Telecare and Independent Ageing conference
by Radka Bartosova

In May 2013 over 80 delegates from across the UK and continental Europe participated in a one-day conference in London organized by the AKTIVE team. The objective was to disseminate mid-project results from AKTIVE’s everyday life analysis (ELA) and its market research, as well as learn about related contributions from other projects including Co-Modal, i-Focus, ATHENE and CARICT.

The AKTIVE project: aims, ambitions and expectations

Professor Sue Yeandle, from CIRCLE (Centre for International Research on Care, Labour and Equalities) at University of Leeds, briefly introduced conference delegates to the AKTIVE project emphasizing the real challenge ahead related to being ‘Ready for Ageing’. She claimed that the role of AKTIVE in tackling this challenge is to:

- ‘To help find ways of replacing ‘miserable crises’ with empowering, supportive and sustainable opportunities for older people and their carers’.

The Telecare Industry: Looking to the Future

Valerie de Leonibus, one of the co-directors of Inventya Ltd., identified some of the limitations of the telecare market and highlighted where we want to be in the future. She asked what the market needs, and suggested: convenience, integration in everyday life, choice, a change of focus from patient to individual, affordability, a move from ‘stigmatization’ to giving a ‘feel good’ factor.

Caring networks: how does telecare fit in?

Emma-Reetta Koivunen from CIRCLE presented some initial findings from the ELA on behalf of the AKTIVE social research team. Over the course of 6 visits using: interviews, observations, diaries and camera, the team has collected data to tackle the main research question:

- ‘How is telecare used by older people susceptible to falls / memory problems and those in their caring networks (paid / unpaid carers)?’

By May 2013 the team has worked with 70 people aged between 58 – 96 years old. Most participants (55 in total) use telecare because of an increased risk of falling, while 21 use it after being diagnosed with dementia or cognitive problems; several people use it for both reasons.

Exhibitors

The conference was also an opportunity for organisations to present their products and services. Among the exhibiting organisations were: Tunstall Healthcare provider of Telehealthcare solutions; Welbeing, telecare and telehealth service provider; Institute of Ergonomics & Human Factors, professional organization in the UK for ergonomists and human factors practitioners; CIRCLE, Centre for International Research on Care, Labour and Equalities at University of Leeds; The Oxford Institute of Population Ageing, a population centre on the demography and economics of ageing populations.
IN THIS ISSUE

Most of the workshop presentations will be made available online: aktive.org.uk; during June 2013. Each rapporteur prepared an article based on the workshop proceedings.

Telecare: Designing products and systems for older people at home

Speakers in this workshop: Peter Buckle, Robens Institute; Richard Farrell-Smith, Product Manager, Tunstall Healthcare; Joe Wherton, Queen Mary University, ATHENE Research project; Chris McGinley, Senior Associate, Age and Ability Lab, Helen Hamlyn Centre for Design.

Telecare as a support in older people’s lives

Speakers in this workshop: Prof. Murna Downs, Bradford Dementia Group; Prof. Alan Roulstone, Professor of Disability and Inclusion, University of Northumbria; Dr. Adam Darowski, Consultant Geriatrician, Oxford University Hospitals NHS Trust; Dr. Elizabeth Hanson, Scientific Leader, Swedish Family Care Competence Centre.

Integrating telecare into older people’s caring networks

Speakers in this workshop: Madeleine Starr, Head of Innovation, Carers UK; Lucianne Sawyer, President, United Kingdom Home Care Association (UKHCA); Gary Fry, CIRCLE, University of Leeds.

Telecare marketing and distribution: opportunities and barriers

Speakers in this workshop: Valerie De Leonibus, Director, Inventya Ltd.; Radka Bartosova, Healthcare Innovation Consultant, Inventya Ltd.; Ian Rutter, Engage Business Network, Age UK; Simon Fielden, Director, Health, Design and Technology Institute (HDTI), University of Coventry.

Commissioning and delivering telecare

Speakers in this workshop: Anne Smyth, Director, The Carers’ Resource; Marianne Howard, Telecare Technical Advisor, Leeds City Council; Moira Mackenzie, Telecare Development Manager, The Scottish Centre for Telehealth and Telecare; Stephanie Carretero, European Commission.

Developing and expanding the telecare product range

Speakers in this workshop include: Graham Worsley, ALIP, Technology Strategy Board; John Eaglesham, Chief Executive, Advanced Digital Institute; Paul Thomas, Enterprise Architect, Microsoft; George Macginnis, Director, PA Consulting.
TELECARE: DESIGNING PRODUCTS AND SYSTEMS FOR OLDER PEOPLE AT HOME
by Emanuela Bianchera

This workshop, chaired by Professor Peter Buckle of the Robens Institute, focused on the design of telecare products and delivery models.

Presentations were followed by hands-on group work concerning the main challenges facing ageing, design and the implementation of telecare in older people’s home.

Participative design and people centered approaches

➢ “The average UK designer is male, white and 38 years old.” Design Council, 2010

The main point of discussion during the presentation was the disconnection between designers and users experience, where designers often deliver products that are perceived as non-useful and non-age-friendly.

Chris Mc Ginley (Helen Hamlyn Centre for Design, Royal College of Arts) highlighted the importance of people centred-approaches. Designs should support the involvement of users throughout the development process and invest in more people-centred approaches. Empathy is also a crucial factor in addressing not only physical requirements but also fulfilling personal aspirations and achieving emotional connections. Successful technology is anchored in these values.

➢ ‘People ignore design that ignores people’

Along the same lines, Joe Wherton, Queen Mary University, stressed how AAL (Ambient Assisted Living) should be grounded in the living experiences of users. He advocated a ‘Co-production’ of ethnography and participatory design to inform the development of technologies and services to meet users’ needs in real contexts.

Ethnographic and participatory design methods help elicit the needs of older users, and understand how ALTs can fit within the home environment and social networks. Service and technology providers need to provide flexible components from which individuals and their carers can customise technologies in use.

➢ ‘Involve people early - involve people throughout’

Richard Farrell-Smith, Tunstall Healthcare, discussed the main challenges facing telecare production and installation. Current users are low income, non-technical, in their late 70s / 80s. Although broadband is not actually needed for telecare, the fact that many customers currently do not have access to it may limit some technical enhancements that a broadband connection could otherwise bring.

Subsequent group work among workshop participants provided insight into further challenges facing design and telecare.

First, there was the question of methods: good methods are already available, including clear design thinking, drawing on the sociological tradition and consideration of human factors. However, even when used, these have not always addressed the right stakeholders. There is therefore a requirement to identify and get more feedback from the right stakeholders, including informal groups and working carers.

The main problems to be addressed are:

➢ The disconnection between designers, users and between installers and providers.

➢ A risk of localism and fragmentation between different groups of stakeholders. The information within these groups is often not sought, and therefore important intelligence is not obtained. This reduces effectiveness of design and limits the ability to integrate needs across stakeholder groups.

➢ A late intervention and commissioning of telecare by social services. Purchase of telecare is normally triggered by a crisis, while installation needs to be done earlier on.

Telecare should be used in a preventive, empowering way rather than afterwards, in a reactive manner. There is a need to develop methods that blend ethnography and participative design, enhancing dialogue with users’ experience and different stakeholders throughout the process.

Methods, stakeholders and problems to be addressed

Design is often more focused onto the providers’ rather than the clients’ needs as sometimes the needs of the telecare service provider and the needs of the end user are different. This means a balance needs to be struck.

Occasionally, some people think there is a stigmatising appearance to the pendant, which may be perceived as a marker of vulnerability but this is very much down to the individual, as others gain a sense of reassurance and confidence by wearing their pendants.

Methods, stakeholders and problems to be addressed

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Methods, stakeholders and problems to be addressed
Telecare marketing and distribution: opportunities and barriers
by Radka Bartosova & Charlotte Fox

Key messages from the speakers in this session included:

- ‘Those who want to succeed in the market should not just provide ‘telecare’ but build on their existing capabilities and try to adapt their offering to different markets.’
  Radka Bartosova, Healthcare Innovation Consultant, Inventya Ltd.

- ‘Consumerism does not stop because we reach a certain age, or have a certain disability or impairment.’
  Ian Rutter, Engage Business Network, Age UK

- ‘Recognising that eALT can help is a key stage in consumer uptake.’
  Simon Fielden, Director, Health, Design and Technology Institute (HDTI), University of Coventry

The AKTIVE market research team is currently working on an industry white paper which will provide an insight into various private routes to market for telecare technologies primarily in the UK, German and US markets. It is planned to be published in autumn 2013. For that reason part of this workshop was dedicated to an initial overview of the penetration of telecare technologies across these regions and later the participants discussed what kind of partnerships might help industry players reach large-scale technology adoption.

Radka Bartosova from Inventya Ltd gave a short presentation about the initial research mentioned above. It featured examples of telecare technologies being sold by major retailers in the UK, Germany and US. While telehealth peripherals can be easily found in major retail outlets across the three countries, solutions offering ‘peace of mind’ are almost non-existent.

O2 has recently introduced the ‘Help at Hand’ service in the UK. It is hoped that these will be offered via approximately 100 Sainsbury’s stores. Through Lloyds Pharmacy website (May 2013) consumers could also purchase a care monitoring device from a company called Sen-Cit.

The situation in the US is similar. One example of a telecare product that can be purchased from a major retail store is a safety alert system called LogicMark FreedomAlert, sold in Walgreens, largest Pharmacy retail chain in the US. Another example is eCare + Voice, a GPS-based mobile medical alert system from Securus, which can be bought directly not only from the provider’s website but also from Costco.

However, apart from these few examples, the team has not come across other technologies being sold through major retail stores and they welcome feedback or update on these findings: please contact@aktive.org.uk.

In spring 2014, the AKTIVE market research team is plans to publish a white paper looking at ‘overcoming stigma associated with telecare technologies’ and this is why the second part of the workshop focused on how to make telecare providers reach the ‘feel good factor’. Both Ian Rutter’s presentation and a talk from Simon Fielden contributed to this topic as did the discussion that followed.

Ian Rutter talked about the lifestyle and preferences of ageing consumers in the current marketplace. Age UK’s research, in which interviews with 1500 people above the age of 50 and 9 focus groups across the UK were conducted, shows that:

- Over 50% believe that technology has made their life easier
- 72% buy their technology products on their own
- Nearly 40% like to learn about new technologies
- Over 50% like to feel and try a technology product before making a purchase
- Ease of use, suitability for immediate needs, and quality are the main decision-making criteria when choosing a technology product

Using a few illustrative examples Ian highlighted the importance of inclusive design and of improving the focus of designers towards satisfying end-user needs.

The last presentation was by Simon Fielden, who talked about some of the findings from the Co-Modal (COnsumers and Models for Assisted Living) project whose aim is: ‘To support the development of a consumer market for electronic Assisted Living Technologies (eALTs) for younger older people.’

As part of the project, the team conducted a street survey with 500 participants aged between 50-70 years, developed to help understand the importance and influence of the barriers and enablers to purchase and use of electronic assistive living technologies.

The emerging themes for the street survey were explored in greater depth through a series of consumer focus groups. It was found that consumers are missing information as to being aware of what might help them to improve their situation, where to buy such technologies and how to choose what to buy.

It was found that the language and concepts of assistive products or equipment are stigmatising, and of particular note prospective consumers do not see the relevance of electronic assistive living technologies to their lives and cannot imagine themselves using it.

DISCUSSION CONTINUES

LinkedIn group: AKTIVE
Telecare as a support in older people’s lives

by Gary Fry

This session focused on: how can telecare can support independent living and how it relates to other technologies; the specific needs of clients with dementia or who suffer falls that telecare can support; and the extent to which telecare meets the needs of clients and their carers.

It opened with a presentation by Dr Alan Roulstone, who provided some policy context and existing evidence in support of telecare’s role in social care packages. This was followed by observations from Dr Adam Darowski, who, drawing on his experience as a geriatrician, discussed some of the challenges involved in implementing telecare with people who suffer falls. Then Dr Elizabeth Hanson provided presented findings from a scheme in Scandinavia which uses ICT and communication technologies to empower older people.

A lively group discussion followed, with many stimulating questions from the group. One key debate arose when a carer declared that, despite her best efforts, she had been unable to find suitable telecare equipment to support her aged mother. It was proposed by various members of the group that greater product ‘visibility’ is required at a local level, with more coordination between different professions such as healthcare, social care and housing officers. It was also suggested that a need for specially trained assessors is an important consideration. Others expressed concerns about self-funding clients getting equipment that was appropriate to service users’ needs.

Some proposed that older people, unfamiliar with modern technology, might be resistant to its implementation, and that this was a considerable challenge to overcome. For some older people, it was claimed, stigma associated with needing the support of technology was also considered a barrier to implementation.

Commissioning and delivering telecare

by Emma-Reetta Koivunen

This workshop focused on commissioning and delivering telecare services, with the presentations and discussion focusing on four key issues.

Paying for telecare

The question of paying for telecare costs was discussed by Marianne Howard and Donna Whitelock, Telecare technical advisors from Leeds City Council and Moira Mackenzie, Head of Telecare Development from The Scottish Centre for Telehealth & Telecare based on their experiences.

In Scotland there is a mixed situation, with no single, national model, this is similar in England. For example, in Leeds the telecare service is free for all clients but this is not true in other parts of the country. Moira Mackenzie described how in Scotland free service delivery is disappearing, but where a charge is levied, there are generally means testing or local policies in place to ensure affordability and accessibility for vulnerable individuals. She described that where charging is introduced, the number of telecare users initially dips. However, she noted that the number of telecare users does tend to rise again until after some time.

Monitoring and assessing the costs and benefits of telecare

Marianne Howard and Donna Whitelock, Telecare technical advisors from Leeds City Council described how, although in Leeds the budget for telecare is located within the adult social care budget, other areas (e.g. children’s services and healthcare) can also use it.
A follow-up assessment a year after installation has shown that 96% of clients still live at home.

During assessment for telecare, the assessor gives details of what would be the alternative to telecare. Based on the estimated savings in home care and residential care budget, there are £4,500 savings per person. However, this is only based on adult social care savings and not savings in other areas.

The question of how costs and benefits of telecare should be monitored and assessed raised lively discussion among the workshop participants. Discussion on the Whole System Demonstrator sites report (2013) revealed widespread disappointment in the study. Furthermore, some participants expressed dissatisfaction at how investment on telecare has focused on pilot studies, rather than mainstreaming the service. This led to further discussion on the limitation of academic studies. However, others pointed out that academic research, rigorously planned and delivered, can have a significant impact on this constantly developing area.

**Whose expectations about the equipment, and the services related to it, should be met?**

Based on her experiences with telecare and telehealth in Scotland, Moira Mackenzie suggested trying to address policy, organisational and individual interests in a coherent way, while accepting that negotiations always exist around this. She also claimed that local, geographic and diagnosis dimensions need to be considered. In Leeds, Marianne Howard and Donna Whitelock explained, the ‘assessment of need’ for telecare is conducted by people outside the telecare team, such as social workers or occupational therapists. This, and the financial investment put in telecare, means that telecare used is based on need, rather than the specific equipment available in the council or strategic goals.

**How can telecare and other technology help carers?**

Stephanie Carretero, European Commission, presented findings from a research project on impact assessment, based on the analysis of 12 ICT based solutions for carers. The 52 types of technologies mapped in the project can be divided into different types, including those used for independent living, such as telecare, use of websites for information and learning and for care co-ordination. She suggested that there is scientific evidence on their positive impact and cost efficiency. These include impact on:

- quality of life
- quality of employment
- quality of care
- productivity
- sustainability of the services and systems

There was also discussion among workshop participants about the limited amount of information available about telecare for the general public. The workshop facilitator Anne Smyth, Director of The Carers' Resource, told how many family carers she encounters are often persuaded to buy things with limited information. There is much equipment already available but more information is needed. Moira Mackenzie also pointed out how views on telecare are changing as the use of mainstream technology increases. This reduced stigma associated with telecare as a sign of vulnerability. However, with telecare, as other technologies, carers and older people need motivation to use it.

This workshop contributed to these key topics, which will be examined further in the empirical context of the AKTIVE project’s final year.

**COMMENTS FROM CONFERENCE PARTICIPANTS**

‘I found the workshops helpful and very interactive. They covered the topic areas well and offered different perspectives, which was helpful.’

‘Very interesting discussions and in many ways, it re-enforced my own feelings about AT and public awareness.’

‘It was difficult to know which workshops would be most valuable for me to attend. I also had the dilemma of two happening at the same time when I was interested in both! However overall an enjoyable and informative day’

‘The audience mix was superb, which can only have been generated by the agenda content. Time for networking was also very good. Overall a great meeting.’
Integrating Telecare into Older People’s Caring Networks

by Kate Hamblin

The aim of Workshop E was to explore the role of telecare within caring networks – including unpaid carers, formal care workers and older people themselves – and to secure better outcomes for all involved. The presentations included the perspectives of both paid and unpaid carers, and led to a much interesting debate.

Madeleine Starr (Carers UK) highlighted the challenges faced as a result of population ageing, changes to family formation and location, and increased demands to remain working longer. At the same time, Madeleine emphasised that technologies are increasingly mainstreamed for both work and leisure, particularly in terms of communication. Telecare could therefore become a tool with the potential to allow carers to combine the provision of support for family members with paid work and other demands. However, she also identified potential barriers in terms of the affordability, accessibility and reliability of telecare solutions, as well as the relatively underdeveloped private market.

Lucianne Sawyer (UKHCA) provided the perspective of care workers, whose viewpoint she argued is often neglected in discussions of telecare, despite the fact that in some cases they have the most contact with older people. Though initially there may have been concerns about telecare replacing home care, Lucianne felt these concerns are unfounded, partly because it cannot provide crucial personal care but also it has yet to be fully integrated and mainstreamed into caring situations. This failure of integration, Lucianne argued, is because of a lack of communication between housing, health and social care and poor awareness among some commissioners regarding telecare.

Looking to the future, Lucianne argued that the focus on personalised budgets may shift provision to more ‘unconventional’ services and solutions such as telecare. The move away from ‘block contracts’ may also mean home care providers perhaps need to add telecare.

Finally Gary Fry also explored care workers’ perspectives on telecare by presenting the findings of two projects designed to map the current situation regarding awareness, provision and training. Increasing awareness was found to be a big challenge, as was providing training, with only a few included in the projects having received formal telecare guidance. Indeed, much of the training was ‘on the job’ or provided by manufacturers and was therefore felt by care workers to be too ‘market-orientated’. In response, Skills for Care are now launching a learning and development framework on telecare and five learning resources.

Key issues raised during the discussion included awareness and engagement, both for paid and unpaid carers. In terms of awareness, there was discussion as to how to reach the widest possible audience. Although there is currently some very good quality information available, it tends to be associated with particular diseases or disabilities and is therefore more difficult to find.

The role of telecare in empowering older people to remain independent as well as its role in supporting paid and unpaid carers was discussed. It was suggested that, for unpaid carers it could provide the reassurance needed to engage in paid work and leisure, while for care workers, there is the opportunity to use their extensive knowledge of the older people they care for to make recommendations and even referrals for telecare services. It was argued that care workers’ roles have changed partly because of commissioning arrangements tend to be more task-orientated. As such, care workers’ skills are not being developed appropriately and there is a high turnover rate of employment because they do not feel valued or listened to. Telecare could therefore empower them in their daily work, but this will involve their perspectives being taken seriously and more involvement in the delivery process.

Madeleine Starr
‘Telecare could provide a potential tool to allow carers to combine providing support for family members with work and other demands’.

Lucianne Sawyer
‘The move away from ‘block contracts’ also may mean home care providers perhaps need to add telecare as another ‘string to their bow’.”
Developing and expanding the telecare product range

by Radka Bartosova

The key questions considered in this session included: Who in the e-health industry would not want to be offered an insight into the telecare platforms of the future? What factors will be playing a role in the ‘selection’ process?

Currently the e-health industry is witnessing developments from more usual platforms such as home hubs and smart TVs to robotics and medical implants which can monitor critical chemicals in blood and then send this information via Bluetooth technology to smart phones. Whether a smart watch, smart clothing, digital toilets or RFID tags embedded in your home appliances, the range of platforms is not only expanding but also moving from purpose-built devices towards augmentations of the functions of existing products and technologies.

Developments can be seen not only in the range of platforms but also that of market players entering the independent living market. George MacGinnis, Director at PA Consulting, talked about some of the industries from which these entrants are coming: pharmaceutical companies and medical device manufacturers, mobile insurance, media and entertainment, utilities and home automation. Many of these industries have established brands in their market, and George asked: Who will be the winners and losers in the battle for a market, and George asked: Who will be the winners and losers in the battle for a market.

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Health apps for iPhone as well as other smartphones are already available; the app store has in excess of 13,000 health-related apps, some of which allow you to monitor your own health, and the data can be shared with others. However, most of these apps are for monitoring health as opposed to safety, which is the primary objective of telecare solutions. Moreover, people over 65 are not the biggest group of iPhone adopters, let alone app-downloaders.

While Apple is what the workshop group would perhaps like ‘telecare to look like’, the likes of BT is the type of company they might want it to be ‘delivered by’. It should be remembered that the workshop group consisted of individuals with an average age of around 40 and these two ‘brands’ were only discussed in one of the 4 workshop subgroups. However, these suggestions confirm what George MacGinnis pointed out in his presentation that ‘change is likely to be driven by people who understand the mass market.’

Paul Thomas from Microsoft made an important observation in his talk based on personal experience. While discussing the latest developments in telecare solutions, if people use the word ‘telecare’, what search engines come up with is not what the daughter or son of an adopter of such technology is necessarily looking for. He highlighted the lack of consumer propositions which one encounters when searching for information online. From the conclusion of his talk is again that there is a need for developments in marketing and branding, which not only include using a catchy, consumer oriented terminology, but also make use of the standard marketing techniques such as search engine optimization.

John Eaglesham brought another perspective to the discussion by introducing workshop delegates to The Warm Neighbourhoods ‘Around Me’ service pilot, which is part of the i-Focus dallas programme. His presentation highlighted the fact that the service element of telecare is crucial and that many of the ‘peace of mind’ benefits might be achieved primarily by well-designed, simple services to help families and informal carers overcome distance. The ‘Around Me’ service being developed is based on simple connected home sensor technologies and sending automatic reassurance messages to carers to let them know that their loved ones are up and about.

The workshop started with the aim of better understanding what the future telecare delivery technology platforms might be and ended up with a group discussion introduced by the workshop’s facilitator Graham Worsley about whether the developments should be driven by technology or by service re-design?

What are your thoughts on these matters? Feel free to get in touch by contacting contact@aktive.org.uk.
AKTIVE publications

As of 17th May, you can find the AKTIVE Literature Review produced by the social research team and the AKTIVE initial market report produced by the market research team on our website.

This review of the literature provides a context for the AKTIVE project. Exploring both grey and academic literature, it provides a comprehensive summary of current knowledge and baseline data to inform the other AKTIVE project activities and outputs. Its aims were to inform the development of the AKTIVE research study; familiarise the research team with evidence from a wide range of disciplines (technology, ergonomics and design, medicine, service delivery and implementation, policy on telecare, marketing, and gerontology); and to contribute to outputs for dissemination to stakeholders in industry, the voluntary sector and academia.

- AKTIVE publications can be found here: http://www.aktive.org.uk/publications.html

Advance notice of the AKTIVE project’s final conference

AKTIVE project’s final conference, 8-9 April 2014, University of Leeds, UK. The conference “call for papers” will be announced in September 2013.

This conference, at which the findings of the AKTIVE project will be presented, will provide an opportunity for academics, practitioners and businesses to discuss many aspects of telecare, from its design, implementation and commissioning, to how it meets the needs of older people with care needs and those who support them to remain independent at home.