

Emerging AI issues and trends in adult social care

Insights from supplier, sector partner and local authority discussions
(July-August 2026)

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Executive summary

- This summary report draws together emerging intelligence from structured discussions with technology suppliers, sector partners and local authority participants through one-to-one stakeholder interviews and a facilitated AI Practice Surgery across July and August 2026.
- The work supports a workstream funded by the Department of Health and Social Care (DHSC) focused on identifying, analysing and escalating emerging AI uses, risks and trends in adult social care and informing future guidance, community of practice activity and sector learning.
- Contributors described clear opportunities for AI to support recording, reduce administrative burden, improve access to information, support more proportionate care and help practitioners spend more time focused on people.
- At the same time, contributors consistently highlighted concerns about consent, lawful basis, capacity, inference, accuracy, bias, professional accountability, workforce skills, governance and the pace of change.
- The strongest message was not that AI should be avoided, but that its adoption in adult social care needs to be intentional, outcome-led, legally literate, transparent and grounded in professional judgement.
- The first AI Practice Surgery confirmed that local authorities are actively grappling with the same issues, often in parallel and would value clearer routes for shared learning and escalation.

Purpose of this report

The purpose of this report is to identify the conditions needed for safe, ethical and effective use of AI, and to support timely escalation of issues that may require further guidance, shared learning or national attention.

What this report is not saying

This report does not suggest that AI should be avoided in adult social care. Contributors identified important opportunities and examples of positive practice.

Disclaimer: Social Care Institute for Excellence (SCIE) and Partners in Care and Health (PCH) are technology and supplier neutral.

Background

Following earlier work on AI and digital ethics in adult social care, SCIE and PCH are delivering a DHSC-funded programme to support safe, ethical and practical use of AI in adult social care.

This workstream focuses on identifying and escalating emerging AI uses and associated risks to DHSC via PCH, with the aim of providing timely intelligence and supporting proactive responses to new risks.

Quarterly AI Practice Surgeries have been established as a structured, proactive and controlled way for local authorities to raise emerging challenges, share practice and identify issues that may require further guidance or escalation.

The first surgery focused on consent, while also allowing open discussion of wider emerging issues.

Method and scope

SCIE proactively invited technology suppliers to contribute, to help build a broader picture from different sector perspectives prior to the first AI Practice Surgery.

The first AI Practice Surgery was facilitated by SCIE on 5 August 2026 and was attended by 54 people from a range of local authorities and adult social care roles.

The findings in this report draw on four technology supplier discussions, two sector partner discussions and the first AI Practice Surgery with local authority and sector participants.

The same broad discussion prompts were used across supplier, sector partner and local authority discussions: support available or needed; emerging issues and support requests; and how learning is shared or escalated.

This is not a formal research study or evaluation. It is an emerging intelligence briefing designed to support reflection, future practice surgeries, communities of practice, guidance development and escalation of issues.

The report has been anonymised. No individuals, councils, suppliers, sector partners or other participating organisations are named. Off-record and commercially sensitive material have been excluded.

A post-session evaluation was circulated to participants. The small number of responses received was used to inform the design of future sessions but has not been presented as a formal source of findings in this briefing.

Emerging opportunities for AI use in adult social care

Reducing administrative burden

AI transcription, summarisation and automation tools were described as having potential to reduce time spent on administrative tasks, improve note production and support practitioners to be more present in conversations.

Some contributors described practitioners using AI-supported summaries after visits to structure reflections and improve recording, while maintaining professional responsibility for final content.

Improving evidence for practice decisions

Technology-enabled care (TEC) and sensor-based monitoring can provide information that practitioners would not otherwise have, either confirming assumptions or revealing new patterns relevant to care and support decisions.

Fuller records and transcripts may also support resolution of disputes where there is a need to evidence what was discussed, provided this is governed and used appropriately.

Supporting proportionate care and independence

Tools can help identify the right level of support for an individual, whether support may be too high, too low or not aligned with a person's routine, preferences or independence goals.

Contributors emphasised that the purpose should be proportionate care, not simply reducing care. In some cases, technology may show that a higher level of support is needed.

Strengthening sector learning

The discussions themselves demonstrated appetite for peer learning, open challenge and sharing of both risks and practical mitigations.

There is an opportunity to use future surgeries, communities of practice, regional networks and **Knowledge Hub (K-Hub)** resources to share learning more systematically.

Support across the AI and digital implementation journey

Discussions explored the support available and needed at different stages of adopting AI, digital tools and technology-enabled care, from initial discovery and procurement through to implementation, evaluation and ongoing use. Supplier and local authority perspectives indicated that successful adoption depends on a wider support system, rather than technical onboarding alone.

Support described by suppliers and sector partners

Suppliers described support beginning before procurement. This included helping councils to:

- clarify the problem they are trying to solve
- identify the outcomes they want to achieve
- understand what different technologies can and cannot do
- develop a business case
- design a focused pilot or test of change
- draw on evidence and learning from other areas
- consider implementation requirements before purchasing a solution.

Several contributors said they actively discourage long, loosely defined pilots where technology is introduced without clear objectives, measures of success or a route to wider implementation. Shorter, planned tests of change were viewed as more effective when they were linked to a defined outcome and included an agreed approach to evaluation.

Support during implementation varied according to the technology and the supplier model. Examples included:

- adapting tools and outputs to local practice requirements
- developing templates with practice leaders
- initial and ongoing staff training
- virtual drop-ins and individual troubleshooting
- support with referral pathways, installation and consent processes

- specialist practice input, including occupational therapy and frontline social care experience
- communications materials and engagement activities
- technical configuration and integration
- account management and managed service arrangements
- help interpreting data, dashboards and AI-generated insights.

The more comprehensive support models described implementation as a relational and organisational process, not simply the deployment of software or equipment.

Contributors emphasised the value of staff who understood frontline practice and could translate between technical requirements, professional standards and the realities of local authority services, while promoting a collaborative and co-designed approach to clarifying outcomes.

Sector partners complemented this support through guidance, learning networks, webinars, policy resources, peer support and routes into regional or national discussions. Their role was particularly important where individual councils or providers needed impartial information, wider sector intelligence or support that was not tied to a particular product.

The local authority perspective

Local authority participants described significant variation in the support available to them and in their stage of digital maturity. Some had established partnerships between adult social care, corporate IT and external technical expertise. Others were deliberately progressing more slowly while testing existing corporate tools or waiting for the market and national guidance to mature.

Participants described the need to bring together:

- adult social care practice leadership
- operational teams
- corporate IT and digital teams
- information governance
- legal services
- commissioning and procurement
- equality and assurance functions
- senior organisational leadership.

This multidisciplinary support was seen as essential to turning generic technology into something appropriate for adult social care practice. One recurring principle was that the fact that a technology can perform a task does not, by itself, mean that it should be used for that purpose.

Councils also identified gaps in available support. These included the need for:

- earlier national guidance, even where the position remains provisional
- clearer advice on consent, lawful basis, mental capacity and sensitive areas of practice
- help distinguishing transcription from inference or decision support
- practical guidance on reviewing and assuring AI outputs
- support for in-house legal and information governance teams
- role-specific workforce development
- more consistent approaches to measuring accuracy, benefit and equity
- clearer routes for escalating emerging issues beyond an individual council.

Participants described examples of internal governance groups, practice groups and regional networks helping councils to work through these questions. However, access to this support was not consistent and sometimes depended on individual relationships, professional confidence or chance connections.

Key finding: procurement should begin with outcomes

A strong, cross-cutting message was the importance of approaching procurement with the intention of achieving outcomes, rather than beginning with a preferred product, a particular supplier or a predetermined number of devices or licences.

Contributors contrasted two broad approaches:

1. purchasing a tool because another organisation is using it or because it appears innovative; and
2. clearly describing the problem, the intended outcomes and the relevant practice context, then asking what solution or combination of support could achieve the desired outcomes.

The second approach was consistently viewed as more likely to produce meaningful and sustainable change. Starting with outcomes helps councils establish what success would look like, identify suitable measures, involve the right people and understand whether technology is necessary at all.

Outcome-led procurement also creates more scope for innovation. Highly prescriptive specifications can restrict suppliers to delivering the requested product, even when a different approach may better address the underlying need. Presenting

the intended outcomes allows the market to respond with different models, technologies or partnerships.

This does not remove the need for careful specifications, governance and assurance. Instead, it places these requirements within a clearer statement of purpose.

Key finding: curiosity to do things differently

Successful adoption was also associated with the curiosity to do things differently. Contributors did not describe this as adopting technology for its own sake. Rather, it involved being willing to:

- question established workflows
- test assumptions about how support must be delivered
- explore existing corporate tools before buying something new
- learn from unsuccessful as well as successful pilots
- involve practitioners and people drawing on care and support in design
- challenge AI-generated outputs rather than accepting them at face value
- use partnerships and existing contracts to stimulate improvement
- consider whether technology can support a better or more proportionate response.

This curiosity needs to be balanced with caution and legal and ethical reflection. Moving slowly enough to understand a tool is not the same as resisting innovation. Equally, moving quickly is not evidence that an organisation is digitally mature. The discussions suggested that digitally mature practice is characterised by purposeful experimentation: identifying an outcome, testing carefully, learning openly and adapting the approach before scaling.

The discussions suggest that councils should not have to choose between innovation and assurance. The more productive approach is to create the support, governance and learning conditions that allow organisations to approach procurement with the intention of achieving outcomes, while maintaining the curiosity to do things differently.

Emerging risks and challenges

Top 10 emerging issues

Issue	Why it matters
1. Consent, lawful basis and transparency remain unresolved	Councils are taking different approaches to transparency, consent and lawful basis, reflecting the context in which AI is used. Contributors asked for clearer guidance on what people need to understand when AI is used.
2. Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and best interests implications need further clarity	Questions remain about whether, when and how AI-enabled tools should be used in capacity assessments, best interests decisions, safeguarding and deprivation of liberty contexts.
3. AI-generated inference is poorly understood	Participants distinguished between transcription and AI-generated interpretation. The risk is that AI may shape professional analysis even when a human remains technically responsible.
4. Governance is struggling to keep pace	AI adoption is moving faster than policy, legal advice, assurance processes and organisational governance frameworks.
5. Workforce capability and potential deskilling are emerging concerns	Contributors questioned how practitioners, especially students, newly qualified staff and support coordinators, can develop critical skills if AI tools are introduced too early or without support.
6. Human oversight needs clearer definition in practice	“Human in the loop” was widely supported, but contributors asked what meaningful review, challenge and accountability look like in busy practice environments.
7. Technology-enabled care raises surveillance and proportionality questions	Sensor-based monitoring and home technology can provide useful evidence, but also raise issues of privacy, capacity, intrusion, data use and rights to respect for private and family life and the home under Article 8 of the European Convention on Human Rights.
8. Implementation is a culture change issue	Successful adoption depends on leadership, staff confidence, practice guidance, communication, training and change management, not just procurement of a tool.

9. Evidence and evaluation remain inconsistent	Time savings are easier to demonstrate than impact on wellbeing, avoided escalation, workforce retention, equity or long-term outcomes.
10. Shared learning and escalation routes are underdeveloped	Contributors valued regional and practice networks, but felt that mechanisms for sharing issues and escalating concerns beyond individual councils remain inconsistent.

Consent, lawful basis and capacity

Consent was the most prominent theme. Contributors described varied local approaches to transparency, agreement and consent, and the consideration of different lawful bases depending on the purpose and context of processing.

There was concern that consent may not always be meaningful where people are vulnerable, reliant on services, unsure what AI is doing, or subject to power imbalances.

Capacity and best interests considerations were repeatedly raised, especially where AI may be used in sensitive contexts such as assessments, safeguarding or deprivation of liberty processes.

Contributors welcomed the development of national guidance, while recognising that organisations will still need to establish the appropriate lawful basis, transparency arrangements and governance approach for each use case.

Inference, professional judgement and accountability

Contributors were concerned that some tools may move beyond transcription into inference or interpretation, with unclear boundaries between what the person said, what the AI inferred and what the practitioner concluded.

There was concern that AI-generated summaries may shape practitioner judgement, even where the practitioner remains formally accountable for the final record or decision.

Participants emphasised that accountability must remain with the professional and that review, challenge, amendment and sign-off need to be built into practice, not assumed.

Governance, assurance and legal support

Local authorities are developing Data Protection Impact Assessments (DPIAs), equality impact assessments, policies, practice guidance and internal governance groups, but maturity varies significantly.

Participants described a need for clearer legal, information governance and practice support, including for in-house legal teams who may themselves be seeking clarity on fast-moving issues.

Councils also need to understand how corporate AI tools interact with adult social care-specific tools, especially where both may be used in practice workflows.

Workforce capability and AI literacy

Participants raised concerns about over-reliance, complacency and deskilling, especially where AI produces fluent outputs that may contain omissions or inaccuracies.

There was particular concern about students, newly qualified practitioners and early-career staff using AI before developing core skills in recording, analysis and professional judgement.

At the same time, contributors recognised that banning or withholding AI may drive unmanaged use. The challenge is to support responsible, role-appropriate and supervised use.

Technology-enabled care, monitoring and surveillance

Sensor-based and monitoring technologies can provide valuable insight, but they also raise questions about surveillance, proportionality, privacy, capacity and least restrictive practice.

Participants noted that people may be more willing to accept technology later in their adult social care journey than at an earlier preventative stage, which may limit its intended preventive use.

Family-installed technology, including cameras, was raised as an area where practitioners may need clearer guidance and practical tools for balancing risk, autonomy, privacy and family concern.

Procurement, implementation and change management

Contributors repeatedly contrasted outcome-led approaches with product-led purchasing. Starting with the problem and intended outcome was viewed as stronger than copying another area's solution.

Several contributors noted that adoption depends heavily on change management, staff engagement, training, practice leadership and internal governance, not just supplier support.

There was also concern that pressure to generate savings may accelerate implementation before ethical, legal and practice implications have been sufficiently considered.

Evidence, evaluation and impact

Some impacts, such as time savings, are relatively easy to measure. Others, such as independence, prevention, fairness, practitioner confidence, workforce wellbeing and avoided escalation, are harder to evidence.

Accuracy monitoring was highlighted as important, including both transcript accuracy and summary accuracy, with attention to critical omissions, bias and respectful language.

Contributors also raised the need to understand whether AI use supports equitable outcomes or creates differential impacts for people with protected characteristics.

Shared learning and escalation

Contributors valued peer discussion and regional networks, but described current sharing routes as inconsistent and sometimes dependent on individual initiative.

There was appetite for a more systematic route to share emerging practice issues, identify common concerns and escalate where national guidance or clarification may be needed.

Learning needs to reach multiple levels, including practitioners, practice leaders, system leaders, regional networks and national policy colleagues.

Areas of broad agreement

- AI is already being used in adult social care, both through formal tools and informal or shadow use. The question is how to govern and support it safely, not whether it can be held back indefinitely.
- AI tools should support, not replace, professional judgement. Contributors consistently stressed the importance of human oversight, accountability and critical review.
- Consent, capacity and lawful basis require further clarification, but organisations also need to make local decisions now while national guidance develops.
- Implementation works best when it is outcome-led, supported by multidisciplinary governance, and accompanied by training and change management.
- There is a strong need for shared learning, including both positive examples and risks, so that councils do not each have to resolve the same issues alone.

Questions, clarifications and areas requiring further exploration

Consent and lawful basis

- What information does a person need to understand for consent to be meaningful when AI is used?
- When should explicit consent be used, and when might statutory duty or public task be more appropriate?
- How should organisations explain AI use in a way that is understandable without being misleading or overly technical?

MCA, DoLS, safeguarding and best interests

- Should AI transcription or summarisation be used in capacity assessments, best interests decisions, safeguarding or deprivation of liberty contexts?
 - If used, what safeguards, limitations and review arrangements are required?
- How should practitioners approach AI use where a person lacks capacity to agree or object?

Inference and decision-making

- How can councils distinguish pure transcription from AI-generated inference or analysis?
- How should records show where AI has supported drafting but the practitioner has made the final judgement?
- What level of audit or quality assurance is needed to check AI-generated outputs?

Workforce skills and development

- What guidance is needed for newly qualified practitioners, students and early-career staff using AI?
- How can councils ensure AI does not weaken core professional skills, critical thinking or analytical recording?
- What role-specific training is needed for social workers, occupational therapists, support coordinators, managers and auditors?

Technology-enabled care and surveillance

- How should practitioners assess whether monitoring is proportionate, necessary and the least intrusive option?

- How should rights to respect for private and family life and the home under Article 8 of the European Convention on Human Rights be reflected in care and support planning?
- What guidance is needed where families install monitoring technology independently?

Impact and evaluation

- How should councils measure benefits beyond time savings, including quality, equity, independence, prevention and practitioner confidence?
- How should AI-related risks and benefits be captured through audit, assurance and equality analysis?
- What evidence is needed before moving from pilot to wider implementation?