



Extended Research Article

A rapid evaluation of the implementation of Digital Social Care Records in England

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research, or similar, and contains language which may offend some readers.

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Scientific summary

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Background

United Kingdom policy-makers have long advocated for the digitalisation of health and social care. Digitisation of care records held by adult social care providers is seen as critical step to increase the amount of information in the system, but the government also argues that digital social care records (DSCRs) will help the system to deliver on its vision for transforming social care. Policy has focused on adult social care providers as digitisation for this group has lagged other areas. As part of the £150M Digitising Social Care (DiSC) Programme, the government provided matched funding to care providers for DSCR adoption and introduced a target to ensure that 80% were using DSCRs by March 2024 (later extended to March 2025). According to official estimates uptake rose from 40% in 2021 to 75% by January 2025, indicating that the government is nearing its target.

Digital social care records, or electronic care plans, enable the recording and sharing of care information digitally, replacing paper record keeping and management. These systems are often designed for specific social care settings (e.g. home care providers, care homes) and types of clients (e.g. children or adults) and feature additional functionalities, such as real-time data sharing, offline access, and integration with other practitioners' systems, enhancing accessibility and efficiency. A searchable database on the Government's *Digital Social Care* website lists the full functionality of the 16 systems that are currently (April 2025) on the Assured Supplier List (ASL). The ASL lists supplier solutions that comply with a minimum set of capabilities and standards.

Although digital records have been used in social care settings for many years, there is limited evidence about the experiences, consequences and economic impacts of DSCR adoption and implementation by care providers. Greenstock's review highlights potential benefits of DSCRs, such as workforce productivity, enhanced care quality, collaboration and financial benefits, but the evidence is inconclusive about the extent to which these benefits are realised. Other studies find a range of organisational and external barriers to implementation and note that where systems are complex and impractical, they do not save time and can hinder rather than enhance care delivery. Stakeholders who participated in the scoping study questioned whether DSCRs yield financial or non-financial returns on investment for care providers.

Research finds that the material properties and functionality of technology are crucial for uptake and use, and that these can be improved through co-design of solutions with end-users. Given the systems on the ASL feature modern interfaces designed collaboratively with the sector, offering mobile/offline options, portals for service users and family members, and interoperability with other technologies and systems, differences between these systems and older examples warrant further exploration. Additionally, stakeholders suggested a need to focus on the impact of digitisation on already marginalised groups of people, raising concerns that DSCRs may further exclude such groups and exacerbate existing problems, for example around the workforce supply and working conditions.

The potential benefits of recently developed systems presented an opportunity for a rapid evaluation of DSCR implementation to inform the digitalisation agenda and enhance attention to the issues of equality, diversity and inclusion and the economic and financial implications of adoption for care providers.

Objectives

Through initial discussions with public advisors, we developed the following research questions

1. Within which contexts is digitisation of social care records happening and why?
2. What are the expectations, experiences and consequences of implementing DSCRs?
3. How do people experience using specific features of DSCRs within care relationships?
4. What are the experiences and consequences of DSCR implementation for people in different social categories?
5. What are social care providers' economic and financial considerations in implementing DSCRs?

Methods and limitations

We conducted a rapid evaluation involving two phases of data collection and feedback to participating sites and stakeholders. The data collection was staged to ensure timely feedback to stakeholders for improving local DSCR implementation. The evaluation was co-created with an Evaluation Advisory Network (EAN) including public experts by experience, care professionals and other stakeholders with relevant learned expertise. In line with principles of co-creation in knowledge generation, EAN members generated ideas, helped design methods and guide their implementation, and contributed to sense-making. Some EAN members also conducted phase two interviews.

We recruited 19 care homes and 11 home care provider organisations from 4 sites (covering 5 integrated care systems) across England. Care providers were recruited via the Digital Lead (or person with responsibility for delivery of the DiSC Fund) working for integrated care boards, in collaboration with local Clinical Research Networks. The first phase engaged senior leaders from 30 care providers in semistructured interviews to examine adoption and non-adoption, perceptions of the expectations and consequences of implementing DSCRs from an organisational perspective, including discussion of the DSCR business case and with attention to equity implications. We also recruited and interviewed senior leaders from three DSCR suppliers to provide an alternative perspective on these themes.

The second phase included 30 care staff and 23 people who draw on care services, and their relatives in semistructured interviews. Interviews focused on their experiences of the implementation process and using specific features of DSCRs within their day-to-day work and care relationships, again considering equity implications. This phase also explored the economic impacts of DSCR adoption by examining providers' expectations and capacity to estimate returns on investment, although this was challenging due to data availability and provider capacity.

To move rapidly from data collection to synthesis of the data, the team used Rapid Research Evaluation and Appraisal Lab (RREAL) Rapid Assessment Procedures sheets. Data from the interviews were recorded in RREAL sheets by themes and subthemes, informed by the research and interview questions and separating adopters from non-adopters, home care agencies from care homes, and data from different types of interviewees to preserve situational insights. We held three collaborative analysis sessions at the end of each research phase, including with peer researchers in phase two. This facilitated triangulation of data across a fairly large team and ensured that the team moved rapidly to a consensus on key findings that could be fed back to the EAN and participating sites. A dialogue event with key stakeholders, including EAN members, enabled us to deepen sense-making and to gather additional insights and reflections.

For analysis of the economic and financial implications of DSCR adoption for care providers, it was not possible to collect additional quantitative data as the senior leaders involved in the study did not have direct access to financial information and very few were able to provide a business case for DSCRs. Analysis primarily used the qualitative data from interviews with senior leaders of care providers and suppliers and followed the methods already outlined. Additionally, data on costs and benefits in the RREAL sheets were coded using a conventional approach to qualitative content analysis to identify categories of costs and benefits. The content of business cases was loosely compared against the HM Treasury Green Book.

Results

Adoption of digital social care records

The adoption of DSCRs has been occurring within the context of sustained policy attention from the English Government. While the perceived benefits of DSCRs influenced decisions to adopt, policy attention and the availability of funding were cited by senior leaders in care providers and suppliers as critical drivers of adoption. Funding was particularly helpful for providers who were eager to adopt but were previously constrained by cost, but some care providers felt pressured into adoption and were misinformed about regulatory expectations. However, resistance to adoption persists, particularly among smaller organisations that worry about affordability, data security, how data would be used by other organisations and data sharing between professionals being impeded. These concerns were also raised by organisations who had decided on balance to adopt.

An important part of the adoption decision is the choice of DSCR supplier, but many senior leaders felt they were too busy and lacked confidence to make a good choice from the large number of suppliers. Alongside evidence of buyer regret and abandonment, we determined that some care providers are making suboptimal choices. Senior leaders wanted more concise guidance, recommendations and peer insights to navigate decision-making effectively.

Implementation of digital social care records and consequences

The implementation process is long and complex, and it tended to be earlier adopters who reported the greatest benefits. Many care providers who had only recently adopted felt that they had not yet seen any benefits; some were experiencing only disbenefits and had abandoned or were considering doing so.

Although experiences of the implementation process varied, all providers encountered similar sets of challenges. The key difficulties included the lengthy and resource-intensive transition, staff resistance due to technological unfamiliarity, and concerns over how mobile devices were perceived in client interactions. Additionally, technical shortcomings, such as clunky interfaces, limited automation and unreliable internet connectivity – particularly in rural settings – posed further obstacles. These findings align with previous research and established implementation frameworks, underscoring the predictable nature of such barriers.

To mitigate these challenges, several strategies were identified as facilitating smoother implementation. Effective strategies included phased introductions to allow gradual adaptation, strong leadership – including DSCR champions – to drive change, and comprehensive training. Additionally, adequately resourcing and planning implementation, and including involving all users or people affected by DSCRs in the process was important. A responsive supplier able to resolve technical problems and reasonable requests for flexibility was particularly critical to avoid care providers losing faith in products.

Providers that were part of a franchise or group benefitted from additional resources, including IT support and project managers, highlighting the advantages of shared expertise.

Experiences of features of digital social care records

Digital social care record systems incorporate a range of features to deliver on their claim that they support person-centred care and save staff time, including icon-driven interfaces, real-time recording and patient-family portals, but there is variability across systems in the availability of many of these features, their usability and technical reliability. Real-time functionality was critical for successful implementation, but due to patchy internet access depended on DSCRs having reliable offline working features. While some DSCRs achieved good functionality, others did not, leading to workarounds that strained care routines.

Icon-based tools were seen as time saving and accessible for those with limited English proficiency, whereas narrative entry tools were often more flexible and allowed for more detailed documentation at the expense of speed. Features like image uploads and data analytics were valued for improving the quality and safety of care delivery, though their usability and availability varied across systems. Interoperability with other technologies and systems of partners' organisations was seen as critical, but only some care providers were utilising these features and systems varied in their capabilities. Equally, the patient-family portals were reported to bring transparency and communication benefits but were rarely in use, and many clients and relatives had low awareness of DSCRs and online data security risks, necessitating stronger communication about DSCRs and data security.

Experiences of digital social care records for people in different social categories

While DSCRs could facilitate more inclusive, person-centred care practices – helping staff cater to preferences tied to gender identity and health conditions – where systems were too standardised and inflexible, they could also make it harder to address specific needs. Digitisation also proved anxiety inducing for individuals unfamiliar with technology who were often older. Comprehensive training and gradual implementation built confidence and allowed time for adaptation, but similar support was seldom offered to clients and families, who advocated for wider access to training. People with specific health conditions (e.g. limited dexterity, poor eyesight) and those with lower proficiency in English had difficulty using DSCRs. Icon-driven systems and predictive text tools showed promise for people with

limited English, but many accessibility features like large text, read-aloud functions, and translation features were not universally available.

Economic and financial implications for care providers

As far as we could gather from the care providers who participated in this study, investment decisions were not based on data about likely costs, benefits and risks to the organisation and the likely impact of the investment on the profitability or sustainability of the business. Care providers often lacked full information about the costs associated with adoption, leading to unpreparedness for the transition to digital records. We found no evidence of the development of comprehensive business cases, nor of systematic analysis of the impact of adoption on business profitability or sustainability.

We gathered evidence about financial and economic implications for care providers, by identifying five categories of costs (hardware, software, infrastructure that is necessary for the functioning of digital devices, training and implementation support, and management and administrative activities) and outlining the impact pathway. We find that benefits of DSCRs, such as improved accessibility, security and the quality of care records, are contingent upon successful implementation, resulting in high-quality, accessible, up-to-date and secure records. We also find that benefits seem to accrue gradually over a long time horizon and become greater with greater interoperability. However, a lack of quantitative data means uncertainty remains over whether investing in DSCRs would, over time, deliver cost savings or contribute to the profitability or sustainability of the organisation.

Conclusions

The implementation of DSCRs presents both opportunities and challenges for care providers, staff and people who draw on services. While digital systems can improve efficiency, visibility and data management, successful implementation is hindered by suboptimal choice of supplier, inadequate planning and resourcing of change, staff concerns, technical limitations and limited accessibility features. External support and internal strategies such as phased implementation, comprehensive training, and strong leadership play a vital role in overcoming these barriers. However, ensuring digital systems meet the diverse needs of care recipients, relatives and providers requires a tailored and proactive approach, balancing flexibility with standardisation and addressing usability concerns such as poor Wi-Fi, language barriers and accessibility limitations with suppliers.

Ongoing affordability and continuation with DSCRs are a concern for the future, especially for small providers.

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This article

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