

May 2026 | Care Policy & Evaluation Centre (CPEC)

Key messages from our evaluation of digital social care records



Who is this for?

Care managers and staff | Policymakers | Digital care record technology suppliers

READING TIME: 5 minutes

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What This Briefing is About

This briefing shares ten key messages to help ensure different people involved in adult social care can make the most out of implementing digital care records.

Digital Social Care Records (DSCRs) are digital systems that help care teams keep track of people's care. They can help make care safer, quicker, and more joined-up. But they need to be easy to use and fair for everyone.

These messages are aimed at care provider managers and staff, and people who make decisions about care in the UK, such as the government and the NHS. They aim to ensure DSCRs work well for care organisations, their staff, and the people they support.

What We Did

To understand how DSCRs are being used and how they could be improved, we spoke to:

- 30 care organisations, including home care providers and care homes
- 86 people, including care workers, care provider managers, people drawing on care, their families, and the companies that make DSCRs.

key messages in this leaflet come from what we learnt in those interviews.

Key Messages from our Evaluation

1. Support for going digital

Many people think it is good to move towards digital care records. When care providers receive funding and support to go digital, they feel more confident. This support helps them overcome inertia and start using digital tools.

2. Choosing the right technology is important

Care providers like having different technology options to choose from, but sometimes they pick a system that does not meet their needs. This can lead to regret and the desire to switch technology suppliers.

3. Good relationships with technology suppliers matter

Strong relationships between care providers and technology suppliers are important. Good customer support builds trust and helps improve digital systems. However, small care providers – especially those helping minoritised communities – often feel ignored because they make up a smaller part of the market.

4. Staff may feel nervous, but training helps

Some staff may feel anxious about using new technology, but this can be lessened through adequate, tailored training and by introducing the system gradually. People often worry that staff might leave because of the changes, but we found no evidence of this happening.

5. Fast and easy access needs good equipment

Digital systems work best when staff can update records quickly and see them in real time. To do this, care providers need investment in infrastructure, including strong internet and enough devices like tablets or laptops.



♥ 6. Digital tools should help care feel personal

Digital care records can help staff give better care, such as personalised reminders or saving time so staff can spend more time with people. This helps make care more person-centred and inclusive. But if the digital system is poorly designed – for example, relying on dropdown menus or emojis – it can shift focus away from care and towards ticking boxes.



🗎 7. Some people find digital systems hard to use

Poor digital care record choices, a lack of devices, and limited accessibility features can make digital care records harder to use for people with disabilities or a low English level. This is especially concerning given the diverse and international care workforce.

It can also make it hard for families – especially those without internet or smart devices – to be part of care planning. These problems show that digital care records need to match national plans for digital inclusion.

🕒 8. Benefits take time to emerge

Digital care records can save money and improve care, but this doesn't happen straight away, and benefits are likely to accumulate over time. It might take up to five years to see the full benefits, so quick savings should not be expected.

🔗 9. Systems should work together

Benefits are more likely to accumulate when care providers get digital tools that are interoperable with the digital care record – they can connect and share information with each other and with other organisations.

🧑 10. People drawing on care and their families want clear, honest communication

Care providers worry that families will expect instant access to digital care records. But most people drawing on care and their families don't know much about them. They do want clear and honest communication. Not involving them properly raises ethical questions about fairness, consent, and their right to be part of care planning.

? Want to Know More?

If you would like more information about DSCRS, speak to your care provider or email the research team here: cpec.socrates@lse.ac.uk. You can also read our report or watch our two YouTube webinars, where we presented key findings:

- **Webinar in June 2024** findings from interviews with care managers: www.youtube.com/watch?v=cG0PmDnV0mo
- **Webinar in November 2024** findings from interviews with care workers, people drawing on care, and families: www.youtube.com/watch?v=MunNdQ2nSQo (or scan QR code)
- **Final report, May 2026:** Malley J, Westwood J, Snow M, Farrelly N, Steils N, Henderson C and Larkins C (2026). A Rapid Evaluation of the Implementation of Digital Social Care Records in England. *Health and Social Care Delivery Research*, Vol. 14, Issue. 16, URL: <https://doi.org/10.3310/GJJW2821>



We extend our sincere appreciation to all people and organisations whose contributions have helped us complete this research.

About Socrates

Socrates is a group of researchers and people with experience of social care from three universities. We have been funded by the National Institute for Health and Care Research (NIHR) to undertake rapid evaluations that will make a difference on issues that people care about in social care, including adults, children and families.

Find out more about Socrates on our website:

➔ www.lse.ac.uk/cpec/research/projects/socrates

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This evaluation was carried out by the following universities:

