social care
institute for excellence

Roundtable series on national standards of care: data, technology and their role in enabling better care

Insights from the second SCIE and The Access Group roundtable

30 October 2025

About SCIE

The Social Care Institute for Excellence (SCIE) is an independent social care charity with deep experience of bringing partners and people with lived experience together to collaborate and innovate to improve people's lives (e.g. national government, DHSC, local authorities, care providers, academics, foundations). Working across social care, health and related services such as housing, for adults, children and families, we contribute to the development and implementation of better care, support and safeguarding at local and national level.

As we are not-for-profit, our income goes towards improving social care. We deliver four main offers, across all of which we support the DHSC annually:

- **SCIE Consultancy** – working with local and national organisations to identify and implement improvements
- **SCIE Insights** – research, evidence and policy insights to drive improvements and innovation, and influence national policy and practice
- **SCIE Training** – bespoke online or face-to-face learning and development, including safeguarding, co-production and strengths-based approaches
- **SCIE Resources** – guidance and tools to support best practice, co-production and innovation.

Co-production with people with lived experience of social care underpins and informs what we do, and with over 20 years' experience we bring a wealth of trusted, evidence-based expertise to work together to help transform care. Our staff – former practitioners in social care, researchers, experts in training – bring immense depth of experience and passion for the cause, based on frontline work, using the best available knowledge about what works in practice.

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Contents

Executive summary **1**

How can data and technology enable better care outcomes? **2**

The issue 2

Where agreement exists 2

Areas of tension 3

Unresolved questions 3

What SCIE and The Access Group think 3

Building the right infrastructure and governance **5**

The issue 5

Where agreement exists 5

Areas of tension 6

Unresolved questions 6

What SCIE and The Access Group think 7

Empowering people through data and technology **8**

The issue 8

Where agreement exists 8

Areas of tension 9

Unresolved questions 9

What SCIE and The Access Group think 9

Executive summary

Building on the first roundtable's exploration of purpose, quality improvement and personalisation, this second session focused on the role of data and technology in delivering measurable, person-centred and future-ready national standards.

For this vision to succeed of a National Care Service capable of ensuring consistency, fairness and quality across the country, national standards must be informed by robust data, enabled by digital infrastructure, and built on public trust.

Participants agreed that effective national standards must be measurable, evidence-based and enabling of continuous improvement. Yet the sector faces persistent challenges: fragmented data systems, underdeveloped digital infrastructure, insufficient investment, variable digital maturity and workforce skills, and limited capability to measure outcomes that truly matter to people.

This roundtable examined how to overcome these barriers through three interlocking themes:

- How can data and technology enable better care outcomes?
- Building the right infrastructure and governance.
- Empowering people through data and technology.

The conversation revealed both the promise and the pitfalls of a digital future. Technology offers opportunities for more proactive, preventive, and personalised care, but without careful governance, it risks widening inequalities, eroding trust and prioritising system metrics over human experience. The discussions referenced a range of technologies, including AI-powered analytics, integrated care records, and digital tools designed to support personalised, preventive care while enhancing human interaction.

It became clear that while these technologies offer huge potential, challenges such as biased AI, fragmented data, limited user control, digital exclusion, and insufficient standards and trust must be addressed to ensure they truly benefit people rather than just the system.

Participants also repeatedly emphasised that technology must enhance, not replace, the human connections central to social care, and that data must serve people first, systems second.

Overall, the roundtable advanced the development of a policy framework for embedding technology and data within national care standards, highlighting the need for:

- measurable, outcome-based indicators that support continuous learning and improved care coordination
- ethical and transparent use of data aligned with individual rights
- inclusive, co-produced digital solutions that reflect and incorporate lived experience.

How can data and technology enable better care outcomes?

The issue

The vision for digital transformation in social care is clear: better coordination, earlier intervention, person-centred planning and reduced administrative burden. Yet the sector remains far from this reality. Participants described a landscape where data is fragmented across multiple systems, where individuals must repeatedly tell their story to different professionals, and where valuable personal context is often lost between settings.

As one participant reflected, “[w]e sell people’s data because we sell data to make our systems work... The systems benefit, not individuals”.

Vast quantities of data are collected for compliance and reporting, yet the data most valuable for improving outcomes or preventing crises is often missing or inaccessible. This is something highlighted by the Office for Statistics Regulation (OSR) in ‘Care data matters’ – the sector is hindered by the lack of good quality data due to: lack of leadership and collaboration; significant gaps in data that is collected; a lack of accessibility, coherence, quality, timeliness and granularity of existing data. This undermines the ability to design fair, evidence-led national standards.

Where agreement exists

People should own and control their data

Participants agreed that although individuals legally own their data under General Data Protection Regulation (GDPR), in practice, this right is largely symbolic. People rarely know what data is held in their care records or how it is used. Standards must therefore guarantee transparency, easy access, and meaningful consent, including the ability to view, challenge and update personal information.

Focus on outcomes, not outputs

Participants highlighted a cultural problem: data collection systems, for example, care management software, often measure what is easy to count (e.g. visits, forms, hours) rather than what makes a difference. National care standards should align measurement with tangible outcomes relevant to people’s lives, such as whether people can “live in the place we call home with the people and things we love, doing what matters to us” (the Social Care Future vision).

Technology as partner, not replacement

Technology should free up time for relationships, not reduce them. Several people shared experiences where digital monitoring meant carers “never had time for a chat because their device was telling them to move to the next task”. Standards must explicitly safeguard the relational aspects of care.

Integration offers huge potential

Integrated digital care records and interoperable systems could transform outcomes. Examples such as the London Care Record were cited as evidence that integration can “massively improve” care coordination. Yet integration must overcome bias in algorithms, inconsistent data quality, and one-way information flows where data is “given” but not shared.

Areas of tension

Prevention versus current need

While many favoured using predictive analytics to identify and support people long before a crisis, others warned that the system’s immediate pressures and systematic challenges make prevention difficult to prioritise without first addressing unmet current needs.

Commercial interests versus public good

The value of data creates tension between private technology providers, care providers and public accountability; technology companies see data as a valuable asset, creating conflicts between commercial interests and public benefit. Participants expressed concern that without safeguards, data monetisation could undermine trust and divert benefits away from individuals and communities to commercial interests.

Standardisation vs personalisation

Structured, comparable data is essential for measurement, yet people’s lives resist neat categorisation. Participants recognised the need to find a balance between quantitative and qualitative insights, and to improve metrics, especially those that capture people's lived experiences in reliable ways.

Unresolved questions

- How can we access and use data from consumer technology (wearables, family-installed devices) to support earlier intervention?
- Who should have access to what data, and how do we ensure proximity between data access and relationship?
- How can we ensure AI and algorithmic tools don't perpetuate or amplify existing biases and inequalities?
- What constitutes meaningful consent in an era of complex data sharing arrangements?

What SCIE and The Access Group think

Data must serve people first, systems second

The use of digital tools, from care management platforms to integrated care systems, is expanding across the sector. However, data use is not always aligned with person-centred outcomes or accessible to those who draw on care and support. The work of Think Local Act Personal (TLAP) on making digital personal highlights how co-production in tech development can improve adoption and usefulness.

Standards should ensure that data collection, storage, and use primarily benefit individuals receiving support. This means recording what matters to people – their goals, preferences, barriers and reasonable adjustments – not just activities delivered. In this sense, there is a need to develop more reliable metrics which go beyond the limitations of the current system.

Integration of health and care records is essential, but must be done right

Breaking down data silos between health and social care is critical for coordinated support. However, integration must be built on clear governance, meaningful consent, and reciprocal benefit – not one-way data transfer.

Participants repeatedly emphasised that the data underpinning care standards must connect social care with health, housing, and community services. For instance, individual care records could include data about people's housing. The goal should be a coherent dataset that reflects overall wellbeing, not leaving data in siloes. In addition to the technical challenges, this requires thinking beyond social care to the broader ecosystem of support.

Bias must be actively addressed

Standards must require transparency about AI and algorithmic tools, including requirements for bias auditing and mitigation. The example of pulse oximeters that don't work for people from global majority backgrounds illustrates how bias in technology can create health inequalities. The Think Local Act Personal (TLAP) report '**Better choice, more control?**', which explored the principles and priorities for the responsible use of Generative AI in care and support, offers a way forward.

Prevention requires looking beyond formal systems

There is growing interest in using predictive analytics and AI to anticipate care needs and plan interventions more proactively, such as early intervention to support people living at home. This will require both improvements in the data collected as well as analytic capacity within social care. In addition, to enable earlier intervention, governance processes will be needed for data from outside formal care systems – from housing, community services, and consumer technology – to be shared whilst maintaining appropriate safeguards.

Building the right infrastructure and governance

The issue

Creating effective data and technology standards requires robust infrastructure and governance. Yet participants described a landscape of fragmented systems, inconsistent standards, and unclear accountability. Even within single hospitals, departments often can't share data between systems.

The challenge extends beyond technical infrastructure to questions of trust, incentives and culture. Why should organisations share data? Who ensures it's used ethically? How do we balance innovation with safety? Without addressing these foundational questions, technical standards alone will achieve little.

Where agreement exists

Existing standards should be leveraged, not reinvented

Participants identified numerous existing standards that could be adopted rather than creating new ones – ISO 27001, GDPR, CE markings, SNOMED, and NHS data standards. The challenge isn't the absence of standards but ensuring they're implemented effectively, especially by smaller providers. As one participant noted: “We could just lean on what's already there".

There were, however, limitations noted with the existing standards and frameworks. The Office for Statistics Regulation (OSR) has highlighted that official adult social care statistics suffer from gaps – most data are from local authorities and do not cover privately funded care or unpaid care, limiting insight into individual pathways and outcomes.

Incentives are essential

Strong consensus emerged that organisations won't share data without clear returns on investment – both human and financial. A compelling example showed providers initially refusing to share even basic staff data with a technology partner, but when insights were demonstrated around better outcomes for people using services and for the provider's bottom line, other providers wanted to participate. Incentives could include operational insights, practical benefits, or simply knowing that sharing improves care quality.

Trust must be built

Participants agreed that cultural and relational barriers are more significant than technical ones. Multiple data sharing agreements exist but aren't used. People are happy to share personal data with commercial companies but reluctant to share with public bodies. This paradox suggests the need for fundamental work on building trust.

Technical standards alone won't solve problems rooted in relationships and trust. People don't trust what happens to their data. Organisations don't trust each other enough to share. The public doesn't trust government with personal information. Building trust requires transparency, demonstrated benefit, and genuine partnership.

Standards must evolve

There was agreement that standards cannot be static. Technology changes rapidly, and standards must be flexible enough to adapt while maintaining core principles. The telecommunications industry was cited as an example where standards evolved whilst maintaining interoperability.

Workforce support

Digital transformation requires significant workforce development. This isn't just about skills but confidence, time, and support to adapt. The Welsh example showed both the disruption and ultimate benefit of workforce transformation, but standards must consider implementation challenges.

Areas of tension

Minimum standards versus innovation

Significant debate emerged about whether minimum standards help or harm. Some argued they provide necessary safety nets; others worried about "race to the bottom" effects in resource-constrained environments. Participants wrestled with how to set standards that ensure safety without stifling innovation or excluding niche providers serving underserved populations.

Centralised vs distributed governance

Tensions arose about who should oversee data standards. Should government lead to ensure consistency? Should it be independent to maintain trust? Should it be sector-led to ensure relevance? Different models have different implications for accountability, innovation and trust.

Pace of change

Disagreement emerged about how quickly to implement standards. Some argued that gradual implementation allows adaptation; others worried that the slow pace perpetuates inequity. The Welsh example of care worker PINs/registration showed how rapid change can initially cause a workforce crisis but ultimately lead to transformation.

Unresolved questions

- Who should oversee the development and evolution of standards – government, an independent body, or sector-led governance? There was concern over fragmenting this at a local authority level, as it would cause inconsistency and likely bureaucracy.
- How can standards ensure smaller providers aren't excluded whilst maintaining quality and safety?
- What mechanisms can ensure standards are actually implemented rather than becoming tick-box exercises?
- How do we balance the need for standardisation with space for innovation?

What SCIE and The Access Group think

Build on what exists

Rather than creating entirely new frameworks, national standards should intelligently incorporate existing technical and quality standards, adapting them for social care context.

Create meaningful incentives

Standards must be accompanied by clear incentives for compliance – whether through commissioning requirements, operational benefits, or tangible improvements in care delivery. The focus should be on demonstrating value, not imposing burden.

Establish adaptive governance

Governance structures must be able to evolve with technology and practice. This requires mechanisms for regular review, sector input, and flexibility to respond to innovation whilst maintaining core principles.

Address power imbalances

Standards must recognise and address the power imbalances in data control between large technology companies, public bodies, and smaller providers. This may require regulatory frameworks that ensure data benefits flow to all parties, not just those with technical capabilities.

Empowering people through data and technology

The issue

The promise of technology to empower people to shape their own care remains largely unfulfilled. Despite legal frameworks establishing data ownership rights, people experience little real control over their information. Digital exclusion – whether through lack of access, skills, confidence or choice – means many are left behind. Meanwhile, concerns grow about technology replacing human contact in care.

Participants explored how standards could address these challenges, ensuring technology genuinely empowers rather than further marginalises vulnerable people.

Where agreement exists

Digital exclusion is multi-layered

Participants agreed that exclusion isn't simply about access to technology. It encompasses skills, confidence, choice, economic barriers, and support networks. Solutions must address all these dimensions, not just provide devices. The suggestion of "digital OTs" – professionals who assess and support appropriate technology use, like occupational therapists prescribe physical aids – resonated strongly.

Agency, not empowerment

A powerful reframing emerged around language. As one participant articulated: "[w]e are already empowered. What we need is agency. What the system needs to do is create the space that gives us agency". This shift from "empowering" to "enabling agency" reflects a fundamental change in how we think about people's relationship with their own data and care.

The system uses language of "managing demand" and "containing needs" rather than enabling flourishing; we need a culture shift from "empowerment" to "agency" and from "health and social care" to "wellbeing system" alongside standards.

Technology must enhance human connection

Unanimous agreement that technology should free up time for relationships, not replace them. The example of carers whose devices push them to the next task, leaving no time for a cup of tea and conversation, illustrates how technology can undermine rather than support good care.

One size doesn't fit all

Strong consensus that different people need different approaches. Current generations may struggle with smartphones but embrace voice-activated devices. Future generations will have different relationships with technology entirely. Standards must accommodate this diversity.

Areas of tension

Protection versus autonomy

Tensions emerged around safeguarding. If people own their data, what about those who might be coerced by controlling family members? What about people with fluctuating capacity? How do we protect whilst preserving autonomy?

Cybersecurity versus accessibility

Participants recognised that cybersecurity requirements, whilst essential, can create additional barriers to access. How do we ensure systems are secure without making them unusable for people with limited digital skills?

Current vs future needs

Some argued for designing standards for future generations who are digitally native. Others stressed the importance of serving current populations, many of whom have limited digital experience. This temporal tension affects how ambitious standards can be

Unresolved questions

- How can standards ensure technology doesn't exacerbate existing inequalities?
- What safeguards are needed to protect vulnerable people from digital discrimination or coercion?
- How do we measure whether technology is genuinely improving people's lives versus just generating data?
- How can standards support both those who embrace technology and those who choose to opt out?

What SCIE and The Access Group think

Start with agency and choice

Standards should ensure people have genuine choice about how they engage with technology, including the right to opt out without penalty. The focus should be on enabling agency – creating conditions where people can make meaningful choices about their care and data.

Address all dimensions of exclusion

Digital inclusion strategies must go beyond providing devices to address skills, confidence, support, and economic barriers. Standards should require assessments of digital inclusion impact and mitigation strategies.

Maintain human relationships at the centre

Standards must explicitly protect time and space for human connection. This might mean requiring that efficiency savings from technology are reinvested in relationship-based care rather than simply reducing contact time.

Design for diversity

Standards must accommodate diverse needs, preferences and capabilities. This means multiple channels for interaction, choice in how to provide and access information, and recognition that what works for one group may exclude another.

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