



Digital Skills Devon - End of Project Report

Reporting period: September 2025 - March 2026

Prepared for: Devon County Council

*Prepared by: Devon Communities Together (DCT)
and Wellmoor*

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1. Executive Summary

Devon Communities Together (DCT) and Wellmoor partnered together to deliver the Digital Skills Devon project. Digital Skills Devon was commissioned by Devon County Council to reduce digital exclusion and strengthen community capacity across priority rural and coastal areas. Digital Skills Devon was selected to be part of Devon County Council's UK Shared Prosperity Fund, Essential Skills portfolio of community-led projects that help people aged 16 and over to overcome barriers to learning and unlock new opportunities. The aim of Essential Skills was to improve adult literacy, numeracy, digital skills, and English for Speakers of Other Languages (ESOL) throughout the county, the project specifically responded to the Essential Skills theme; Foundations for Independent Living and Social Inclusion, by addressing digital inclusion.

The project delivered personalised one-to-one support, small-group sessions and organisational training, underpinned by the locally adapted Devon Digital Skills Framework (DDSF). This report sets out the full end-of-project narrative and analysis.

By 3 December 2025, monitoring data recorded 86 registered clients against a target of 70: 129 one-to-one sessions for 75 unique clients, comprising 157 hours of direct support. Delivery also included 13 community events (23 total event hours).

DCC's targets for the project were for 70 individuals to receive one-to-one digital skills support and 10 organisations to be trained on the Devon Digital Skills Framework and associated referral practices. Progress at mid-term evidenced strong performance toward and beyond these thresholds, and qualitative evidence indicates meaningful, person-centered change consistent with the project's Theory of Change.

2. Introduction

Digital exclusion in Devon intersects with rural isolation, older age profiles and health-related barriers to participation in modern life. Digital Skills Devon addressed these challenges through a place-based model that prioritised accessible, in-situ support and practical, confidence-building learning. The project ran from September 2025 to March 2026, with delivery coordinated by DCT and Wellmoor and supported by a robust approach to information governance, monitoring and evaluation.

Devon's rurality and demographics drive specific patterns of digital exclusion, including low confidence among older residents, those living rurally and those with additional needs, limited connectivity in some localities and the need for services to reach into homes and community venues. The project aligns with local priorities to ensure fair access to online health, council and financial services, and complements national drives toward inclusive digital transformation within health and public service

systems. The partnership model ensured a balanced approach, strategic coordination at county level and trusted delivery within hyperlocal contexts.

A blended delivery model combined one-to-one digital coaching, small-group sessions and organisational workforce development. The Devon Digital Skills Framework (DDSF) provided a consistent checklist for assessing baseline confidence, identifying goals and tracking progress. The project prioritised older adults, unpaid carers, people with long-term conditions, disabled and neurodivergent individuals, long-term unemployed residents, and people living in isolated rural and coastal areas.

The operating model embedded practical inclusion including home visits for those unable to travel; community venues for drop-ins; and targeted outreach via trusted partners such as social prescribers, carer support groups and local VCSE organisations. This allowed the team to meet people where they are and tailor support to devices, connectivity and literacy levels in real-life settings.

5. Methodology

The methodology combined structured assessment with compassionate, strengths-based practice. Practitioners used the DDSF at first contact to identify confidence levels, devices in use and priority tasks, before codesigning an achievable action plan. Sessions were short, focused and practical, with time for repetition and consolidation to reduce anxiety and build self-efficacy.

To ensure robust information governance, DCT implemented a dedicated SharePoint site configured for GDPR compliance and secure case management. The site supported referral logging, consent capture, DDSF assessments, case notes and outcome monitoring. Role-based access ensured only authorised staff from DCT and Wellmoor could view identifiable records, while shared templates standardised the quality and completeness of data entry across the partnership. This system created an auditable client journey from referral through to exit, supported data minimisation and enabled efficient reporting.

Referrals flowed from community partners, self-referrals and outreach events into a consistent triage process. Practitioners confirmed consent, conducted an initial DDSF-based assessment, agreed goals with the client and scheduled home or venue-based sessions. Follow-up included reinforcement of learned tasks, sharing of trusted resources and, where appropriate, signposting to sustained digital support (e.g., library digital offers and local groups) once immediate goals were achieved.

Monitoring combined routine quantitative data capture with qualitative techniques. The project team used baseline and follow-up DDSF ratings to track confidence shifts, recorded skills delivered and captured Most Significant Change (MSC) stories at two-to-four weeks after support.

6. Devon Digital Skills Framework (DDSF): History, Purpose and Use

The DDSF was developed by the Devon Digital Inclusion Group to translate the Department of Education Essential Digital Skills Framework into accessible, VCSE-friendly language and checklists that work in frontline conversations. The framework's purpose is threefold: to support triage (mapping needs to actions), to enable co-design (agreeing small, achievable goals) and to track progress (recording skills delivered and confidence changes). It has become a shared reference point across community and statutory partners, ensuring consistency in how digital needs are identified and addressed.

In practical terms, the DDSF structures a person-centered conversation where practitioners explore everyday tasks such as connecting to Wi-Fi, sending photos, using email with attachments, online safety and accessing the NHS App, then practice those tasks together. The sessions were led by the client and focused around their most pressing needs; however many clients were vague about what they wanted to learn so the DDSF provided valuable guidance. Confidence ratings are revisited at exit to evidence change. The DDSF also signposts further learning opportunities and provides a common language for onward referral.

7. Delivery Footprint and Target Areas

Delivery focused on rural and coastal communities where digital exclusion is likely to be higher and access barriers more pronounced. Priority areas included Holsworthy, North Molton, Buckfastleigh, Central Dartmoor, Combe Martin, Parracombe and Martinhoe, Ilfracombe, the Blackdown Hills, Kenn Valley, Bere Ferrers, Exmouth, Axminster, Okehampton and North Dartmoor, Tiverton and surrounding rural settlements. This footprint balanced countywide coverage with deep local engagement through Wellmoor's hyperlocal networks and DCT's broader VCSE reach. The project also prioritised older adults, unpaid carers, people with long-term conditions, disabled and neurodivergent individuals, long-term unemployed residents, and people living in isolated rural and coastal areas.



8. Outputs and Results Against Targets

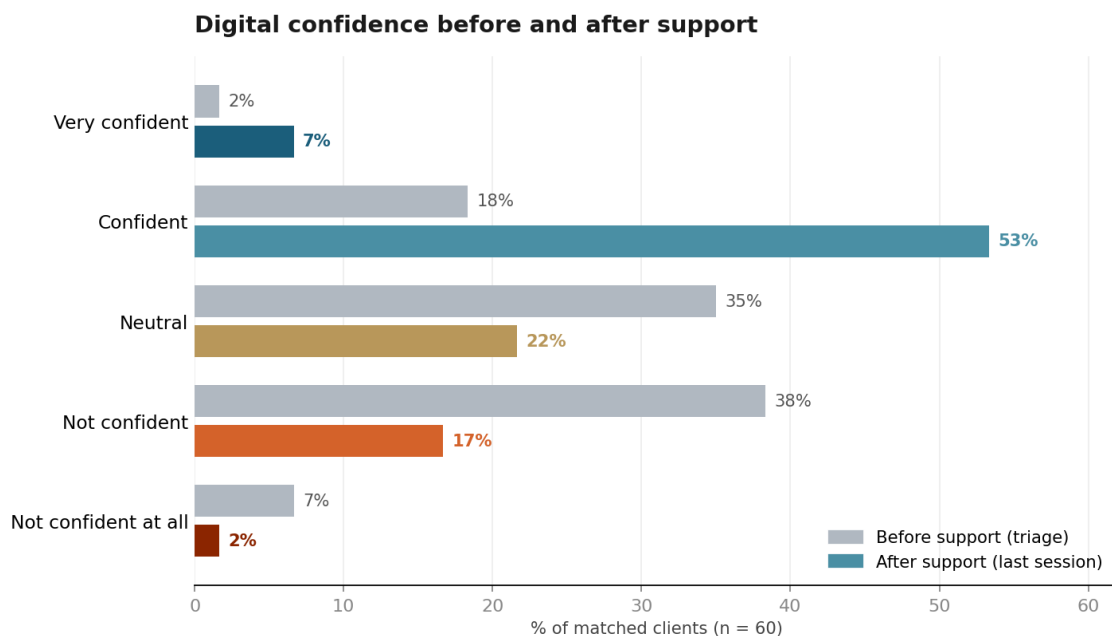
DCC set two core output targets: 70 individuals receiving one-to-one support and 10 organisations trained to adopt the DDSF and embed digital triage and referral practices.

Individuals and sessions: 86 clients registered (target 70); 129 one-to-one sessions for 75 unique clients; 157 hours of direct support delivered.

Community events: 13 events (23 total hours).

Travel and access: 3,694 miles travelled; around 0.9 hours of travel per hour of support.

Confidence outcomes (post-support): 49% confident/very confident; 31% neutral.

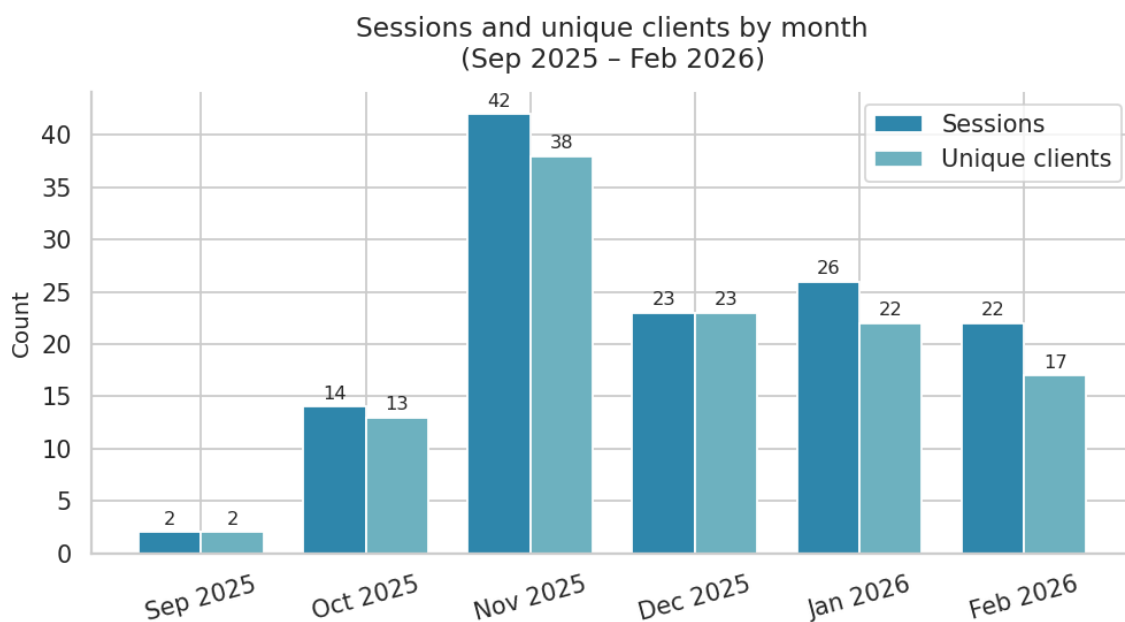


Based on 60 matched clients with both a triage rating and a post-session rating recorded.
26 clients excluded: 6 missing triage baseline, 20 with no post-session confidence captured.

The above data can also be seen here as a count and percentage of those confidence levels.

Confidence level	Count	Percentage
Not confident	32	37.2%
Neutral	27	31.4%

Confident	13	15.1%
Not confident at all	7	8.1%
Not recorded	6	7.0%
Very confident	1	1.2%



Devon Digital Skills Framework Training:

Organisational training commenced with a first cohort in December 2025 including local authority and VCSE partners. A second cohort was scheduled for late January/early February 2026. In total 16 organisations have been trained on how to use the DDSF in their current work and how to better support their clients with digital literacy.

9. Outcomes and Impact (Theory of Change)

The project's Theory of Change links:

Inputs	Activities	Outputs	Outcomes	Impact
funding, staff, DDSF, venues and CRM	DDSF training, one-to-one coaching, small groups, outreach and evaluation, generating	sessions, events, organisations trained	- increased digital confidence and capability, improved access to online health and public services, strengthened VCSE capacity	reduced digital health inequalities and a more resilient local support ecosystem.

Evidence of outcome change is reflected in confidence ratings, observed skill acquisition and MSC narratives. Clients commonly moved from “not at all confident” to “more confident” or “confident,” and reported reduced anxiety when attempting everyday digital tasks. Practitioners observed increased independence in tasks like email communication with attachments, safe password management, navigation of app stores and secure use of social platforms to reconnect with friends, carers and community.

Population reach: of the client cohort, 73 of 86 recorded clients were aged 65+, with a substantial proportion of sessions delivered in community venues and 43% of contacts taking place in people’s homes to reduce access barriers.

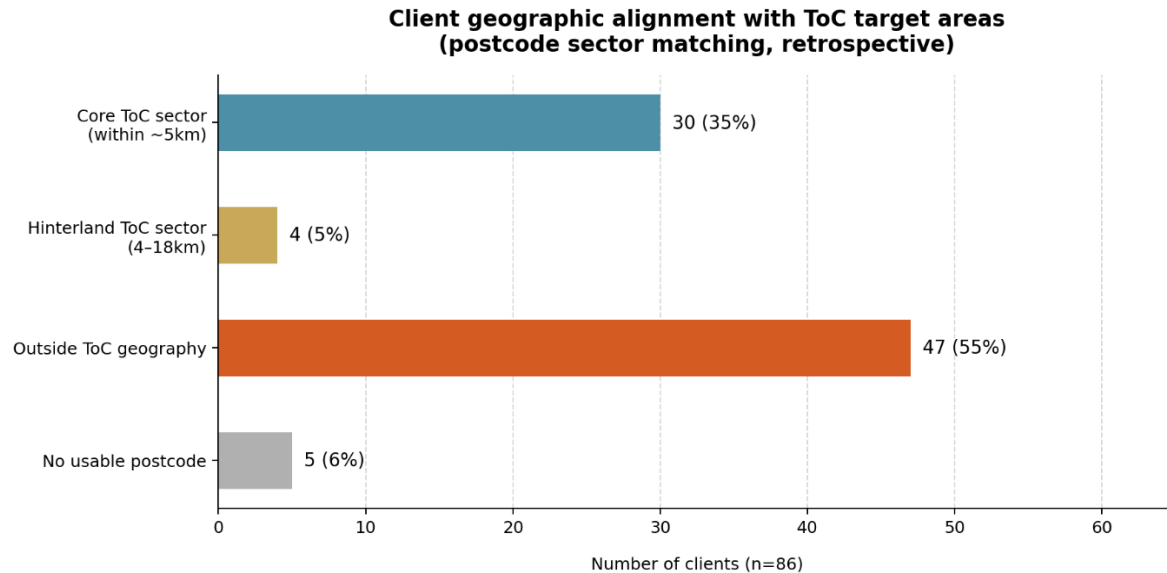
Age band	Count	Percentage
80 to 89	31	36.0%
70 to 79	24	27.9%
60 to 69	13	15.1%
90 to 99	5	5.8%
40 to 49	4	4.7%
50 to 59	3	3.5%
30 to 39	1	1.2%
Not recorded	5	5.8%

The Theory of Change identified 14 priority target areas across Devon, each representing communities with particular digital exclusion risk or strategic interest. To assess whether the programme reached those areas, client postcodes were matched against the ToC geography.

Geographic classification	Count	% of 81 clients with valid postcode sector
Clients with valid postcode sector	81	100%
Matched to ToC sector (total)	34	42.0%
Core sector match	30	37.0%
Hinterland sector match	4	4.9%
Unmatched to any ToC sector	47	58.0%

Among matched clients, Exmouth accounted for 17, Blackdown Hills for 8, Ilfracombe for 5, and the remaining four target areas (Combe Martin, Okehampton, Buckfastleigh, Bere Ferrers) for one each.

We prioritised communication and marketing in the priority areas, served them to some extent but still met objectives by all clients falling in the high-level categories of rural/older/care experienced.



Core = broadly within 5km of reference settlement; Hinterland = 4-18km approximate bands.
Retrospective sector match; not a GIS distance calculation.

10. Most Significant Change (MSC): Method and Findings

MSC was used to capture stories of meaningful changes from clients, organisational partners and delivery staff. Storytellers were asked three questions: what changed as a result of the project; how the change happened; and why the change matters. Stories were gathered around two weeks after support and reviewed by a small panel, which surfaced recurring themes and selected exemplary stories to inform learning and continuous improvement. The process nurtured reflective practice and a feedback loop between delivery and strategic oversight.

The following anonymised narratives illustrate the variety and depth of change experienced by participants and partners:

Case Study 1 – “Regaining Control During a House Move” (Client)

A client living on the coast attended a library-based session focused on password management and multi-tasking on a tablet. Previously, they relied on family members to navigate digital tasks and were anxious about “doing something wrong” and losing information. The session came at a critical time: they were in the process of buying a home and needed to handle significant digital paperwork. With calm coaching, the practitioner demonstrated safe password practices, recovering files and using split-screen functionality to view two windows at once. The client reported a marked increase in confidence, reduced dependency on family and immediate practical benefits in progressing the house purchase. They described the experience as “really

special” and expressed enthusiasm for joining future courses. (Anonymised from MSC collection.)



***Case Study 2 – “From Project Management to Direct Delivery”
(Practitioner)***

A delivery lead anticipated primarily coordinating the project but stepped into direct delivery due to rural geography, travel distances and rising demand. This led to rapid growth in technical skills across both Apple and Android ecosystems and a deeper understanding of the emotional context surrounding digital exclusion, particularly during the winter holiday period. Extensive travel to remote homes and venues provided first-hand insight into barriers faced by isolated residents. The practitioner’s learning elevated the partner organisation’s contribution to county-wide digital inclusion discussions, ensuring that strategic forums are informed by real experiences from the front line. (Anonymised from MSC collection.)

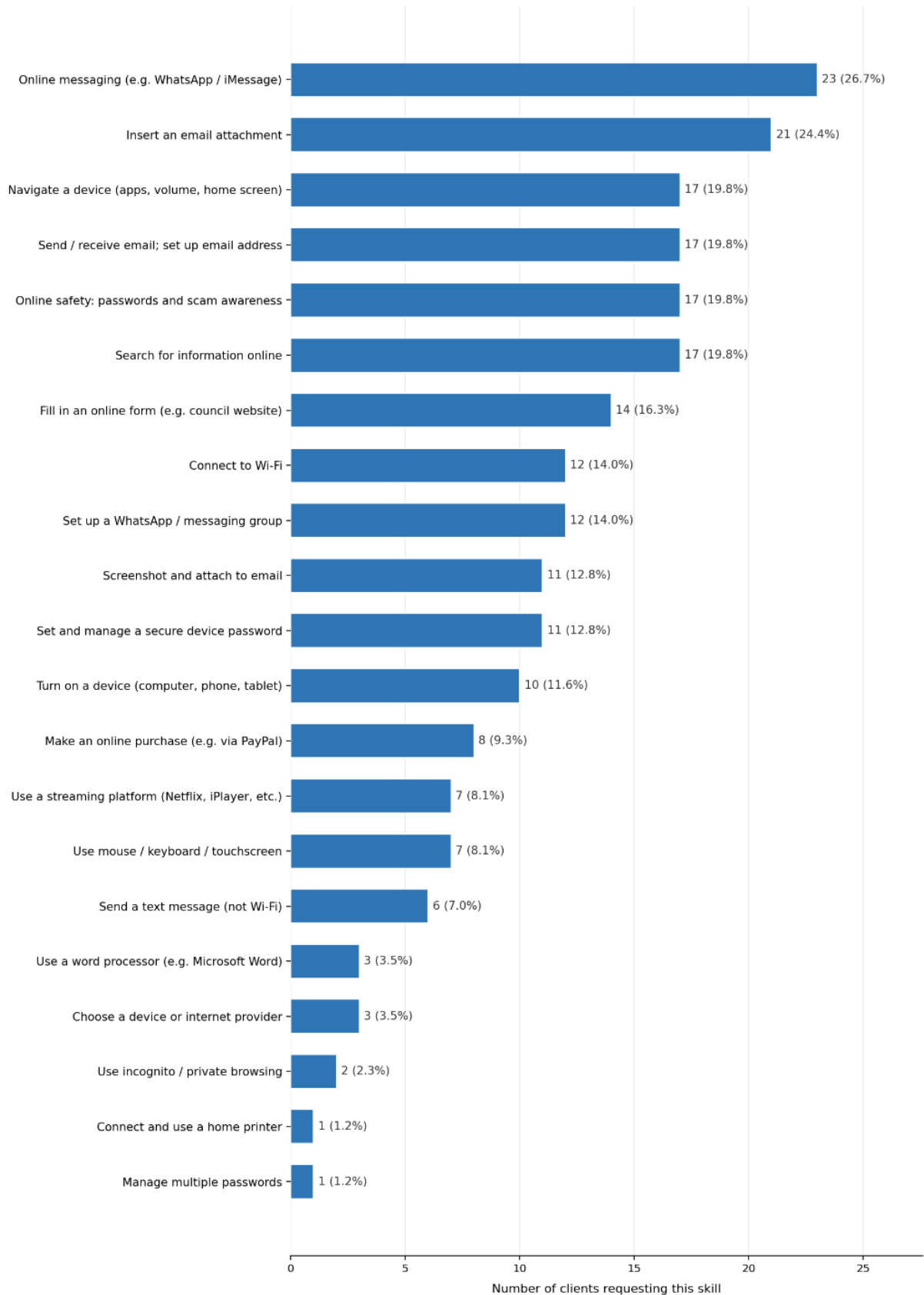
***Case Study 3 – “A Framework for Tenant Support” (Housing Communities
Staff Member)***

A housing communities' practitioner had been informally supporting tenants with digital tasks but lacked a structured approach. After attending the DDSF workshop, they reported a step-change in confidence: having a recognised framework to work from replaced ad-hoc problem-solving with a clear, staged method. Exposure to peers from multiple sectors during the workshop prompted ideas such as a skills "stamp-card" for tenants, while highlighting the need to streamline multi-channel communications as more services move online. The story demonstrates how organisational training can create a multiplier effect, building capacity among frontline staff who reach many residents. (Anonymised from MSC collection.)



Of the essential skills required for clients we found the following:

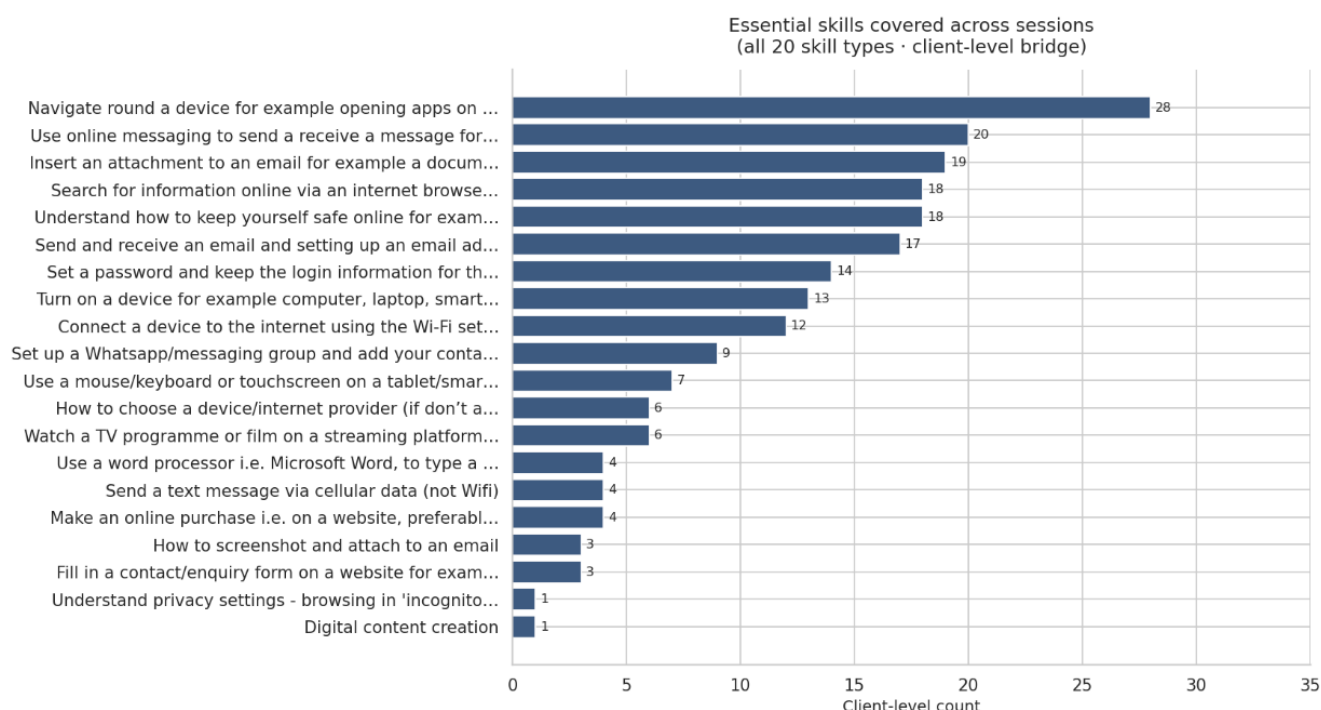
Essential skills requested at triage (demand side)
(multi-select; 61 of 86 clients had at least one essential skill)



Across the life-skills section of the Framework triage, three items were flagged as health-related:

- Use an NHS online service: requested by 15 clients, 17.4 per cent of assessments
- Understand how to access the learner's local healthcare system online: requested by 11 clients, 12.8 per cent
- Using a hospital online patient records system: requested by 11 clients, 12.8 per cent

These three items together represent the clearest cluster of NHS-relevant digital demand in the Framework triage. Taken together, they support the relevance of the ToC outcome area around access to digital health and care services, but they should still be read as baseline demand rather than outcome evidence.



When it comes to what can be reported to NHS colleagues

The following statements are defensible and supported directly by the data:

- 44 per cent of all clients assessed through the programme were flagged at triage as needing support with hospital appointment processes.
- Among all 86 assessed clients, 8 reported online booking and 29 reported phone booking; within the flagged group specifically, this is 21 per cent online and 76 per cent by phone.
- NHS online services, local healthcare access, and hospital patient records systems featured in the top tier of life-skill requests at triage.

- Three clients who were flagged as needing hospital appointment support also received health-related life skill during their sessions, based on the Framework to Sessions join. This represents the minimum confirmed overlap; the true figure may be higher where topics were delivered but not recorded against those specific skill labels.
- Travel commitment reached 3,694 miles an average of 28 miles per session, with approximately 0.9 hours of travel per hour of support. Post-support confidence data indicated 49% confident/very confident and 31% neutral.

11. Partnership Working: DCT and Wellmoor

The DCT/Wellmoor partnership balanced strategic reach with trusted local delivery. DCT contributed countywide VCSE convening power, programme management, and data/quality systems, while Wellmoor brought deep, place-based relationships, especially across Dartmoor and North Devon. Shared use of DDSF, joint case management protocols on SharePoint and regular coordination meetings ensured consistent practice and a responsive deployment model. This collaboration enabled effective triage, flexible use of home and venue-based sessions and reliable coverage across a large rural geography. Wellmoor led the one to one delivery of digital skills sessions in home settings with clients, whereas DCT delivered sessions in community venues.

The partnership also supported mutual skill-building among staff. Cross-platform technical knowledge was strengthened, and reflective practice formalised through MSC and informal peer debriefs helped the team adapt quickly to client needs while maintaining safe, person-centered practice.

12. Equality, Diversity and Reach

The project reached older adults at scale. Delivery models were adapted for accessibility, with over half of sessions held in community spaces, whilst a percentage still were met at home. This reduced travel and mobility barriers for those with long-term conditions and supported carers with limited respite windows.

The geographic spread across rural and coastal communities ensured inclusion of residents at higher risk of digital exclusion due to connectivity, transport and social

isolation. Engagement approaches were trauma-informed and paced to individual comfort levels, with repeated practice and reassurance to reduce anxiety around technology use.

13. Learning and Recommendations

Learning from delivery and MSC analysis highlights several themes. First, relationship-based outreach and in-situ coaching are essential for residents who are anxious, isolated or have mobility challenges; attending a busy central venue is not always realistic. Second, DDSF-guided triage prevents overwhelming clients by breaking goals into manageable steps and making progress visible. Third, robust information governance and standardised case management give practitioners confidence and protect clients. Fourth, rural travel remains resource-intensive; clustering appointments and using local drop-ins can improve efficiency while retaining person-centered practice. Finally, organisational training creates a multiplier effect by embedding digital triage in everyday contacts across housing, health and VCSE settings.

Recommendations for commissioners include: continued investment in place-based, home-visiting digital support for older and rurally isolated residents; ongoing workforce development to normalise digital triage and referral; resourcing of cross-sector signposting pathways (e.g., libraries and community groups) to sustain gains; and consideration of travel and match-funding models that recognise the true costs of rural delivery. The most common life skill requested by clients was help with NHS apps, therefore we recommend that more support needs to be provisioned at NHS ICB level to ensure that digital support is provided for patients to get online, especially those who are rurally/coastally isolated. Evaluations should continue to blend quantitative outcome tracking with MSC to capture changes that matter most to residents and frontline staff.

14. Sustainability and Next Steps

Sustainability rests on three pillars: capable people, consistent tools and connected pathways. Training cohorts extend DDSF adoption among frontline staff, providing a shared method across services. Training could also be provided for community and volunteers as well as professionals, to create champions in rural places such as in village halls as part of the offer as rural digital hubs.

The SharePoint case management model can be scaled to future projects, reducing onboarding time and protecting data. Finally, clear signposting into ongoing digital

offers (including library-based support and community groups) and the creation of resources and handouts ensures residents can continue to practice and progress after initial coaching. These elements help convert short-term project activity into long-term system capacity.

15. Conclusion

Digital Skills Devon demonstrates that person-centered, framework-guided support can rapidly build confidence and capability among those most at risk of exclusion, especially in rural and coastal communities. The project also directly met the ambitions of Devon County Council's Essential Skills programme by equipping residents with the foundational digital skills needed for everyday life, through its flexible, person-centred delivery model, Digital Skills Devon supported participants to build confidence in using devices, accessing online services, managing personal information safely, and communicating digitally, core components of the Essential Skills framework.

We have a solid and collaborative strategic working approach across the county, via the Digital Inclusion Group (DIG) and utilising the skills and expertise of VCSE orgs.

The project's blended model, combining one-to-one help, group activity and organisational training has strengthened Devon's digital inclusion ecosystem