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## Little arrangements that matter. Rethinking autonomy-enabling innovations for later life

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### ABSTRACT

This paper explores the variety of socio-material arrangements that enable older people to continue living independently. Drawing on a collection of ethnographic observations and interviews with telecare users I conducted at their homes in 2004 and 2008, I will analyse in detail how the process of adopting the service makes visible and puts to the test certain arrangements that already exist, providing room for their modification and the creation of new ones. Through the description of three types of arrangement resulting from this process, I will initially demonstrate how autonomy emerges as a materially heterogeneous and distributed attribute. I will then discuss literature on disability and ageing originating from the Science and Technology Studies (STS), which has strongly influenced this conception. By considering concern with these arrangements to be an ontological obligation, I propose approaching autonomy as the activity of constantly testing and attuning these arrangements. This will not only serve to problematise the notion of autonomy in active ageing policies, but also autonomy-enabling innovations. Rather than replacing existing arrangements with new solutions, I suggest maintenance infrastructures be devised to support the bounded and inalienable undertaking of caring for these arrangements which configure our autonomous, yet ageing lives.

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### 1. Introduction

In active ageing policy, autonomy has become the driving force behind most services, technologies and policies within a context of increasing long-term care needs. Strengthening the freedom of any individual to determine their own life as they age, and fighting against ageist discriminatory prejudices and paternalistic/disabling practices have been played out as means of enhancing social participation in active ageing policies. In the last 30 years this “push for autonomy” has been incorporated, not without criticism [2], into local and national policies [3] and deployed to transform enclosed care-delivery settings, such as nursing homes or hospitals, into far more sustainable home-based and self-managed health and social care services.

In this scenario, innovations in technology are playing key roles [4]. In the current landscape of pervasive technologies for supporting active ageing,<sup>1</sup> telecare is seen as a cost-saving and autonomy-enabling solution [6], contributing as it does to delay, or simply replace, the psychological and social burden of moving to a next-of-kin house, and the economic cost of nursing home and hospital admissions. Telecare enables ageing in place: a desirable situation for users, who can then control their own lives as they age and participate meaningfully in the community.

Given this push for greater autonomy in active ageing policies, it is necessary to understand what “keeping control of one’s life as you age” means [7], how it is performed and in what sense technological innovation enables or disables older

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<sup>1</sup> Nowadays these innovations are so embedded in the definition of the ageing process that some authors have coined the term “technogenarians” because average seniors, from the baby boomer generation up to now, “use technology in daily life to create or maintain health” [5]: 173.

people to do so [8]. These are the main questions I will reflect upon in this contribution to the debate. I will attempt to do so following the insights we can draw from the picture above (Fig. 1), which Gratiane de Moustier took of Odile, an 82 year old woman living on her own in a small Alsace village. The collection from which the picture originates, *Aging at Home: The Story of Odile*, beautifully and very realistically illustrates Odile's daily struggle to continue with the most mundane routines. Through these portraits, we get a sensuous and very touching insight of what living an "ageing yet autonomous life" means, materially and pragmatically, and what difference technologies such as telecare could make. Indeed, when Gratiane suggests Odile might access a care service to ease her day-to-day life, Odile's reply reveals the main concern of this paper: "If old people had their habits removed they would be left with nothing" [1]. On this Gratiane adds: "The very notion of her independence being tampered with leaves her with an uneasy air of discomfort. The high priority she places on what others may view as menial tasks often leaves Odile under pressure and in a panic, continually searching for her next task. Odile's continual striving to maintain, what in her view resembles her own meaningful and necessary independence, is a continual drain on her fragile frame" [1].

This picture is an invitation to take Odile's unyielding disposition seriously and reflect upon the mundane "arrangements" on which an "ageing yet autonomous life" depends. Particularly important are the materials these arrangements consist of, the practices in which they are embedded and, especially, the required care these arrangements need to keep them functional and meaningful. These are the aspects I believe worth considering if we hope to produce a nuanced account of what might be considered an autonomy-enabling innovation.

To accomplish this, I have divided this article into different sections.

In the following section of the paper, I reviewed the Science and Technology Studies (STS) and critical feminist work on "the idea of a technological fix" and "the ideal of autonomy" that inform current telecare endeavours. Although this contribution is aligned with and inspired by some of these studies, I



**Fig. 1.** One of the pictures from the work *Aging at Home: The Story of Odile* by Gratiane de Moustier [1].

propose a slightly different approach. Drawing on STS-inspired literature on infrastructures, disability studies and care studies, I set out the notion of arrangement as a symmetrical and ecological interpretative key to render visible the diversity of "ageing yet autonomous lives", and of practical ways of configuring them.

Following a brief description of the study conducted within a social alarm service in Catalonia in 2008 and 2009, and the data to be used on the installation and user-adoption of the service, I undertake an analysis of some ethnographic instances of friction with the service reported by users. The implementation of the social alarm service is taken to be a "breaching experiment" [9], displaying at least three different groups of arrangements that configure the "ageing yet autonomous" lives of the informants. The spatial, care and subjective configurations these arrangements enact are analysed at the end of this section.

This leads to the final sections where I put the ethnographic insights in dialogue with current debates on the material and pragmatic production of autonomy and the role of innovation in this endeavour. Here I set out an approach to what might be considered "an ageing yet autonomous life" and "an autonomy-enabling innovation" that prioritises the bounded but inalienable undertaking of caring about the mundane arrangements that sustain us.

## 2. Reviewing critical appraisals of autonomy promotion and telecare solutions

I align myself with those voices that exhort us to not be swayed by hyperbolic enthusiasm for autonomy in active ageing policies and technological innovation, and insist on the necessity to reflect more carefully and critically about what enables and disables the push for autonomy in this context [2].

### 2.1. Does telecare fix the problem?

The idea that technology can fix the ageing problem has been questioned from different perspectives. On an economical and merely instrumental level there is no strong evidence that these new ICT-based systems lead to cost-benefit improvements and major sustainability [10] because they appear not to be fully functional as stand-alone solutions [11]. The very idea that technology is systematically presented as a solution has been problematised in STS-inspired studies. As Mort and Roberts [13] have shown, the 'figuration' of telecare as solution has led to specific definitions of what counts as need and care, which remain concealed by the label "technical fix". The persistence of this label leads us to underestimate important transformations in what counts as care [14,15], in the normativities implied in practice [16], in the role of places and times in the configuration of care [18,17,19] and how telecare is enacted as an innovation in practice [20]. In fact, the consideration of telecare as a "technological fix" can be considered a "practice-bound imaginary" [21] in the design of these devices, which leads to unconsciously ageist user representations [22] and impedes designers from considering some of the aforementioned critical aspects before implementation.

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