

Human Rights Principles for Digital Health and Social Care:

how we design, deliver and evaluate rights-based digital services



Human Rights Principles
for Digital Health and Social Care



Background

The Health and Social Care Alliance Scotland (the ALLIANCE), Scottish Care and VOX Scotland have been working together since 2021 to create a human rights based approach to digital health and social care. Collaboratively and independently, we have worked with partners and stakeholders across sectors to support services to maximise the impact of digital approaches by embedding a human rights based approach to service design, delivery and improvement.

In 2025, we revisited and reviewed our existing co-produced human rights principles for digital health and social care in light of the continued pace, growth and diversity of digital innovations, technologies, and digital health and social services. Reports from [Audit Scotland](#) and the [Good Things Foundation](#), continue to highlight ongoing barriers of digital exclusion, lack of privacy and equity/fairness of services, which serve to highlight the critical importance of this work.

The recent publication of [Scotland's Population Health Framework \(2025\)](#) and the [Health and Social Care Service Renewal Framework \(2025\)](#) share ambitious aims, with service providers needing to adopt a human rights based approach to service delivery, to enhance the preventative aspects. Digital inclusion is key to their delivery and success, allowing people the opportunity to access health, social care, skills and capability to navigate and use services, and the resources needed to lead a meaningful life.

This year, we engaged with a range of individuals and stakeholders via online and in person events/workshops. We listened to what people told us and have reshaped the principles accordingly. We have also explored the concept of quality and existing digital frameworks, looking at how collaboratively they can help professionals embed our revised principles into practice, as human rights are the necessary foundation for transforming health and social care systems in Scotland and we must move from aspiration to everyday action.



The purpose of this guide is to provide professionals with a comprehensive overview of how they can achieve a rights-based approach in their digital role and design of health and social care services to deliver a quality digital experience. For each principle it provides the related:

policy priorities from the Population Health and Service Renewal frameworks

signposting to 'how to' and detailed guidance via existing digital service standards and resources relevant to each principle

examples of existing good practice and learning

evidence of a 'PANEL' rights-based approach

key questions for consideration and reflection as part of planning and design

The PANEL Principles- participation, accountability, non-discrimination and equality, empowerment and legality have been used as our key framework for a Human Rights Based Approach, and are explained in more detail by the [Scottish Human Rights Commission](#).

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Human rights are not an optional extra but core to how we plan, deliver and evaluate our service.

Anne Gibson, Public Health Scotland

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Principle 1:

Person led services with people at the centre

People should be involved in co-creating digital services, deciding how, where and when digital is used in health and social care. People should have access to inclusive and flexible digital services that meet their needs, rights, preferences and choices, with support if appropriate.

Throughout our engagement the principle of 'people at the centre' was valued of high importance. People expressed that many health and care services are designed by providers - with good intention to be person-centred based on 'perceived' needs of communities/ population - but often without directly engaging with people as part of the design process to understand expressed needs, preferences or aspirations. Principle one is now more explicit on the expectation for genuine person-led service design and involvement.



Let people identify what they need and be a part of the solution.



A shared aim of the [Population Health Framework \(PHF\)](#) and the [Health and Social Care Service Renewal Framework \(HSCSRF\)](#) is to reduce health inequalities by ensuring that services are designed and delivered in ways that are inclusive, equitable, and responsive to meet people's needs. For this to be achieved, services need to be co-produced, and a service design approach must be adopted. People with lived experience should be involved from the very start of the design/ improvement process, enhancing its experience for both the user and provider, resulting in people accessing the care they need on a more equitable basis.

Working in partnership with people with lived experience means services are designed with accessibility at the forefront- meeting the needs of those experiencing the greatest barriers to access, safeguards the product being fit for purpose.



PANEL principle: PARTICIPATION

Everyone has the right to participate and have their voices heard in decisions that affect them. Participation should be inclusive and accessible, with people being supported to engage, overcoming identified barriers which prevent them from getting involved. Participation needs to be meaningful, exploring ways to share power with people with lived experience and ensuring they are respected and valued as equal partners throughout.

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...individuals should participate in all decisions about the care and support they are receiving. This could range from participation in the commissioning and procurement of social care services by local authorities to participating in daily decisions about the care and support being received.

Scottish Human Rights Commission

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Frameworks that can help you implement the principle in practice.

**Digital Scotland Service Standard:
Criteria One - Understand users and their needs.**

Understanding the context of people's lives gives you the best chance of meeting user's needs in a simple and cost-effective way. If you continue to revisit your understanding of people at every stage, it's more likely that your end product will be fit for purpose.

A full exploration of this, with signposting to detailed guidance can be found here:
<https://servicemanual.gov.scot/understand-users-needs>

The Scottish Approach to Service Design (SAAtSD)

The vision for the SAAtSD is for people to be supported and empowered to actively participate in the definition, design and delivery of their public services.

This brings together national and local government, health, public bodies, and third sector, as well as the private sector with the actions of:

- collaborating to deliver end-to-end service journeys for people
- working together to create the right conditions and a shared language
- making sure design methods are inclusive and accessible, so that we encourage, empower and enable all citizens to participate in designing the services they need

The SAAtSD supports a Double Diamond model, which shows the importance of taking time to understand the problem before designing solutions.

A full exploration of this, explaining the seven principles of SAAtSD and Double Diamond model can be found here: <https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/about-this-resource/>

Key questions for Principle 1:

People-led services with people at the centre

To complete meaningful engagement in the design of digital services, there needs to be adequate planning time and a collaborative approach with grass root community groups to ensure people are adequately supported to participate in engagement- what are realistic timeframes for this?

Is there widespread understanding of what is meant by person-led or person centred? Do professionals feel confident in how to be equal partners with citizens through the design process?

What does people-led services with people at the centre look like in practice?

Epilepsy Self Management

Toolkit – People across Scotland brought together their stories and experiences about living with epilepsy. Professionals, families and carers shared theirs too. They worked together to design a set of digital self management resources, which frames these stories and advice for others.

Digital Citizen Panel – ensures that the seldom heard voices of lived experience are supported and encouraged to engage in the design and improvement of digital services, helping to shape and inform the development and delivery of digital health and care.

The Real Toolkit – A leaving resource for STaf, Scotland's national membership organisation for all those involved in the lives of people leaving care. The Real Toolkit was created by the Real Advisory Group which is a genuine coproduction, meaning that both people with care experience and the workforce are equal partners and stakeholders in this work.

Resources/ further reading:

- **Understanding Participation as a PANEL principle**
Scottish Human Rights Commission: <https://www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/>
- **Digital Scotland Service Standard** - Understanding users and their needs, solving a whole problem and delivering a joined up experience. <https://www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/>
- **Scottish Approach to Change** can help support the health and social care system to use a single approach and practical tool to do change well: **Scottish Approach to Change (SATC) resource now available on our corporate website – Healthcare Improvement Scotland**
- **Scottish Approach to Service Design:** <https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/about-this-resource/>

Principle 2:

Digital as an informed, meaningful, ongoing choice

People should be able to make an informed choice between using digital and non-digital health and social care services-and to switch between them at any time- without compromising the quality of care they experience.

One of the key themes arising from our engagement is that people feel they are being urged to access services in a certain way, whether it be digital or non-digital. People feel the 'choice' is being made by the service provider on how they access a service rather than the individual, with options differing between areas, postcodes, service types and GP surgeries. Digital options need to be promoted and articulated explicitly and clearly to allow people to make informed, meaningful, ongoing choices.

People should be advised on the array of support services available to them, including information about any digital options to be considered, and the non-digital alternatives. For many there is a low awareness of existing health and social care tools and services, where this lack of knowledge is prohibiting the element of choice.

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We need to embed more awareness of why some people might choose digital or non-digital options, including trauma-informed practices to ensure people access services safely.

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One of the priority areas for the Digital Health and Care Strategy is around digital options being increasingly available as a choice for people accessing services and staff delivering them. The emphasis must be on the choice being ongoing, meaningful and that as well as digital options (with professional support), there must be non-digital alternatives.

For meaningful choice to be a reality, there needs to be consideration and dedicated exploration of how choice is supported when designing and implementing digital services. There should not be a negative consequence of choosing a non-digital service journey- and understanding any inequalities related to digital and non-digital routes to service access should be part of planning and 'discovery' in the design process to develop appropriate mitigations.

PANEL principle: EMPOWERMENT

People need to know and understand what their rights and choices are. They need accessible and transparent information about the services available to them, and what this would mean for their day-to-day lives, for their health and social care.

Frameworks that can help you implement the principle in practice.

Digital Scotland Service Standard:
Criteria three - Design and deliver a joined-up experience.

People should not be excluded or have their health and social care experience negatively impacted as a result of how an organisation or service is structured, or because a service is designed as a digital only service.

There needs to be understanding of how people need and wish to access a service and design a consistent experience across offline and online platforms/interventions.

A full exploration of this, with signposting to detailed guidance can be found here: [3. Design and deliver a joined-up experience - Service Manual](#)

Key questions for Principle 2:

Digital as an
informed, meaningful,
ongoing choice

How do we ensure that digital services do not increase inequality in access where some of the key benefits are increased availability and accelerated access services?

How do we keep people informed about service options and delivery in a non-digital way- e.g., are paper copy letters signposting people to websites offering an informed choice? How can this be done in a meaningful way?

What does an informed, meaningful and ongoing choice in digital look like in practice?

Age Scotland By Your Side - Age Scotland have advisers who provide holistic multi-issue advice and low-level advocacy service and support older people to overcome barriers, like digital exclusion to access the services they need. It has a helpline that helps over 50s with energy, finances, social security etc. and an in-person service in a few areas.

National Galleries Scotland offer a **Visual Impaired Programme**, a free, relaxed and sociable art sessions that take place online or live in the gallery.

Care Connectors – enabling choice and confidence - In North Ayrshire, Care Connectors are working alongside adults with learning disabilities to enable informed and ongoing choice in how they access support and community life. Connectors help people and families explore both digital and non-digital options, offering reassurance and practical support so that technology is introduced at the right time and in the right way. By building trusted relationships, Care Connectors ensure people are aware of what is available, can try digital tools without pressure, and can move between digital and non-digital services without compromising their experience of services. This project is a collaboration between SCLD, North Ayrshire Learning Disability Service and Scottish Care.

Resources/ further reading:

- **Understanding Empowerment as a PANEL principle**
Scottish Human Rights Commission: <https://www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/>
- **Digital Scotland Service Standard** - Understanding that for every digital service there has to be a non-digital equivalent, which doesn't impact on fairness and equity: [3. Design and deliver a joined-up experience - Service Manual](#)
- **Scottish Government (2021) Digital Health and Care Strategy**
<https://www.gov.scot/publications/scotlands-digital-health-care-strategy/>

Principle 3:

Digital Inclusion: embedding safety, skills and confidence

Everyone has the access, skills and confidence to utilise digital services if they choose to do so, regardless of their socioeconomic background, location or ability.

During the engagement process, digital inclusion provoked the most conversation. People highlighted the complexities and how the term 'digital inclusion' absorbed huge strands of other inequalities such as digital literacy, digital poverty, online safety, health literacy, poverty, connectivity and accessibility. For this reason, principle three has become more focused on three areas of digital inclusion: safety, skills and confidence.

Achieving national digital inclusion would reduce health inequalities and improve social and health outcomes for people across Scotland. However, digital inclusion is fluid, not static and can change as people's situations and circumstances change so the ambition is both complex and multifactorial. Evidence demonstrates that people who are older, disabled or on low incomes are more likely to experience digital exclusion, but it can affect everyone in different ways, being both a consequence and cause of poverty and inequality (SCVO, 2023).

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Digital is a fundamental necessity. It underpins every single aspect of our whole society. While it can unlock incredible opportunities, and open doors to new possibilities, lack of meaningful access to the internet, and to the necessary skills, can also make things worse for people, compounding other inequalities. Until full social equality is achieved, we don't think the problem of digital exclusion is going away any time soon.

Mhor Collective

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Scotland's Population Health Framework states the importance and need for system sustainability including a key priority for action to embed digital inclusion approaches which promote digital choice and reduce the risk of deepening inequalities and empowering people to have access to information, resources, treatment and services.

We know from the [Digital Inclusion Roadmap](#) some people may never want to access their health and social care services online, as is their choice. But for those that would like to explore the concept without committing, we should be clear about the options available and support people to start exploring confidence and motivation, supported by individual conversations with people they trust. Approaches focused on 'trusted people in local places' have been shown to be the most effective in getting people started online.

PANEL principle: NON DISCRIMINATION AND EQUALITY

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A human rights based approach means that all forms of discrimination in the realisation of rights must be prohibited, prevented and eliminated. It also requires the prioritisation of those in the most marginalised situations who face the biggest barriers to realising their rights.

Scottish Human Rights Commission

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Frameworks that can help you implement the principle in practice.

**Digital Scotland Service Standard:
Criteria four- Help users succeed first time.**

People expect services to work; digital health and social care services should be held to the same standard. User testing is key to ensuring that digital services are as user friendly and accessible as possible, meaning those who need support will find these services functional-helping to increase people's confidence and skills in accessing services online.

A full exploration of this, with signposting to detailed guidance can be found here: [4. Help users succeed first time - Service Manual](#)

Key questions for Principle 3:

Digital inclusion: embedding safety, skills and confidence

Digital inclusion should be ambitious, supporting people to learn skills and build confidence but also to support them to strive, learn and access more resources and supports if they choose to do so.

How do we ensure support for digital inclusion is developed as part of the design process for digital services and resources for health and social care to ensure support is provided alongside the service/resource?

What does digital inclusion: embedding safety, skills and confidence look like in practice?

The ALLIANCE - Discover Digital

Discover Digital is a project to raise awareness of digital tools which promote health and wellbeing. It offers free roadshows and tailored training workshops on digital health and social care tools for community groups, third sector organisations and communities.

Simon Community Scotland- Get Digital Scotland

The Get Connected has connected over 1600 people experiencing homelessness to the digital world. The Get Connected model combines the provision of a device, unlimited data, support from their own support worker (trained in digital inclusion) and a learning framework of digital skills.

Ability Net supports a wide range of users; from older or disabled people looking for help with their technology to digital professionals advocating for accessibility and inclusion best practices within their organisation.

Resources/ further reading:

- **Understanding Participation as a PANEL principle**
Scottish Human Rights Commission: <https://www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/>
- **Digital Scotland Service Standard** - Understanding the importance of user testing to ensure people with low digital skills and confidence find the service easy to use- supporting not prohibiting the use of digital services. **4. Help users succeed first time - Service Manual**
- **SCVO – Digital Inclusion Roadmap** [SCVO_Digital-Inclusion-Roadmap_V3-2.pdf](#)
- **Simon Community Scotland (2024)** - Understanding the transformational impact of digital inclusion for people experiencing homelessness - **I Feel Part Of Society Report**



Principle 4:

Quality digital experiences - rights and system responsibilities

Digital services should be accessible, trustworthy and inclusive, providing a quality digital experience for people who use them. Services should be accompanied by supportive initiatives to provide tailored support, coaching and practical resources to assist those who might be experiencing digital inequality.

During engagements, people shared that although they, or people who they supported had access to digital solutions they often found online service/ information difficult to find or navigate. People found online applications to be lengthy and repetitive but also struggled to find the help they were looking for despite knowing it existed within their local health and social care partnership.

The [Good Things Foundation](#) report that one third of those offline say it's difficult to use council and government services and thirty one percent of UK adults don't access health services online. Service providers must make it easier for people to access digital services and support, with simplistic functions which can be navigated with ease.

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Accessing digital support should not require 'digital skills' – digital services should be designed to be functional, accessible and easy to use.

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The [Pillars for Digital Inclusion framework](#) includes an explicit focus on 'inclusive design' as key to enabling digital inclusion, switching the narrative from an individual journey to a shared responsibility where services embed digital inclusion and accessibility as a core part of digital transformation. The paper is recommended to anyone working in any sector across health, social care or wider services who are designing or developing digital services or supports. A person should be able to use digital services without requiring advanced 'digital skills', they should be accessible, functional and pleasant to use.

PANEL principle: ACCOUNTABILITY

Accountability is one of the strongest principles in achieving a human rights based Scotland. It involves monitoring if and how public services provide equality, fairness and quality across their services. For this to be effective we need clear laws, policy and procedures so that service providers know what is expected of them, and for human rights to become part of the ongoing delivery of services, rather than a desired future destination. For example, the importance of undertaking an equality and human rights impact assessment. When we think about accountability- who are the duty bearers and how do citizens hold those people to account whilst they are receiving the service?

In considering how to ensure 'quality' digital experiences, respecting, protecting and fulfilling human rights is part of the responsibilities across the delivery of health and social care.

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In different ways these bodies all have a responsibility to ensure that the standards of accountability for human rights are as high as possible. These include the commissioners of care services, care provider organisations and inspection and regulation bodies.

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Scottish Human Rights Commission

PANEL principle: LEGALITY

Moving beyond recognising the universality of humans rights as a moral obligation, in many cases, there are also legally enforceable entitlements. By law, they must be upheld- respected, protected and fulfilled. Public bodies have a legal obligation to do this and to ensure others who provide services on their behalf are too.

Frameworks that can help you implement the principle in practice.

Digital Scotland Service Standard: Criteria five- Make sure everyone can use the service.

Everyone in Scotland has a legal right to services from public sector organisations, meaning there is a duty on service providers to consider everyone's needs when designing and delivering services. Digital services are no different and before designing or building a product, at a minimum:

- people with lived experience are included in the user research
- there is a clear understanding of the skills, confidence and connectivity that will be required to use the digital solution (for people who provide and people who access health and social care) and there are mechanisms developed or mitigations identified for how support will be provided
- the barriers to accessing the service and the support required to help people use this service have been identified

In summary, creating quality, accessible services benefits everyone.

A full exploration of this, with signposting to detailed guidance can be found here:

[Criteria five- Make sure everyone can use the service](#)



Key questions for Principle 4:

Quality digital experiences: rights and responsibilities

Making digital health and social care services accessible and easy to navigate benefits everyone, but how do we ensure budgets and timeframes make this a reality?

How do we ensure people's rights are upheld in digital services for health and social care - how do we know who is accountable and how do we promote a transparent process to ensure they are upheld?

How do we shift the narrative around ensuring the design of digital services are based on outcomes for people rather than efficiency outcomes for the system and services? The ALLIANCE's Digital Learning Series published a paper '**Benefits and outcomes of digital in the context of health and social care**' in 2025 which highlighted how accessing support digitally improved an individual's health or care experience.

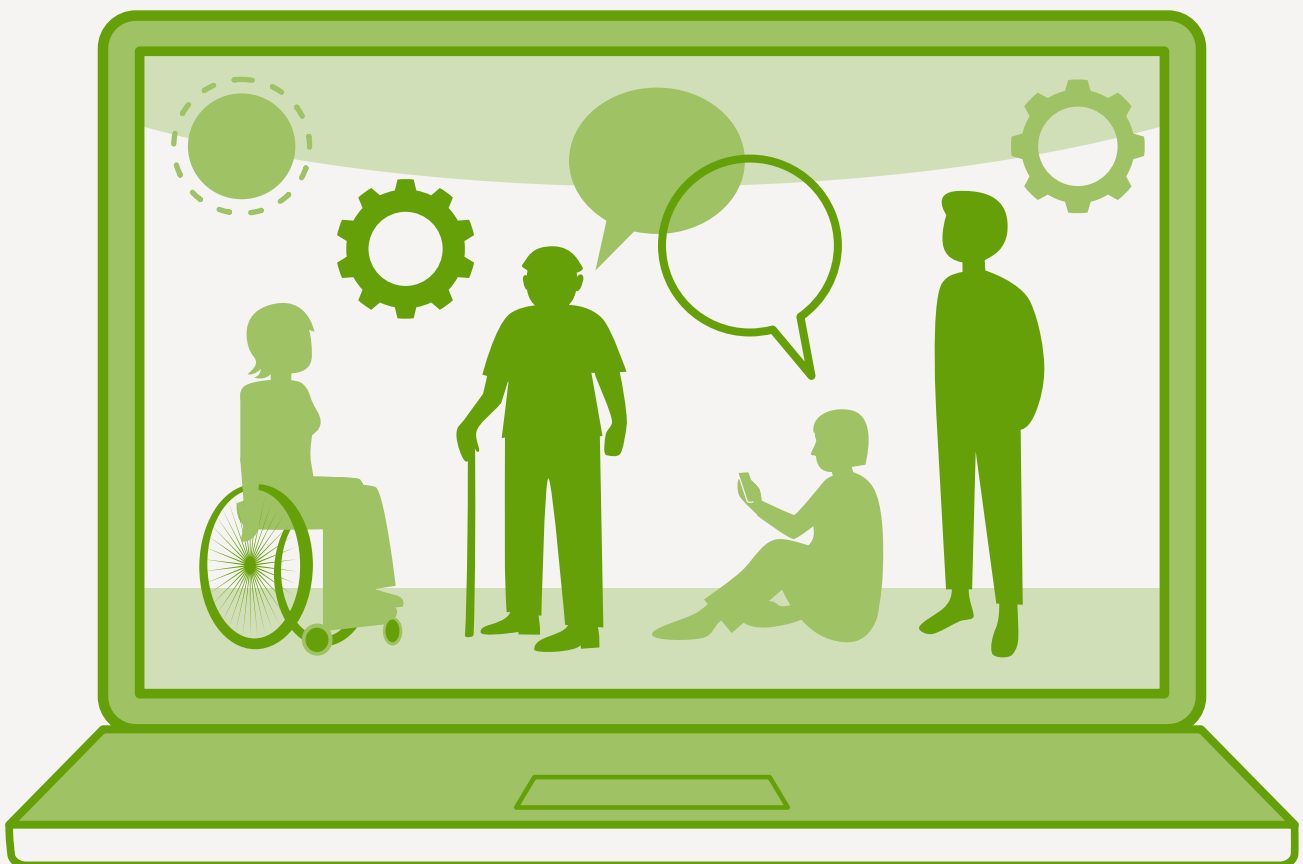
What do quality digital experiences look like in practice?

Carers UK - Jointly app for carers an innovative mobile and online app that's designed by carers for carers, developed by Carers UK. Carers UK constantly update the app in line with users' feedback.

ALISS- A Local Information System for Scotland a coproduced national digital service enabling people and health and social care providers to find and share information on health and wellbeing resources, services, groups, and support in their local communities and online. In 2025, ALISS refreshed its '**Our Health, Our Place, Our Voice**' Toolkit to meet the changing needs of today's young people and the evolving educational landscape, reflecting the importance of having young people's voices heard.

Resources/ further reading:

- **Understanding Accountability as a PANEL principle**
Scottish Human Rights Commission: <https://www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/>
- **Digital Scotland Service Standard** - Understanding how to achieve quality and accessibility in design and delivery. **Criteria five- Make sure everyone can use the service**
- **Carers UK** - Jointly app for carers
- **ALISS** - A Local Information System for Scotland www.aliss.org
- **The ALLIANCE** - Benefits and outcomes of digital in the context of health and social care' https://www.alliance-scotland.org.uk/wp-content/uploads/2025/04/Value_and_benefit_of_Digital_report_WEB.pdf



Principle 5:

Secure access and control of personal data

People should have access to data held about them by health and social care services and have control over this data and how this is used.

Security of health and social care data was the biggest ongoing concern expressed during engagements. The media has publicised data breaches within health and social care and regarding the protection of personal data. There needs to be clarity for people on where their information is being held and the language explaining this and requesting informed consent must be clear, accessible to meet basic literacy skills.

People have consistently said that they would like professionals to share information more freely and quickly to improve the efficiency and speed of service referrals. There is frustration that there has been no reduction in the number of times people have to repeat their personal data when interacting across health and social care or in having to 're-tell their story.'

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Remembering all my details isn't always as easy as it could be, especially if I am not well. It would feel so good not to have to go through the whole story again. Time on time.

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There were some safeguarding issues around data sharing that were highlighted as areas for consideration by people we engaged with such as people with fluctuating mental health, adult protections issues and domestic abuse. However, the consensus was that open access to people's clinical data could have great benefits to individuals and allow them to be active partners in their own health and care. This will include people being able to use their health and social care record on their mobile or tablet, record their preferences, request checks, manage their condition, coordinate their appointments, access their prescriptions, see diagnostic results, access personalised preventative support and share information with their healthcare professional via the forthcoming 'Digital Front Door' service.

Ensuring care providers have all the right digital access and information they need will support them in providing person-led, quality care experiences. Digital and data technologies will enable significant change in services with personalised and individual shared care plans being accessed and used by staff as part of business-as-usual care delivery. Progress in artificial intelligence (AI), genomics, diagnostic testing and personalised medicine will further accelerate these changes with potentially earlier and faster diagnosis of conditions. Sharing data beyond the health and social care sector will also support wider public sector reform (for example, to make sure people can easily access benefits they are entitled to).

In highlighting the benefits of data sharing and access, it is important to acknowledge the wider cultural and system changes that will be required. For example, the impacts on ways of working, training and skills and the ethical and equality impacts that will require assessment.

PANEL principle: EMPOWERMENT

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When considering sharing and access to data, what happens to data and what the control means from a human rights-based approach – individuals and communities should know their rights. It also means that they should be fully supported to participate in the development of policy and practices which affect their lives and to claim rights where necessary.

Scottish Human Rights Commission

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Frameworks that can help you implement the principle in practice.

Digital Scotland Service Standard: Criteria eight - Create a secure service which protects users' privacy.

When holding personal and sensitive information about people's health and social care it is a legal duty to ensure this is protected. As we look for solutions for services to share information, a secure approach must be adopted. Investment and time must be invested in preventative approaches to new threats but also in how to support individuals to access and input information in a secure and protected manner.

A full exploration of this, with signposting to detailed guidance can be found here: [8. Create a secure service which protects users' privacy - Service Manual.](#)

Key questions for Principle 5:

Secure access and control of personal data

When designing and developing digital services in health and social care, how do we ensure that information regarding how and where data is held is clearly presented to people accessing care and support, gaining informed consent?

How do we responsibly balance the progression and process in supporting people to have secure access and control of their data - what impacts does this have on ways of working and requirements for digital systems and how do we navigate that change?

What does secure access and control of personal data look like in practice?

My Diabetes My Way - an interactive website developed by NHS Scotland, which aims to support people who have diabetes and their family and friends. It provides information, up to date clinic results, self management tips and allows people to set their own goals. clinic results, self management tips and allows people to set their own goals.

PAMIS Digital Passport - a simple, easy to use, flick-through e-book that can be created and displayed on tablet devices, computers and phones. Each PAMIS passport contains information about one person and uses video, photography, sound and text to help that person express their needs. The passport, uniquely, is owned by the individual and is shared with those they choose to share it with.

Community Connections - is a research programme which is exploring with the community better ways for people to find and share local resources to help people live well. The programme is funded by UK government through the Moray Growth Deal which aims to support the remobilisation of health and care services and the economic recovery of the Moray region, by investing in research and innovation activities aligned to the digital health and care agenda.

Resources/ further reading:

- **Understanding Accountability as a PANEL principle**
Scottish Human Rights Commission: <https://www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/>
- **Digital Scotland Service Standard** - Understanding how to achieve privacy and security. **8. Create a secure service which protects users' privacy - Service Manual**
- **My Diabetes My Way** - www.mydiabetesmyway.scot.nhs.uk
- **PAMIS, Digital Passport** - <https://pamis.org.uk/services/digital-passports/>
- **Community Connections** - <https://www.communityconnect.scot/about-project>



Contacts

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Resources

- Audit Scotland (2024) 'Tackling Digital Exclusion' <https://audit.scot/publications/tackling-digital-exclusion>
- Good Things Foundation (2025) 'Digital Futures for Good- Final Report' <https://www.goodthingsfoundation.org/policy-and-research/research-and-evidence/research-2025/digital-futures-for-good-series-report>
- Scottish Government (2025) 'Health and Social Care Service Renewal Framework' [2. Impact of Service Renewal for People and the Workforce - Health and Social Care Service Renewal Framework - gov.scot](https://www.gov.scot/publications/health-and-social-care-service-renewal-framework/pages/2-impact-of-service-renewal-for-people-and-the-workforce-2025-2028.aspx)
- Scottish Government (2025) 'Scotland's Population Health Framework' [Prevention Focused System - Scotland's Population Health Framework - gov.scot](https://www.gov.scot/publications/scotland-s-population-health-framework/pages/1-prevention-focused-system.aspx)

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector membership organisation for the health and social care sector. We bring together over 3,500 people and organisations dedicated to achieving our vision of a Scotland where everyone has a strong voice and enjoys the right to live well, with dignity and respect. Our members are essential in creating a society in which we all can thrive, and we believe that by working together, our voice is stronger.

We work to improve the wellbeing of people and communities across Scotland by supporting change in health, social care and other public services so they better meet the needs of everyone in Scotland. We do this by bringing together the expertise of people with lived experience, the third sector, and organisations across health and social care to shape better services and support positive change.

The ALLIANCE has three core aims.

We seek to:

- **Empower people with lived experience:** we ensure disabled people, people with long term conditions, and unpaid carers are heard and that their needs remain at the heart of the services and communities.
 - **Support positive change:** we work within communities to promote co-production, self management, human rights, and independent living.
 - **Champion the third sector:** we work with, support and encourage co-operation between the third sector and health and social care organisations.
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The ALLIANCE is committed to upholding human rights. We embed lived experience in our work and aim to ensure people are meaningfully involved at every level of decision-making.

Working together creates positive, long-lasting impact. We work in partnership with the Scottish Government, NHS Boards, universities, and other key organisations within health, social care, housing, and digital technology to manage funding and develop successful projects. Together, our voice is stronger, and we can create meaningful change.



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www.alliance-scotland.org.uk

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