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**CELCIS WEBINAR**

**Children's Social Care**

# Do we let AI in?

Andrew Morley

Social Care Institute for Excellence

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Across children's social care, AI is being talked about as both a promise of better support and an existential risk to practice values. It has the potential to ease pressures on services, improve communication with families, and surface insights that might otherwise be missed. But its meaning for children's lives will depend entirely on how, and whether, we choose to let it in

This talk as an exploration of opportunities, risks, and choices, not a definitive answer.



## Pressures

- Rising demand for services, with more complex needs presenting earlier.
- Workforce challenges: recruitment, retention, and burnout.
- Funding constraints limiting innovation and stretching resources thin.

## Aspirations

- Relational practice: keeping human connection at the centre.
- Co-production: involving children, families, and communities in shaping support.
- Safeguarding: ensuring safety and wellbeing in every decision.
- Inclusion: services that reflect diversity and respect children's rights.

# Children's Social Care Today

## Public Services

- AI in Healthcare for diagnostics and patient support.
- AI in Education for personalised learning.
- AI in Local Government for service triage and resource planning.

## Provocation

*“If AI is already shaping children’s lives outside services, can social care ignore it?”*

- Children are growing up in a world where AI is embedded in daily life.
- Families are already interacting with AI tools, often without realising it.
- **The question is not whether AI will enter social care, but how we choose to let it in, and on whose terms.**



# A Scenario

A social worker, Sarah, is preparing for a visit with a 10-year-old child and their family. She uses AI tools to support her practice:

- Before the visit, an **AI transcription tool** has summarised previous case notes and meetings, giving Sarah a clear overview without hours of manual reading.
- During the visit, she uses a **real-time translation app** to communicate more effectively with the child's grandmother, who speaks limited English.
- After the visit, Sarah uploads her voice notes, and an **AI assistant generates a structured case summary** and flags potential safeguarding concerns based on patterns in the data.
- Later, the service's **AI dashboard** collates anonymised insights across cases, helping managers spot emerging trends in family support needs in the wider population.



# So what?

| How might that benefit the Child?  | How might that benefit the practitioner  | Potential risks of AI use   |
|--|--|---|
| Clearer communication with family members through translation tools, ensuring their voices are heard.    | Saves time on paperwork, allowing more focus on direct work with the child       | <b>Bias in data:</b> AI predictions may reflect existing inequalities, leading to unfair outcomes.                    |
| Faster, more accurate recording of their situation, reducing the risk of important details being missed. | Provides quick access to case history and insights, reducing cognitive overload. | <b>Over-reliance:</b> Risk that practitioners defer too much to AI rather than professional judgement.                |
| More timely support if AI highlights early safeguarding concerns.  | Enhances confidence in decision-making with AI-supported risk alerts.            | <b>Trust issues:</b> Families may feel uncomfortable or mistrustful if technology is used in sensitive conversations. |
| Improved service planning, meaning resources are directed to areas children most need.                   | Supports reflective practice by surfacing trends and lessons across cases.       | <b>Privacy concerns:</b> Handling of children's data must be secure and transparent.                                  |
|  |  | <b>Nuance loss:</b> AI summaries may oversimplify complex family dynamics.  |

## Operational Support

### Automating routine admin

- AI transcription tools convert voice notes into structured case records.
- Smart scheduling assistants help coordinate visits and multi-agency meetings.
- Case triage systems flag urgent referrals for quicker allocation.

### Freeing up practitioner time

- Less time spent on paperwork means more time for direct work with children and families.
- Enables practitioners to focus on relational practice and building trust.



## Insight and Prediction

### Identifying patterns in data

- Predictive analytics highlight early safeguarding risks (e.g., repeated school absences, missed health appointments).
- AI can surface hidden correlations across datasets that might otherwise be missed.

### Supporting resource allocation

- Demand forecasting helps managers plan staffing levels and service capacity.
- Data-driven insights guide investment in preventative services rather than crisis response.



## Accessibility and Inclusion

### Tools for communication

- Real-time translation apps allow families with limited English to fully participate in meetings.
- Speech-to-text tools support children with hearing impairments or literacy challenges.

### Personalised support

- AI-driven assistive tech adapts to children's individual needs (e.g., tailored learning or communication aids).
- Helps ensure inclusion for children with disabilities or neurodiverse conditions.



## Sector Learning

### Synthesising lessons

- AI can scan evaluations, case studies, and pilot reports to generate local or national population-wide insights.
- Supports continuous improvement by highlighting what works in different contexts.

### Sharing practice insights

- Tools can collate anonymised data across authorities, enabling peer learning.
- Helps policymakers and practitioners see emerging trends and adapt strategies.



# Risks & Ethical Questions

## Bias and fairness

- Risk of reproducing inequalities in datasets.

**Provocative question:** If AI learns from yesterday's injustices, how do we stop it from repeating them tomorrow?

## Transparency and accountability

- Who is responsible for AI decisions?
- **Provocative question:** When a child's future can be shaped by an algorithm, who stands accountable, the coder, the council, or the social worker?

## Trust and relationships

- Could reliance on AI undermine human connection?
- **Provocative question:** If families feel judged by a machine, can trust in practitioners ever be fully restored?

## Data privacy and consent

- Children's rights and safeguarding in digital contexts.
- **Provocative question:** Do children truly have a voice in how their data is used, or are we deciding for them?



Is “letting AI in” about efficiency, or about improving the delivery of care in line with our values?

### **Provocative question:**

**If efficiency becomes the driver, what happens to compassion as the defining value of children's social care?**

## Governance and Regulation

Need for ethical frameworks and child-centred standards.

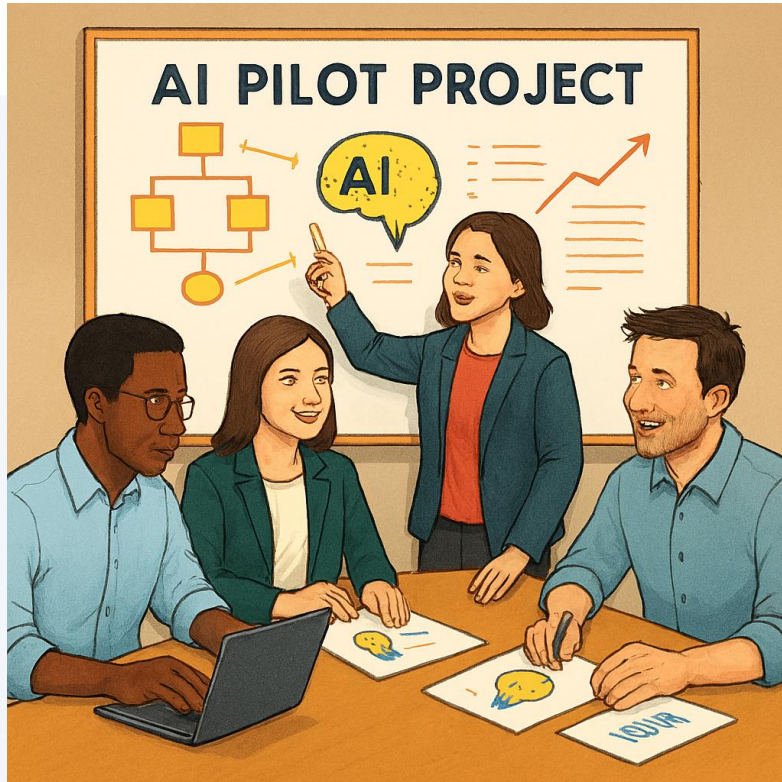
- In Healthcare, the UK's NHS has developed the AI Code of Conduct and the NHS AI Lab to ensure patient safety, transparency, and accountability in AI use and the Oxford responsible Use of AI white paper for Adult Social Care.
- Children's social care could adopt similar child-centred standards-embedding safeguarding and rights into AI governance from the outset.

## Co-production

Involving children, families, and practitioners in shaping AI use.

- In adult social care, pilots of Alexa-type devices in supported living have been co-designed with residents to ensure the technology meets real needs (reminders, communication, independence).
- Children and families should be part of shaping how AI tools (e.g., translation apps, assistive tech) are introduced, ensuring they feel empowering rather than imposed.





## Practical Pilots

Testing AI in controlled, transparent ways.

- Some UK councils have trialled predictive analytics tools to identify children at risk of neglect or exploitation, with mixed results, highlighting both potential and ethical concerns.
- AI diagnostic tools for radiology are piloted in limited hospital settings before wider rollout, with clear evaluation criteria.
- Children's social care can learn from these approaches, piloting AI in specific, low-risk areas (e.g., admin support, communication aids) before scaling.

## Sector Leadership

Councils, practitioners, and policymakers deciding where AI belongs.

- In adult social care, local authority digital innovation programmes (e.g., Social Care Digital Innovation Accelerator) have given councils a leadership role in shaping AI pilots.
- National bodies like NICE are developing guidance on evaluating AI tools for clinical use.
- Children's social care leaders must decide not just *if* AI is used, but *where* it adds value without undermining relational practice.

## So, do we let AI in?

In reality, the question is not whether AI will enter social care, but how we choose to let it in, and on whose terms.

We first need to be able to answer these questions:

### Values and Relationships

- *How can AI strengthen, rather than weaken, the human connections at the heart of children's social care?*

### Fairness and Accountability

- *How do we ensure AI decisions are transparent, unbiased, and accountable to children and families?*

### Purpose and Direction

- *Examining our motivation - Is AI being introduced to serve efficiency, or to genuinely advance safeguarding, inclusion, and child-centred practice?*





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