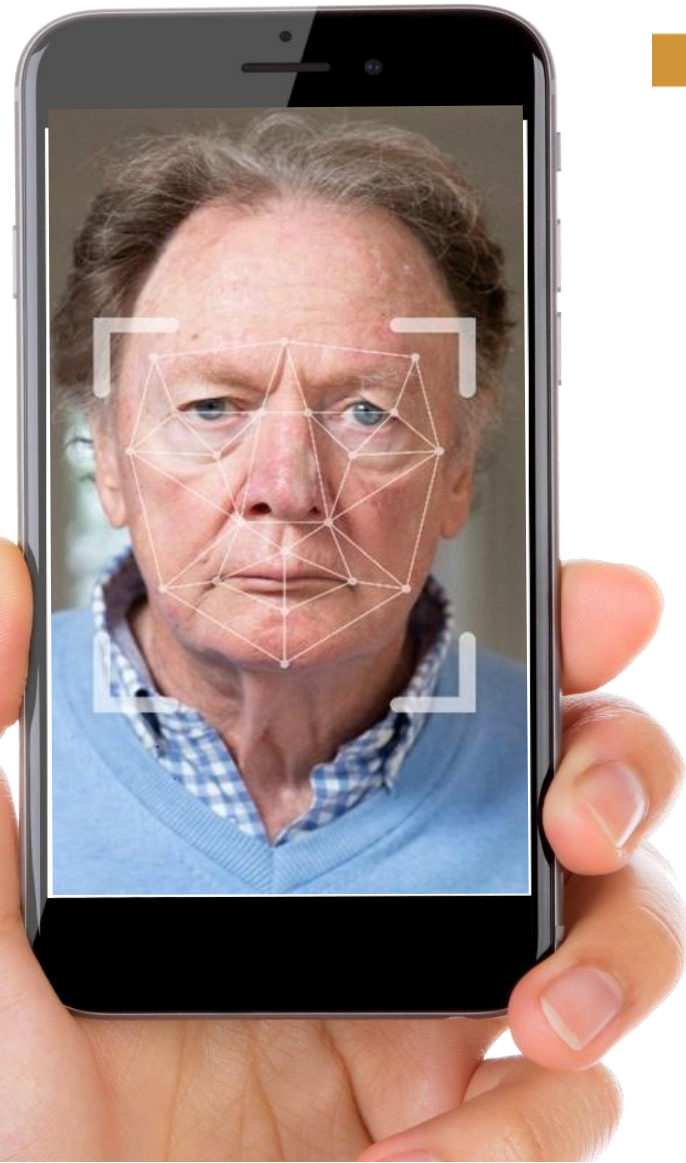
Summary of the 5 services that completed the full 9-month data collection period:

23% reduction falls, 51% maintained or increased BMI, 50% maintained or decreased dependency score





INSPECTION REPORT – CLUNY LODGE ELDER HOMES



From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	6 - Excellent
How good is our leadership?	5 - Very Good



In addition, the service has implemented an application system, known as "Painchek" for monitoring and evaluating pain and medication efficacy, for people who cannot express their views verbally.

We followed the experiences of several residents and saw excellent outcomes around pain management. One person had changes to their "as required" medication, as a result of close monitoring via "Painchek". In another case we noted a significant reduction in the use of anti-psychotic medication following medication review, with the introduction of increased analgesia playing a significant role in reducing episodes of stress / distressed presentation.

It was clear that the "Painchek" approach to monitoring pain, meant medication reviews had resulted in some excellent well-being outcomes.

Key learning

- Leadership is key to driving the implementation of digital solution
- Staff engagement/ motivation increases as outcomes develop
- Phones are better for point-of-care assessments
- Relationship building and support throughout the project
- Current practice around pain assessment in Scotland
- The benefits of digital foundations and skills
- GP engagement where pain assessments inform prescribing



Thank you!



Digital Health & Care
Innovation Centre

Resources



Our digital self-evaluation toolkit will be released soon.

Questions

And Answers

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Thank you

**Please scan the QR code
and complete today's
session evaluation.**



Evaluation form



nicky.cronin@careinspectorate.gov.scot

candice.aitken@careinspectorate.gov.scot