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Telecare and older people: Who cares where?

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ABSTRACT

'Telecare solutions' are seen as a potential means of addressing the future care needs of ageing societies in Western economies. The development of these remote care systems runs in parallel with policies aimed at 'ageing in place'; and is targeted at supporting the perceived care needs of frail older people within the home. Drawing on ethnographic and deliberative panel data from European Community funded research, we consider how these developments contribute to a reshaping of the place and experience of care for older people. We do so by addressing the ways in which remote care systems can, firstly, act to change the experience of home; and secondly, re-order the place of care-work and responsibilities to care as new actors become enrolled within the care network and existing care-givers take on differing roles and responsibilities. Finally, we consider how this paper contributes to conceptual debates around institution and extitution – that is, the de-territorialisation of the physical structure of the institution and its re-manifestation through new spaces and times that seek to end interior and exterior distinctions.

Introduction

In the UK, as in Europe and much of the developed world, the proportion of older people in the population is increasing. Projections indicate that this increase will continue for at least the next two decades. This is reflected in rising aged dependency ratios – the implications of which figure significantly in both national and international policy agendas (Cmd 7655, 2009; Gianakouris, 2008). Indeed, recent figures for the UK population reveal that for the first time ever there are more people aged 65 and over than there are under-16s (ONS, 2008). This demographic shift is likely to have profound effects on the provision of care and support, particularly for the frailest of our older people. Declining numbers of family members willing and available to undertake informal care-giving, combined with a projected decline in those available to undertake paid care-work, raises a haunting spectre of future care for our ageing population – one that foreshadows potential resource problems both in the financial and human reserves needed to provide these services (Milligan, 2009).

This care dilemma comes at a time when older people's expectations are also changing. They and their families are no longer prepared to accept solutions offered on the grounds of convenience or efficiency. Rather, they are pressing for improved standards of care and support and greater independence (Bowes & McColgan, 2006). Care homes are increasingly seen as the 'option of last resort' and the focus of community-based care has progressively shifted towards supporting people to 'age in place'. That is, policy is now geared towards developing mechanisms that enable older people to remain in their own homes for as long as possible. As a result, many developed countries have begun to implement a range of local and national initiatives designed to facilitate a significant shift in the way that care services are provided and, in particular, to try to bring care closer to the home.

It is little wonder, then, that the emergence of telecare, designed to address and support the care needs (or perceived needs) of frail older people living at home through remote monitoring, has attracted considerable interest. For governments, telecare offers a potential 'solution' through which to address the problems of a diminishing workforce and increased demand for services, with all its resource implications (Bowes & McColgan, 2006). Evidence of this 'turn' towards remote care is prominent throughout the EU, underpinned by the European Commission's 'communication on telemedicine for the benefit of patients, healthcare systems and society' (European Commission, 2008). In England this has been manifest through the Preventative Technology Grant, discrete funding amounting to some £80 million made available by the Department of Health (DoH) from April 2006–2008. The grant was designed to 'kick-start' telecare provision with the expectation that local authorities would mainstream these services from 2009 onwards. Similar enthusiasm for telecare initiatives is evident in

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Spain (López & Sánchez-Criado, 2009) the Netherlands (Pols & Moser, 2009) and Norway (Thygesen, 2009) amongst other countries. The English initiative is designed to increase the number of people who can benefit from telecare services by initiating changes in the design and delivery of housing, health and social care. Whilst primarily aimed at older people, the DoH believe that these technologies hold the potential to enhance and maintain the well-being and independence of a wide range of individuals who would, arguably, be otherwise unable to live independently in the home. As the title of the grant infers, these technologies are also figured as preventing, or minimising, the effects of accidents in the home (e.g. from falls, fire, flooding etc.). Promoting telecare has also been viewed as part of a strategy to reduce the number of older people entering residential care and hospitals (Bayer, Barlow, & Curry, 2007). Indeed, over the initial two year period of the grant, the DoH stated its belief that telecare would contribute to a reduction in older people's residential and in-patient stays by around 160,000 (DoH, 2008).

These are fairly radical claims and while telecare technologies may have much to offer, it is important that their development and implementation are not accepted without critical examination. Indeed, Chan, Campo, Estève, and Fourniols (2009) point out, that to date we have a poor understanding of user needs – a fact that is partly explained by an industry that tends to be dominated by suppliers that are providing a technology-push rather than a demand-pull approach. Other commentators have argued that telecare could act to reinforce medical models of ageing (Sinha, 2000) and in doing so may fundamentally detract from progress that has been made in promoting socially inclusive models of ageing. Further critiques point to an over-emphasis on risk that could result in remote care becoming seen as a new form of restraint – one that could result in certain groups of older people (e.g. those with dementia) being labelled as 'personifications of risk' that could precipitate early entry to residential care (Manthorpe, 2004, p. 148). The emphasis on surveillance technologies within and outside the home (such as sensors, video monitoring or electronic tagging) has also lead some commentators to claim that telecare runs the risk of overriding basic human rights such as privacy and informed consent (Fisk, 1998; Magnusson & Hanson, 2003). So whilst remote care technologies may be seen as neutral by governments – in that they have the potential to be used in a variety of ways that can be considered as either 'good' or 'bad' – as Bowes and McColgan put it, 'like all technological innovations, they cannot be considered as "purely" technical, in that they occur within a social context and are stimulated by issues perceived within that context' (2006: 18). We would go further and suggest, in line with a 'science studies' approach to technological artefacts, that the technologies themselves are social: that is, they are conceived, produced and marketed within complex social arrangements and are materialisations of these arrangements and practices. Analysing telecare technologies thus requires a detailed examination of the technologies in practice, how they are designed and made, and how they are implemented and experienced by a range of users.

Geography and new care technologies

Critically for geographers, the implementation of telecare and other remote care technologies facilitates a change in the organisation and modes of delivery of care – in this case to frail older people – and the places in and through which care occurs. Their implementation allows for the folding or collapsing of the time-space continuum (Couclelis, 2009) in ways that enable economies of scale and the delivery of care at a distance. Proponents thus argue, that they not only offer a 'solution' to concerns about a growing care deficit, but hold the potential to reduce spatial inequities in access to care. Telecare is thus inherently geographical – indeed even a cursory glance through the *Journal of Telemedicine and Telecare* reveals a concern to emphasise its geographical potential. Yet with one or two notable exceptions, geographical work on the issue is absent. Whilst recent papers by Andrews and Kitchin (2005) and Cummins, Curtis, Diez-Roux, and Macintyre (2007) point to potential utility of a geographical perspective on telecare and telemedicine, it is perhaps Cutchin (2002) who makes the most notable attempt to address this deficit. Focusing specifically on telemedicine (interactive video-consultation between medical specialists and local primary care providers) in the United States, he demonstrated how technological networks create new geographies of care. Organized in a regional manner to deliver virtual services to a population, they both interact with, and are largely reliant upon, the material care system 'on the ground' to prosper. Cutchin further suggests that these networks offer medical care organisations a way to define, expand and defend their territorial control, requiring us to rethink how technologies, organisations and places interact. Hence the territorial power of a large telemedicine 'hub' can become both an economic and a political issue (p. 22) – one that raises new ethical questions about connectivity, access, power and control.

Sandelowski's (2002) work on telehealthcare and its impact on nursing practice, place and identity also presents a compelling case for studying telehealth geographically. This challenge is taken up in Andrews's and Kitchin's (2005) review of geographical and nursing research around cyberspace in which they highlight the ways in which cyberspace is 'collapsing spatial and temporal boundaries, leading to a radical space-time compression, which frees social relations from the constraints of scale' (p. 319). In doing so, they maintain, it challenges the nature of those care-giving roles that have traditionally been dependant on physical co-presence and visibility. But, as Dodge and Kitchin (2001) also point out, while cyberspace has the effect of disrupting the spatial logic of contemporary society, it does not render it obsolete. Indeed, they suggest that in some ways it can become more important as different activities become centralised and decentralised in different places. New care technologies, then, can 'affect the ongoing production of space because they modulate the conditions through which space is (re)created' (Andrews & Kitchin, 2005, p. 320).

Hence, as Parr (2002) suggests, an approach that incorporates new care technologies and cyberspace has the potential to broaden current disciplinary perspectives on health, taking them beyond traditional locally-rooted readings of place. These are issues we take up in our own paper.

The research setting

To explore these issues, we draw upon European Community funded research undertaken over the last four years (2006–2010) that has used both ethnographic and deliberative methods to explore the implications of the introduction of remote care technologies worn, installed or embedded in the homes of older people, as well as the making of practice around telecare (see www.lancs.ac.uk/efortt/). This work spans two consecutive European studies. The first project (2006–2007) focussed on producing critical dialogue amongst a wide range of actors involved in telecare. As part of this project, a two-day event was held in the Netherlands in September 2007 that brought together around sixty practitioners, policy-makers architects, researchers, designers and telecare providers. Participants were drawn came from France, the Netherlands, Norway, Portugal, Spain, Belgium, Ireland and the UK. The event was based around a series of short position papers followed by themed and recorded discussion groups (twelve in total). The data were then transcribed, summarised and analysed thematically. Prior to this event, we held two UK-based focus