“Good support isn’t just about ‘services’ – it’s about

IMPACT
Improving Adult Care Together

Economic and Social Research Council

The Health Foundation

Final Report

IMPACT Local Network on Exploring the use of AI in Adult Social Care

Background

Across the UK and further afield, there is a growing interest in how artificial intelligence (AI) can be used in adult social care services and delivery. AI is complex and fast-moving, making it difficult to define, but broadly it refers to the ability of computers to mimic human thought and perform tasks. This Network explored the various ways AI is being used in adult social care, and the potential benefits, challenges and risks it brings.

Each Local Network met at least four times with the goal of creating an 'action plan' for change that drew on what they had learnt from:

- The discussion materials IMPACT provided in their first meeting which covered evidence from research, practice and lived experience knowledge.
- Evidence from people with lived experience of receiving care and support and from unpaid carers.
- Evidence from people with lived experience of working in adult social care (including care workers; social workers; service providers; advocacy and support groups and commissioners).

IMPACT's ethos values all of these types of evidence equally, and aims to understand the barriers to putting evidence into practice to make positive change, so we can truly make an impact through our work as a centre and ensure a diverse range of voices are heard and listened to. This document summarises some of the key elements raised at these meetings, and it presents the final action plans that each Local Network has co-produced as the culmination of the four meetings together.

IMPACT Evidence Review

The first Discussion Material shared with Networks included a brief Evidence Review prepared by Kate Hamblin and Blue Maigenien that included research, practice and lived experience knowledge. It provided information on what AI is: what the policies are in the four UK nations that support or govern how it is used; how it is currently deployed in social care; and the potential benefits and risks. Briefly, there are different types of AI:

Machine Learning: Algorithms (sets of step-by-step instructions) that enable systems to identify patterns in data, make decisions, and 'learn'.

Natural Language Processing (NLP): Uses machine learning to understand text and respond, seen in applications that extract data from documents, chatbots, and voice assistants.

Generative AI: Technologies trained on existing data to create new material like text, images, and sounds.

AI and Care across the four UK nations

- **England:** Policymakers are enthusiastic about AI, with the 'AI Opportunities Action Plan' launched in January 2025. Funding has been available through the 'NHS AI Lab', which includes social care too.
- **Scotland:** The Scottish Government promotes 'trustworthy, ethical and inclusive AI' in adult social care through its AI Strategy, Digital Health and Care Strategy 2021, and Data Strategy for Health and Social Care 2023. Organisations like the Scottish AI Alliance and the Health and Social Care Alliance Scotland offer guidance and support.
- **Northern Ireland:** The new Office of AI and Digital, established in June 2025, is tasked with creating an AI strategy and action plan likely to include adult social care.
- **Wales:** The Artificial Intelligence (AI) Commission for Health and Social Care was created in 2024 to advise on safe and ethical AI use in health and social care. It endorses guidance such as the algorithmic transparency recording standard (ATRS).

How is AI being used in Care?

The Discussion Material explored how various types of AI are being used in adult social care:

Machine Learning: Wearables & Smart Home Devices

- *How it works:* Uses machine learning algorithms to monitor a user's vital signs and home environment.
- *How it's used:* Automatically generates alerts for caregivers when it detects unusual patterns in daily behavior, such as a sudden increase in bathroom visits.

Natural Language Processing (NLP): Voice Assistants & Chatbots

- *How it works:* Employs NLP to power conversational interfaces.
- *How it's used:* Chatbots help users navigate local services and route support requests, while voice assistants (like Google Nest and Amazon Alexa) provide daily reminders and tailored advice. An example is Hampshire County Council that successfully trialled Amazon Echo devices for social care recipients to reduce feelings of isolation and provide reassurance to their families.

Combined Machine Learning and Natural Language Processing: Socially Assistive Robots

- *How it works:* Integrates multiple AI disciplines to power interactive robots.
- *How it's used:* An example is the humanoid "Pepper" or the robotic seal 'Paro'—

designed to facilitate social interaction and provide companionship. Due to their high purchase and maintenance costs, these robots are currently rare in adult social care practice.

Generative AI: Ambient Scribing Tools

- *How it works:* Converts spoken audio into text and uses generative AI to instantly summarise the transcriptions, drastically reducing administrative burden.
- *How it's used:* Kingston Council use 'Magic Notes' to automatically transcribe and summarize care visits and supervision meetings.

Potential Benefits and Risks of Using AI in Adult Social Care

The perceived benefits of AI in social care often include:

- Predicting or preventing increased care needs or crises.
- Increasing efficiencies in care service delivery.
- Greater potential for personalized care.

At the same time, there are concerns about the quality and independence of evidence supporting these claims, with much of it being small-scale and linked to technology developers. The British Association of Social Workers (BASW) advises caution and calls for more evaluation of AI tools. Some of the key concerns about AI in care include:

1. **Accuracy:** AI can 'hallucinate', producing inaccurate information. This means what it produces needs to be carefully checked.
2. **Security:** AI is also vulnerable to cyberattacks, such as 'prompt injection attacks', making it produce offensive content or reveal confidential information, and 'data poisoning' where training data is manipulated to produce negative outputs.
3. **Ethical considerations:**

- **Informed Consent:** AI is hard to understand and that makes it difficult for people to provide informed consent regarding its use in their care.
- **Data Use:** Questions exist about what data is used to make predictions and what happens to data input into AI systems. AI 'scrapes' data, and it's not always clear if people have agreed to their data being used in this way. Open AI systems, like Chat GPT, can make input data accessible to anyone, so sensitive data should not be entered. Closed-model AI systems are more secure and can use synthetic (made up) data to be less biased, but what it produces still needs to be checked.
- **Bias:** AI reproduces biases and errors present in existing data. If training data doesn't include certain populations or is biased, predictions or generated content can be inaccurate or inappropriate.
- **Company Ethics:** Some people are concerned about the way some of the AI companies behave- including how they treat their workers.

4. **Digital Infrastructure:** Many AI applications in social care need reliable internet connections, which are often lacking in care settings, vary geographically and are hard for some people to afford.
5. **Human and Environmental Costs:** Human costs include concerns about whether AI can understand what they need, and about the risk of increasing loneliness if technology is introduced primarily to save money. AI or the devices that use AI can sometimes be produced in factories where working conditions are poor. AI also needs a lot of energy to work, and freshwater to cool down the machines. The impact is worse in countries that are poorer.

About the local Networks

In **England,** there were four Local Networks coordinated by:

- Association for Real Change (ARC).
- Home Wound Care
- Rethink Mental Illness.
- Peterborough City Council.

In **Scotland,** Abbotsford Care coordinated the Network.

In **Wales** Torfaen County Borough Council was the coordinator.

Digital Health and Care Northern Ireland (DHCNI) and the Northern Ireland Social Care Council (NISCC) coordinated the Network.

Key themes that emerged from the Networks

Over the four local Network meetings, several key themes emerged regarding the exploration and use of AI in Adult Social Care. Here is a summary of those themes:

1. Understanding and Defining AI

- **Clarifying the Terminology:** Discussions highlighted the need to understand what 'AI' actually means as an umbrella term. Network members pointed out the frequent misuse of the term, noting that not all technologies marketed as AI genuinely fit the definition, as some simply use basic data analysis or algorithms.
- **Current Usage:** The Network members reflected on the types of AI people are already familiar with and successfully using, such as Microsoft CoPilot, AI note-taking tools, apps that assist visually impaired individuals (like Seeing AI), and tools that prompt supported people in daily tasks or help explain complicated letters.

2. The Tension Between 'Tech' (AI) and 'Touch' (Human Connection): What AI adds but what it might take away

- **Enhancing vs. Replacing:** A major theme was the tension between using AI to enhance person-centred care and the risk of losing vital human connections. Networks debated whether AI could supplement care amidst pressures on resources in Adult Social Care, noting that AI shouldn't replace human contact entirely.
- **Humans in the Loop:** There was a strong consensus that using AI in care inherently requires a 'human in the loop' to maintain oversight and check accuracy. AI is seen as most beneficial when it takes on administrative tasks, freeing up practitioners to engage more meaningfully with the people they support.
- **Loss of Empathy:** Participants raised concerns about what might be lost when AI is introduced, specifically pointing to social connections, human interaction, and empathy.

3. Safety, Ethics, and Bias

- **Vulnerable Groups:** Significant safety concerns were explored, particularly regarding young people relying on AI chatbots during mental health crises.
- **Harmful Feedback and Deception:** Groups warned against AI acting as a 'Mirror on the Wall' that might reflect a user's negative thoughts rather than correcting them. There were also ethical concerns about 'anthropomorphising' AI by giving it human names, which could be deceptive and mislead users into treating the tool as a friend.
- **Bias and Inequality:** Concerns were raised regarding how AI bias could lead to unequal experiences for different groups, particularly concerning cultural identity.
- **Lack of Regulation:** Networks discussed the current absence of robust legislation, policies, and guidelines governing the transparent use of AI in care environments.

4. Informed Decision-Making and Data Privacy

- **Unwitting Usage and Consent:** Participants highlighted the challenge of making informed decisions about AI, expressing concern that many people may already be using AI unwittingly.
- **Data Security:** Issues were raised regarding individuals uploading highly personal and sensitive information to AI platforms without fully understanding how their data is handled or stored.

5. Impact on Human Skills

- **Skill Degradation:** There were widespread concerns about the impact of AI on human skills, ranging from decision-making to experiential and communication skills across various ages and roles.

- **Over-reliance on Technology:** Networks noted that people — particularly the younger generation — could lose their confidence and capacity for face-to-face conversations by becoming overly reliant on digital devices and AI tools.
- **Need for Training:** To combat this, there was a strong emphasis on the need for comprehensive staff training to ensure empathy and understanding are maintained when working with AI.

6. Efficiency vs. Financial Realities

- **True Costs:** While discussions questioned whether AI could reduce costs and boost efficiency, experts highlighted the substantial resources required to establish AI-driven tools.
- **Resource Limitations:** The primary costs involve the staff needed to write, monitor, review, and update the software, meaning local authorities often lack the financial resources to develop bespoke tools and must rely on pre-existing solutions.

7. Digital Inclusion and Co-Production

- **Accessibility:** A significant theme was the need for digital inclusion and ensuring that AI apps and training suit a variety of different accessibility needs.
- **Lived Experience:** Moving forward, networks stressed that navigating these challenges requires genuine co-production of tools and guidelines alongside practitioners and people with lived experience, rather than mere consultation.

Local Networks' Action Plans

ARC, England

1. The group discussed creating a video to encourage people with learning disabilities and autistic people to use AI positively. This will include:

- explaining what AI is
- specific examples of how AI can be used in everyday life
- focus on devices and technologies that supported people are already using
- addressing data protection concerns

2. The group discussed creating a video about AI for supported people and frontline care staff. Must be:

- accessible to people of all ages and abilities, including those who are non-verbal or have limited digital skills
- empowering and create confident AI-usage
- how AI could help people with limited technology access

- the video to be created in such a way that it offers a template for future additions that can reflect continuing AI developments, i.e. it would be a living, evolving project rather than a one-off product.

Next steps:

- The draft project plan is being circulated to all group members (including those who had sent apologies) with a 2-week deadline for comments.
- The Network Coordinator will then prepare a master document and circulate that for final comments by mid-March).
- The whole group will meet again to 'sign off' the document and discuss possible funding sources and next steps.
- In the meantime group members will start filming demonstration videos with supported people which can form part of funding bids.
- Group members will start researching possible funding partners.
- ARC staff will meet to talk through how this project fits with other ARC initiatives on AI.

Homewound Care, England

What are we trying to change?

Network members didn't want to 'change' anything per se, but, in discussion with leaders within ASC, they recognised an opportunity to gather valuable information about local residents' understanding and experience of AI tools and how these might be relevant to ASC.

Who will be leading the change?

- Survey of local residents designed by Network Members with support from Homewound Care.

What are the main activities?

- Designing and delivering a questionnaire which helps the Network Members and ASC better understand the attitudes and experiences of people using AI tools in Portsmouth, with a specific focus on the potential use of AI in ASC. (findings from the PCC Digital Inclusion survey which was conducted in 2025[3]).
- One of the aims of this survey is to understand whether the use of AI tools would be acceptable to people accessing social care services. We also want to understand the extent to which people are aware of the existing use/application of AI in their lives.

Who will participate in these activities?

- Network group members will design and deliver the survey, with support from the Network Co-ordinator and the practitioners who have taken part in our meetings.

What are the key outputs?

- Findings that will build on the PCC Digital Inclusion survey and provide detailed, focussed information about the attitudes and experiences of local residents' and AI tools.
- The survey will inform the design and implementation of AI tools within ASC in Portsmouth, in a way which supports a resilient, person-centred approach: focussing more time and energy on the person-to-person aspect of ASC whilst making use of AI tools to reduce administrative burden.

What are the benefits in the medium term?

There are a number of potential benefits to this work:

- In the coming months we anticipate that a new Digital Lead for ASC will be appointed. The findings from this survey will provide essential information to help them design and deliver a Digital Strategy for ASC
- We hope to share the findings of our survey with ASC and other local stakeholders
- Building on point 3: if other networks are interested is using/adapting our survey, that could provide a really useful data set on attitudes and experiences around AI in ASC for public services teams
- The network members, if they choose, could act as a reference group for the ASC Digital Lead, retaining a meaningful connection to local people with relevant lived experience
- The example of this approach in ASC might be informative for other Directorates across PCC – particularly in light of LGR and the implications for public service delivery in the coming years
- In addition, Portsmouth has an HDRC[4] (Health Determinants Research Collaboration) which has just entered Year 2 of a 5 year funded programme. This cross-departmental team could offer additional capacity and support for further community-led research and/or community-partnered initiatives as they are already working in this way.

What are the longer-term goals?

These would need to be shaped by the network members, in consultation with local practitioners and commissioners, but they could include:

- Further initiatives to reduce digital exclusion
- Training of Community Digital Champions to help people access online information with confidence and understand how to use AI
- A more proactive scheme to recycle older tech which could still be useful to access online services

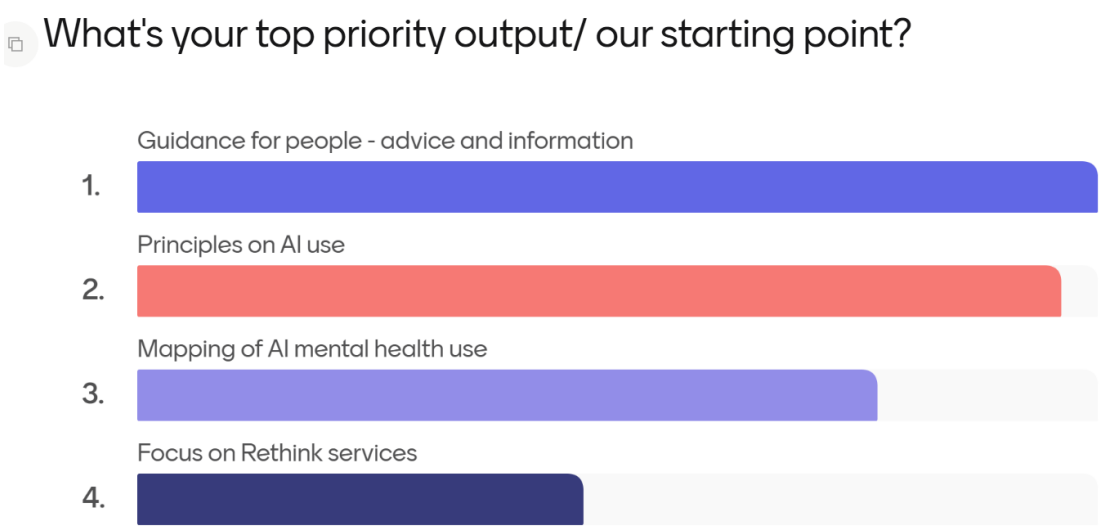
Peterborough County Council, England

TBC- final Network meeting on 01.04.26.

Rethink, England

In terms of an area of focus, Rethink surveyed their Network Members.

Key considerations:



- Considering the diverse audiences
- The need for personalised, non-patronising guidance.
- The importance of incorporating real-life experiences
- Using creative formats to disseminate information
- The group agreed on the need to test and refine these principles, considering the specific needs of people severely affected by mental illness.

The Network developed a Theory of Change, which has been illustrated using Notebook LM:

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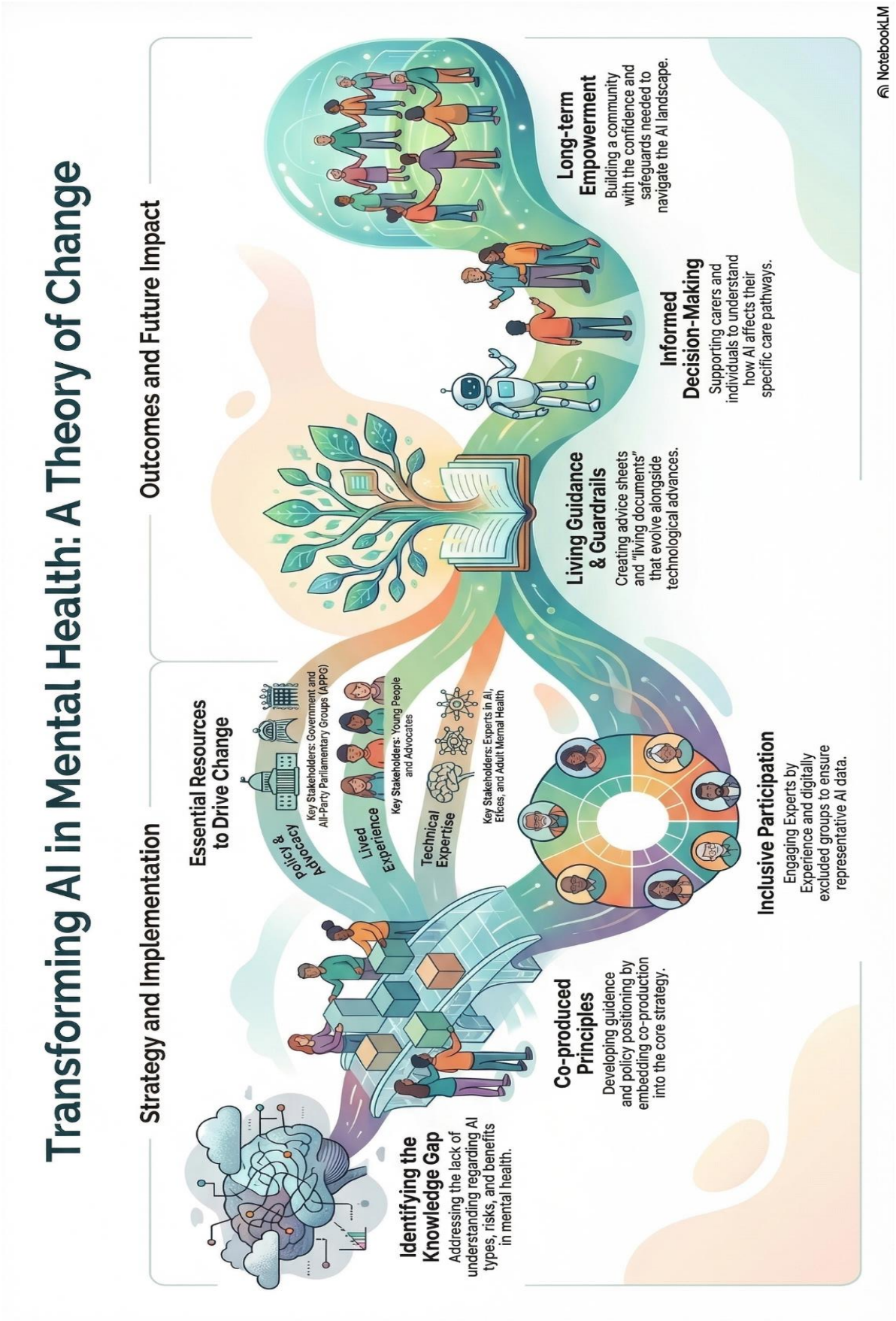

Torfaen, Wales

The Network is discussing to create a series of outputs, including:

- Create Workshop findings report.
- Create Equitable Access Charter.
- Develop a 'Top Tips Guide' for trusted AI apps and guide to using them.

The Network is planning to visit Torfaen People First, a local advocacy group for people with learning disabilities, to share findings from the network and gain feedback on the workshop findings report, equitable access charter, idea for a top tips guide and plans for digital support hubs in the community.

- There are opportunities to link SCALE (Centre for AI and Social Care) and Social Care teams in Torfaen, exploring the use of AI tools within the council.
- The digital transformation team are exploring opportunities to embed community digital champions as a result of the IMPACT workshops.
- Develop Digital/AI Support Hubs in the Community.

Abbotsford Care, Scotland

- This Network decided to create a framework for different roles using AI (Curator, Editor, Administrator) to define how staff interact with AI.
- Members agreed to transition from seeing themselves as creators to acting as Editors and Curators, ensuring AI supports a person-led journey rather than replacing human connection.

DHCNI and NISCC, Northern Ireland

The network discussed that technology moves fast and what we know now will change soon. Therefore, strategies, policies etc must adhere to this and be updated to reflect these changes.

- To develop integrated systems on information of specific care needs with limited access and monitored by social care providers.
- To ensure that the human element comes first – technology shouldn't overlap.
- Easy read format to be made available.

Useful Resources

- Recent research on mental health and chat bots: from:https://mentalhealth-uk.org/blog/over-one-in-three-using-ai-chatbots-for-mental-health-support-as-charity-calls-for-urgent-safeguards/
- Recent research on bias and AI: gender bias in AI used in care is by Sam Rickman and colleagues: https://www.lse.ac.uk/news/latest-news-from-lse/ai-tools-risk-downplaying-womens-health-needs-in-social-care; https://link.springer.com/article/10.1186/s12911-025-03118-0
- Research on the environmental impact of AI: https://www.unep.org/news-and-stories/story/ai-has-environmental-problem-heres-what-world-can-do-about; https://yalebooks.co.uk/book/9780300264630/atlas-of-ai/
- Frameworks for responsible/ ethical AI use:
    - The Oxfrord Project https://www.digitalcarehub.co.uk/ai-and-robotics/oxford-project-the-responsible-use-of-generative-ai-in-social-care/responsible-use-of-generative-ai-in-social-care-guidance/
    - The Responsible AI Hub: https://www.aicc.co/responsible-ai-hub
    - The Digital Good Index: digitalgood.net/research/digital-good-index/
    - The Digital Care Hub: https://beta.digitisingsocialcare.co.uk/get-help-set-choose-and-use-technology/top-tips-care-providers
    - Jon Glasby and colleagues: If I knew then what I know now...