

AI has arrived in social care services but more needs to be done to support providers with adoption

Technology powered by artificial intelligence (AI) such as systems for the management of medication, environmental monitoring technology or care planning software are seeing rapid adoption across care services, with promises to make service provision more efficient and effective.

However, successful AI implementation in care services depends not only on the availability, safety and evaluation of the technology, but also on robust governance that protects the dignity, wellbeing, safety and human rights of people drawing on care, safeguards professional capacity and judgement, ensures regulatory compliance and builds public trust.

While the Care Quality Commission has recently published its first statement announcing its role to ensure that AI contributes to safe, person-centred and equitable care, the format of new assessment frameworks and guidance are not yet clear.

We wanted to better understand the realities of providers when it comes to adopting AI in their services in this current context.

This qualitative study was undertaken by Dr Caroline Emmer De Albuquerque Green from the Institute for Ethics in AI at the University of Oxford, the Director of Serene Care, Palvi Dodhia, Katie Thorn from the Digital Care Hub and Care England. It included a qualitative survey (n=26) and interviews (n=20) with care leaders.

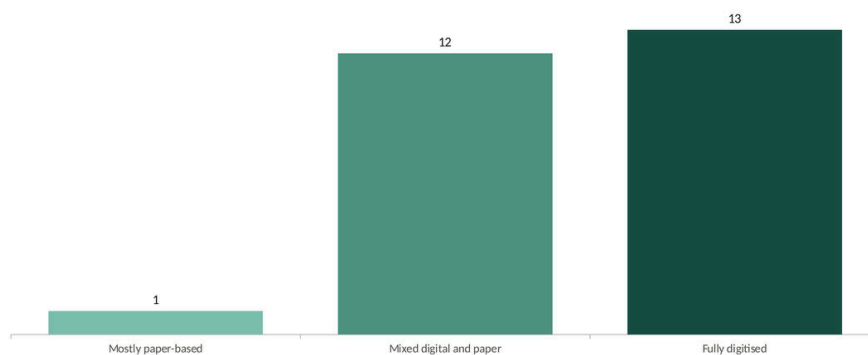
We asked them questions around the barriers and facilitators to AI adoption in their service, their way of governing AI and support needs for successful implementation. In this communication we summarise the survey responses and publish first ideas for a roadmap to support providers in this time of change. The more comprehensive report including the interviews will be published later this year.

Key findings

Most of our respondents considered themselves fully digitised, in line with 80% of care services in England as reported by the Department of Health and Social Care.

RESPONDENT PROFILE

How digitally mature is each organisation?

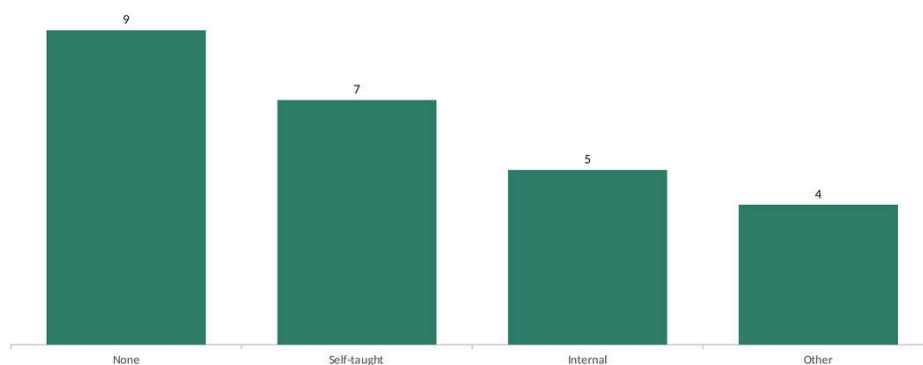


n = 26 of 26 respondents. Self-reported stage from paper-based to fully integrated digital working.

The majority used AI daily for tasks like care planning or general administration, while some reported minimal or no use at present.

ATTITUDES TO AI

What AI training have respondents received?

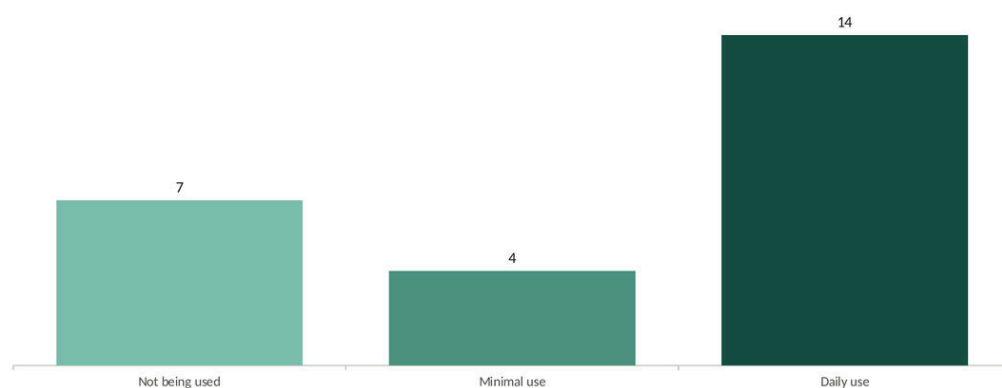


n = 25 of 26 respondents. "Other" groups four distinct single-response answers (e.g. tech-provider led, apprenticeship, formal course).

Despite low levels of formal training, most of our respondents who used AI felt somewhat or very confident about the use of AI in their setting, having put in place their own policies and governance systems.

AI IN PRACTICE

How, if at all, is AI currently being used in respondents' care settings?



n = 25 of 26 respondents (1 left blank). Respondents' free-text answers to this question were grouped into three usage levels: not currently used, minimal/exploratory use, and daily/routine use.

Use-cases include:

- Full service management including recruitment;
- Drafting care plans, analysing care notes;
- Medication management;
- Prevention like installation of AI-enabled fall sensors.

However, the findings indicate real needs for regulatory clarity, a wish for better training opportunities and for peer support. Responses furthermore point to a reshaping of the administrative workload, responsibilities and accountability as well as a reinforcement of power dynamics especially between service providers, commissioners and regulators.

The challenge of AI governance

- Study respondents consistently identified the lack of clarity and misalignment in understanding around AI governance requirements as the greatest challenge to successful AI adoption.
- In this context, most adopted their own policies, frameworks and internal policies but still do not feel empowered by regulators and commissioners in this.

While the Care Quality Commission has now issued their first statement on their role in regulating AI in care services, there is still much uncertainty how this will be implemented and a feeling of lack of transparency around inspector training and decision making.

Concerns about standards of care and new administrative tasks associated with using AI technology

- The survey suggested that using AI technology causes a new administrative burden, with the necessity to check AI generated outputs for accuracy, bias or discrimination and completeness.
- Respondents noted concerns around data privacy and potential data leaks, with care services collecting sensitive personal data. Some said this was the main reason why they did not adopt AI widely in their service.
- The compromise of person-centred care through the use of AI is another concern for many, with staff needing additional support and training to adjust or check AI generated outputs, and to develop writing skills.
- Survey respondents were also worried about a possible overreliance on AI by staff members (especially younger workers who use generative AI more widely in their life and work), with inaccuracies and vital information being missed, or the 'human touch' getting lost. Many rely on 'drop-down options' in digital systems, rather than documenting and writing down additional information.

This increases the workload for leaders, who now need to double-check staff output and retrain staff themselves on how to ensure person-centred care with AI.

Training needs, time to explore and financial resources to adopt

- Most survey respondents had no formal training on how to adopt AI and expressed a wish for training opportunities and better tech support from tech providers
- Many expressed a lack of time to learn about, explore and test AI products, with some concern around unreliable and expensive products being marketed by tech providers. Affordability of the technology was another factor that was considered a challenge.

Wider concerns regarding the impact of AI on care

- Some have expressed a concern that local commissioners will try to cut costs and funding available to care services by reducing human care and replacing it with AI solutions.
- There is also a concern regarding the relationships with tech companies, who lock services into lengthy contracts which they cannot exist to choose more suitable or decommissioning products that do not work within a particular service.

Roadmap to the future - Key considerations

- When setting out the future direction of social care in England and the role of AI/Technology in it, **the Casey Commission** should be aware of and address the power dynamics that unfold in this environment. The future needs with demographic aging will be significant, we need to find ways to deliver better outcomes and support care providers, and this has to happen in a supportive, human-centric way, that does not only focus on processes in care services, but also the outcomes for the people using these services and those working in them.
- **Local commissioners and regulators** need to understand the realities on the ground and the gaps between expectations and how this can be translated into practice - this gap exists not because of care services not wishing or trying to meet expectations, but the realities of caregiving that demand a great amount of time working with people who all have their individual needs. Many of the leaders we heard from for this communication and our longer report that will be published later this year mentioned a lack of a consistent, supportive and transparent approach to governing AI from local commissioners and CQC inspectors as a challenge to AI adoption, which leads to miscommunication with real impacts on services, in the light of focus on process rather than the outcomes for people. We need a more supportive, transparent and collaborative approach here.
- There are some **real training needs** here for providers and associated with that a need for funding for AI/digital training to support care providers as well as guidance on which training is aligned with regulatory expectations. If providers are expected to use AI-enabled technologies, they need the support to train their staff in line with what is expected from them.
- The roll out of AI-enabled technology in care services is not happening in a silo. Our longer report will indicate some possible first consequences of the wide use of generative AI in written outputs by younger people who are entering carework from formal education and who have an increased need to be supported in working in a person-centred way and question AI-generated writing.