

### When Technology Supports Caregiving: Why Service Standards Must Come Before Al

#### Introduction

Artificial intelligence is rapidly entering disability services, education, healthcare, and the broader human-services workforce. Tools that summarize information, assist with documentation, or analyze patterns are becoming accessible to workers at every level. These tools may reduce administrative burden and free time for direct support.

Yet one principle must remain clear:

Technology—whether AI or any other digital system—can support caregiving work, but it cannot define caregiving work.

Caregiver standards must come first. Technology must follow them.

This article explains why AMSI places *service standards*, *human judgment*, *and person-centered quality* ahead of any technological application, regardless of how advanced or useful it becomes.

### 1. Caregiving Cannot Be Defined by Technology

Caregiving work—across all disability and long-term support contexts—centers on human interaction, observation, communication, and decision-making. These elements depend on:

- understanding a person's lived experience,
- responding to emotional, sensory, and relational cues,
- adapting support in real time,
- identifying risk in context,
- building trust,
- and ensuring the person's autonomy, dignity, and inclusion.

Technology does not possess these capacities. It can process information, but it does not understand the meaning of care, safety, or human connection.

#### Because of this:

Caregiver occupations must be described by their duties, competencies, purpose, and results — not by the features offered by any tool or software.

The structure of caregiving work ought to be shaped by people, systems of support, and established professional standards — not by algorithms or platforms.

# 2. Technology Must Fit Into the Structure of Work — Not Shape It

Without clear service standards, technology tends to define the work by accident. Software platforms can dictate:

- what information is required,
- how documentation must be structured,
- what "counts" as a task,
- what appears as a recommended action,
- or how progress should be summarized.

This can shift the focus away from the person and toward the tool.

AMSI aims to avoid this inversion.

### AMSI's guiding position:

- · Standards describe the work.
- · Technology supports the work.
- Technology should not replace or dictate the work.

This approach keeps caregiving grounded in person-centered judgment, individualized support, and ethical responsibility.

## 3. Why This Matters: People, Rights, and Quality Outcomes

In disability support, caregiving decisions influence a person's health, safety, independence, and quality of life. These decisions must be based on:

- professional reasoning,
- · knowledge of the person,
- contextual understanding,
- · legal rights and safeguards,
- and transparent accountability.

#### Al systems cannot:

- hold responsibility,
- interpret human meaning accurately,
- ensure nondiscrimination,
- · recognize risk in complex environments,
- or guarantee individualized support.

#### They may introduce:

- inaccuracies,
- undisclosed bias,
- · over-generalization,
- or inappropriate recommendations.

#### For this reason:

Technology cannot make caregiving decisions. It may only assist the people who are responsible for those decisions.

Human verification, human approval, and human accountability remain essential.

# 4. AMSI's Structural Principle: Standards First, Technology Second

AMSI's Inclusive Quality framework is guided by a simple sequence:

- 1. **First, describe the caregiving domain** its purpose, responsibilities, and contributions.
- 2. **Then, describe the work** role boundaries, duties, competencies, and expected results.
- 3. **Then, describe quality** indicators, objectives, safeguards, and evidence principles.
- 4. Only after this structure exists do we consider how technology might support it.

Technology is considered at Step 4 — never earlier.

This approach aims to protect:

- individualization,
- accountability,
- person-centered practice,
- lawful and ethical boundaries,
- and the integrity of caregiving as a human service.

Technology remains optional, supportive, and subordinate to the standard — not a replacement for it.

### 5. Preparing a Common Language for Caregiving Work

This article sets the principle that AMSI is working to develop a **clear, consistent language** for describing caregiving work. This shared language will emerge from research into caregiving-related SOC occupations, legal definitions, and the essential functions of support roles across systems.

AMSI hopes to define terminology for:

- caregiving duties and boundaries,
- work results and responsibilities,
- quality and evidence,
- and the appropriate versus inappropriate use of technology.

This shared descriptive framework is intended to support future caregiver-service standards, regardless of occupation or employment model.

Each specific service standard may then apply this common language to clarify:

- when technology may assist,
- when it should not be used,
- how human oversight is maintained,
- and what safeguards help ensure accuracy, privacy, and equity.

At this stage, AMSI expresses only the principle — not the final structure of documents.

### Conclusion

Al and digital tools will continue to develop, offering new ways to support workers and improve efficiency. But caregiving is not defined by tools. It is defined by human presence, judgment, and person-centered engagement.

AMSI affirms a humble and foundational belief:

Caregiver standards come first.

We hope that any future use of technology or Al will follow these standards — not lead them.

This principle guides AMSI as we work toward defining a shared language and developing service standards that describe caregiving work across the United States. Technology is intended to be aligned with those definitions, not the reverse. Quality remains human-led, evidence-based, and centered on the lived experiences of the people receiving support.

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