Technology-Enabled Care Is Not Enough – Reframing AT as Empowerment, Not Efficiency

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Executive Summary

Technology-enabled care (TEC) is increasingly being relied upon to meet the rising demand for adult social care in the United Kingdom. TEC typically refers to digital systems such as telehealth, telemedicine, and care management platforms used by professionals to manage health and wellbeing for disabled adults (1, 2). The current implementation of TEC, however, has overwhelmingly focused on system efficiency—streamlining staff tasks, reducing costs, and managing risk—rather than enhancing the lives of disabled people.

This paper challenges that framing. Specifically, it questions the exclusion of assistive technology (AT) from mainstream TEC models and argues that AT must be central to the future of care. When designed and implemented through a person-driven lens, assistive technology fosters autonomy, dignity, and self-determination—outcomes that not only benefit individuals but also improve social care as a whole.

Leonard Cheshire's approach to inclusive, person-driven technology integration provides a compelling roadmap. Their model illustrates how AT can move beyond efficiency to become a scaffold for inclusion, wellbeing, and relational support.

The Dominant Narrative

In the UK's adult social care sector, organisations typically introduce technology to serve operational needs: automating medication reminders, flagging potential risks, or reducing in-person checks—often under the guise of protecting privacy. These tools, while useful for care providers, often do little to increase autonomy for disabled people. Even policy documents that promote innovation (e.g. the Care Quality Commission's guidance on assistive technology) tend to frame technology as a way to observe, record, and manage service users—not as a tool for them to exercise control over their own lives.

This reflects a long-standing "efficiency-first" mindset in adult social care. Born from decades of austerity, managerialism, and demand for public service optimisation, the sector has grown reliant on narratives of prevention and risk mitigation. However, evidence suggests that despite investments in TEC, there is limited measurable impact on reducing overall care demand (3).

This raises important questions: if TEC is not reducing resource strain, why not reframe its value around empowerment and quality of life instead (4). This shift is essential. As it stands, the implementation of TEC risks overshadowing the original intention of care: to enable disabled people to live full, autonomous lives. Instead of prioritising what matters most to disabled people, TEC is often introduced to make systems easier to manage (5).

Leonard Cheshire

Redefining Efficiency: From Staff Reduction to Better Human Support

People frequently interpret efficiency in adult social care as doing more with less—less money, fewer staff, and faster processes. Yet this narrow view undermines the sector's capacity to offer meaningful, person-centred support. Real efficiency should mean freeing staff to do what only humans can: build trust, offer emotional support, and respond to complex relational needs (2).

When technology takes on repetitive, physical, or time-consuming tasks—such as turning on lights, changing television channels or radio stations, or opening doors—it can free up staff to focus on the emotional or interpersonal aspects of care and support. In this way, AT does not reduce care; it enhances it.

However, this reframing requires long-term investment in infrastructure, workforce development, and cultural change. The goal should not be to replace human roles, but to transform them—to empower both disabled people and the staff who support them to thrive, not just cope.

There is a risk, though, that incorporating technology into care roles could exacerbate staffing shortages. Many support workers enter the sector to provide relational care, not to manage tech systems. If technology is framed as a barrier to those emotionally rewarding aspects of the job, it may reduce retention and deter new workers (6, 7). For AT integration to succeed, it must be accompanied by clear training, ongoing support, and a narrative that enhances—rather than erodes—the human side of care.

Reframing Technology as Empowerment

Empowerment means more than having access to tools—it means having agency. For both staff and disabled people, assistive technology becomes transformative when it enables meaningful choice, self-direction, and control. Whether it is using a voice assistant to initiate a morning routine or selecting a favourite programme without waiting for staff, these small moments build a life that feels lived, not managed (4).

Rights-based frameworks support this vision. The Care Act 2014 mandates that care and support must promote individual wellbeing and independence. It recognises that personalised, empowering services are not only beneficial for service users but also compatible with robust, accountable care processes (8). Internationally, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) affirms the right to autonomy, community participation, and access to enabling technologies (9).

Positioning AT as empowerment aligns with these legal and ethical imperatives. It reframes technology not as a cost-saving mechanism, but as a human rights enabler.

Leonard Cheshire's Vision: Raising the Bar, Lowering the Barriers

Leonard Cheshire is committed to shifting the narrative from task efficiency to personal empowerment. Our tagline—"Raising the bar, lowering the barriers: empowerment through assistive technology"—encapsulates this commitment. Our projects focus on matching the right technology to each individual's goals, supporting staff to feel confident with tech use, and creating an environment where technology facilitates choice, not control. We see AT as both a tool for disabled people to gain autonomy and a means for care workers to shift how they deliver support—emphasising relational engagement over routine management.

This approach is not just about service delivery—it is a values statement. It recognises that the future of care must be co-designed with those who live it, and it centres dignity, flexibility, and inclusion at every level.

Angela, a resident at Leonard Cheshire, once felt that life was something done to her, not by her. Daily routines were largely governed by staff availability, and even simple tasks required waiting for assistance.

That changed when the team introduced Angela to Assistive Technology. Now with a voice-activated Alexa, she now controls her television, music, lighting, and a fan that she has affectionately named "Rainbow". Her mornings begin on her own terms. "I love it," she says. "I get a bit of me life back."

Angela's story demonstrates how assistive technology, when person-driven and properly supported, doesn't just increase functionality—it restores identity, joy, and self-determination.

Conclusion & Next Steps

Technology-enabled care, as currently implemented, falls short if it prioritises operational efficiency over lived experience. To make meaningful progress, we must stop evaluating success by how many tasks are automated and start focusing on how many choices are enabled.

Assistive technology should be the foundation of a reimagined care model—one rooted in autonomy, inclusion, and relational connection.
We must stop equating tech-enabled care with task efficiency and instead start seeing it as a gateway to empowerment.
In the next paper in this white paper series, we will explore why this vision cannot succeed without investment in the workforce. Technology alone does not create transformation—people do.

References

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Supplementary info

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