



YOU'RE NOT ALONE

ALONE Submission to the
Joint Oireachtas Committee on Artificial Intelligence

August 2025



Opening Statement to the Joint Oireachtas Committee on Artificial Intelligence

Discussion: AI and Older People: An Introduction

In 2024, ALONE supported nearly 44,000 older people across our services¹. Our work centres on helping older people age well at home, increasingly using new technologies.

Last year, we delivered 6,590 assistive technology interventions to help over 4,000 older people. We are currently rolling out smart technology for remote health monitoring, alongside digital training and other projects²³. Our management information system captures data on those we support, generating valuable insights. AI is becoming an important part of our journey. We recently introduced an AI tool to match older people with volunteers for our Support and Befriending service. By analysing geography, preferences, and availability, this reduces waiting times, streamlines administration, and ensures a more personalised service.

We believe AI can transform and empower older people, but only with the right policies, infrastructure, and resources to ensure ethical, equitable access.

National policy

The Government's vision is for Ireland to be an international leader in responsible, person-centred AI. We agree that wellbeing must come before economic interests. We urge the Committee to consider that leading in both AI development and ethics may not be feasible, and national policy must set clear boundaries to ensure safe, ethical innovation.

We welcome Government commitments to an AI in Health strategy and HIQA's forthcoming framework for responsible use⁴. However, Ireland lags in electronic health records, ranking lowest in the EU for eHealth and citizen access⁵⁶. Effective implementation of strategies like *Digital for Care*, the HSE Data Ecosystem Roadmap, and the Health Information Bill 2024 is essential to embed AI successfully.

¹ <https://alone.ie/alone-ecc-report-2024/>

² <https://hidigital.ie/>

³ <https://www.youtube.com/watch?v=tSz-4wuaThQ>

⁴ <https://www.hiqa.ie/hiqa-news-updates/hiqa-launches-scoping-consultation-inform-development-national-framework>

⁵ The eHealth score refers takes into consideration the implementation of electronic access services for citizens, categories of accessible health data, access technology used (eID, access via portals or apps), coverage (by population and healthcare providers), and equitable access opportunities (see <https://digital-strategy.ec.europa.eu/en/library/digital-decade-2024-ehealth-indicator-study> for more information)

⁶ <https://www.oireachtas.ie/en/how-parliament-is-run/houses-of-the-oireachtas-service/library-and-research-service/research-matters/electronic-health-records-and-citizen-access-to-health-information/>

The Government's *Counter Disinformation Strategy* has been criticised for failing to address harmful social media algorithms⁷ that amplify extreme material. We urge the Committee to identify which policies should be fast-tracked and which need further development to strengthen Ireland's AI policy framework in line with the EU AI Act.

System readiness

In our experience, the major barrier to adoption of technology is a lack of system readiness, which relates to technical infrastructure and workforce. No matter how advanced a technology is, it will not succeed without appropriate training and support for those expected to use or deliver it.

In healthcare, AI holds enormous promise for early diagnosis, care coordination, and personalised treatment.⁸ However, the WHO warns that inadequate data could lead to AI discrimination, affecting who gets access to services⁹. Older people are often excluded or underrepresented in clinical trials¹⁰. In Ireland, many surveys group people over 65 together, ignoring diversity among this group. Overreliance on incomplete data risks misinformed decisions. CeADER, Ireland's National Centre for AI, highlight the importance of embedding fairness into AI design¹¹.

AI systems for public use should be shaped and co-produced by users. Research by ALONE and UCC¹² found older people often feel excluded from technology design. We support the IPPOSI Citizen's Jury recommendations¹³, including those for workforce training and healthcare AI, ensuring "human in the loop" in all design and development.

Impact on older people

AI should complement, not replace, human contact. Research shows older people accept AI in healthcare when integrated alongside human providers, with strong usability, tailored solutions, and robust security¹⁴. Personal contact is a key determinant of outcomes for older people supported by ALONE. We plan to use AI to reduce administrative tasks, enabling staff to spend more time with older people. The Committee should consider how AI could enhance processes, such as faster housing adaptation grants or timely hospital discharge¹⁵.

⁷ <https://www.iccl.ie/news/glaring-and-dangerous-omission-in-states-new-plan-to-tackle-disinformation/>

⁸ <https://doi.org/10.1093/ageing/afad219>

⁹ <https://www.who.int/publications/item/9789240040793>

¹⁰ <https://www.sciencedirect.com/science/article/abs/pii/S155171442200009X>

¹¹ <https://publicpolicy.ie/papers/bias-in-ai-tackling-the-issues-through-regulations-and-standards/>

¹² <https://alone.ie/wp-content/uploads/2024/12/Briefing-Paper-SMILE-end-of-project.pdf>

¹³ <https://ipposi.ie/wp-content/uploads/2025/02/Citizens-Jury-Verdict-Report-21.02.25.pdf>

¹⁴ <https://aging.jmir.org/2025/1/e66778>

¹⁵ <https://healthmanager.ie/2025/05/hospital-launches-ai-research-study-to-improve-gp-discharge-letters/>

Equitable access is critical, and in line with Ireland's Equal Status Acts, which prohibit discrimination in the provision of goods and services, AI systems and policies must ensure older people enjoy equal access, fair treatment, and protection from indirect discrimination. Many older people face difficulties accessing in-person services: 41% of over-75s have never used the internet, and a new "AI divide" could deepen inequalities. Media literacy training should be embedded in digital literacy programmes to combat misinformation¹⁶.

Conclusion

ALONE recognises AI's benefits for older people only if developed ethically, equitably, and inclusively. We need systems that are ready, representative datasets, investment in digital literacy, and co-designed solutions. We must proactively shape AI to serve social good and establish a robust regulatory sandbox, because if we delay, the market will dictate its development without regard for society. Crucially, AI should complement — not replace — human contact.

We urge the Committee to ensure AI policy includes civil society voices, empowering rather than excluding. Drawing on our experience supporting many thousands of older people and using AI in our services, we would welcome the opportunity to work with the new national AI office to ensure policy reflects lived experience. If we do this, Ireland can lead by example, showing how technology can serve the wellbeing of all.

¹⁶ <https://journals.sagepub.com/doi/10.1177/00936502241288103>



CHY 8259
RCN 20020057