

Telecare's brave new world: the
perspectives of older people,
carers and professionals

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What this Presentation will Cover

- In the next fifteen minutes I propose to:
 - Give a context for the research I shall be presenting today;
 - Introduce and define the concept of telecare;
 - Describe our specific study of older people's attitudes to telecare;
 - Outline the main findings with respect to the different attitudes to telecare held by older people, their informal carers and by professionals involved in delivering support services to older people living in the community, and discuss their implications;
 - Set out the framework for further work.

The Context for the Study

- This presentation concerns findings from a short, six month long study of older people's attitudes to telecare, that was carried out between June and December 2004;
- The study provides input to a much larger, ongoing EPSRC EQUAL research consortium, Supporting Independence: new products, new processes, new communities, that commenced in October 2003 and is due to report in September 2006;
- The consortium is led by Imperial College London, and involves UCL, Dundee University, Barnsley Hospital NHS Foundation Trust, Anchor Trust, Thomas Pocklington Trust, and Tunstall;
- The overall aim of the consortium is to understand the opportunities for and barriers to 'mainstreaming' telecare services in the homes of older people.

Interdisciplinary Research

- The project is interdisciplinary, and the various partners bring a wide range of knowledge and skills to the consortium:
 - ICL - is a field leader in modelling the complex inter-relationships between health and social services organisations, housing and service providers and the recipients of care;
 - Dundee - provides expertise on the technical implementation of telecommunications systems and ICT services for older and disabled people, especially lifestyle modelling;
 - Barnsley - in addition to experience in researching the use of ICTs to support older and disabled people in their own homes, this is one of three field sites, where telecare health monitoring and lifestyle reassurance are being installed as we speak, in a trial to support older people with CHF living in the community;
 - Tunstall is a leading manufacturer and provider of personal and home reassurance telecare solutions and response centre systems.

A Live Laboratory

- However, a major impetus for the formation of the consortium was the inclusion of three project partners where telecare installations are planned to take place within the lifetime of the project;
 - The CHF patients are living in Barnsley's mainstream housing stock, much of which is itself ageing and was not inclusively designed (Victorian terraced houses, modern council flats);
 - Anchor Trust's Denham Garden Village, South Bucks, is the site for a new technology-enabled retirement village, with houses and bungalows for sale to more affluent older people as well as affordable housing in the form of flats and bungalows for rent;
 - Thomas Pocklington Trust, a leading provider of housing for people with impaired vision, is currently upgrading its sheltered housing scheme for older people at Pocklington Rise, Plymouth.
- These provide three very different physical settings each

The Importance of Housing

- Though telecare is a technology that can be installed in almost any setting, housing is an important dimension of the consortium's research because:
- Most older people do not, and are unlikely every to, live in new homes. It is therefore necessary to create home environments from the existing housing stock, that are able to facilitate independent living.
- This involves remedying poor design features, providing assistive technology and establishing a safe and secure home environment;
- In this respect, housing is being asked to perform an increasingly important role in the provision of health and social care to older people, and an appropriately designed, high quality home environment is fundamental to the provision of community care services, such as telecare.
- Conversely, poor housing presents an important potential limitation on the vision of technology-assisted home care.

UCL's Contribution

- To investigate these aspects of telecare mainstreaming UCL is bringing to the project:
 - expertise on the inclusive design of housing and previous work on older people's housing needs in relation to their attitudes, lifestyles and material culture;
 - Part of our role is to estimate the likely demand for, and additional costs of home improvements, where people remain in their own home for longer, supported by a package of telecare services;
 - Another is to understand how telecare might affect older people's way of life, their feelings about their home environment and their everyday domestic routine;
 - Also their attitudes to and interaction with the technology and its impact on the way formal and informal care is delivered into the home.

What is Telecare?

- Having explained the aim of the consortium and its overall membership, it is necessary to give a brief explanation of exactly what telecare itself is all about:
 - Promoting the independence of older people forms a key part of the government's health and social care agenda in the UK and worldwide, and new care delivery models supported by ICTs are being developed to assist in realising this goal;
 - Telecare is one such model that uses ICTs to bring health and social care directly to the end user, by providing safety and security monitoring, physiological health and activity monitoring, and information and communication to people in their own homes;
 - It should be distinguished from telemedicine, which involves computer applications and technologies that support the exchange of information directly among healthcare professionals;
 - Its should also be distinguished from electronic assistive technology (EAT) that is designed to improve the functionality of the home, by providing greater control over features like doors and windows, thermal comfort or home entertainment (alternatively referred to as a 'smart home').

The Dimensions of Telecare

How Does it Work?

- A typical telecare service involves a system connecting sensors of various kinds that are dispersed in the homes of (or worn by) an older person, to a call centre:
- The sensors are either activated directly by the user, or raise an alert passively, by recognising and responding to a change in the user's status such as a fall;
- The alert goes to a call centre, which then triggers a response that may involve informal carers, resident or mobile support staff or an emergency service, as required;
- In some ways, then, telecare is simply an extension of the existing community alarm services, of which there are about 300 providers of services that are currently used by over 1.5 million people in the UK;
- The difference is in the growing use of ICTs to deliver more control over the domestic environment and provide a 'security blanket' for those being cared for and their carers.

Why is it Needed?

- Like many initiatives in the field of gerontology, the promotion of telecare is a product of the ageing society:
 - Whilst the numbers of older people are increasing throughout much of the developed world, concerns have been raised that the numbers of family and friends that are able to provide regular, ongoing care and support are declining;
 - For those informal carers who remain, carer stress is an important factor of the caring role, and a major reason for the admission of many older people to a residential care home;
 - The UK government wishes to plug this emerging ‘care gap’ by providing telecare services to all those who need them by 2010 and to that end it has recently invested £75 million to stimulate the uptake of telecare services;
 - The stated objective is to support more older people in their own home for longer by preventing unnecessary hospital admissions, permitting earlier discharges, and reducing the numbers admitted to residential care;
 - Less often stated, but perhaps of greater concern in terms of its implications for the end users of support services, is the need to reverse the escalating costs of healthcare for those in later life.

Benefits of Telecare

- Evidence is gradually accumulating that shows the efficacy of telecare in reducing hospital admissions and unblocking beds;
 - For example, the largest telecare scheme to date in the UK in West Lothian, is estimated to have saved over 3,000 NHS bed nights over a year for a trial of 400 people, and to have halved delayed discharge rates locally (from 4.3 per 1000 older people per year to 2.1)
 - In theory, since telecare can be customised to respond to the specific needs of individuals and their home environment, it is capable of addressing people's evolving care needs in a flexible and adaptable way, as part of an overall care package based on an individual assessment of need, that can also include domiciliary care, assistive technology or home nursing care;
 - But, whilst there is now widespread experience of telecare through pilot and demonstration projects and the underlying technology is evolving rapidly to 'bring more elements of the hospital into the home', its introduction into mainstream care practice has proved far more problematic;
 - The mainstreaming of telecare is falling well short of government's aspirations, and there is now considerable doubt as to whether their targets for 2010 and beyond can realistically be achieved.

Barriers to Mainstreaming

- Recognised barriers to take up include:
 - Overcoming the organisational complexity of the care delivery process;
 - Aligning differences between organisational cultures and values, particularly in relation to perceptions of risk between medical practitioners and community-based support services;
 - Demonstrating the efficacy of telecare through systematic cost/benefit analysis that includes quality of life outcomes as well as resource implications;
 - Building the business models that link the different actors in the supply chain, such as community alarm providers, equipment supplies and health and social care organisations, in a way that allows them to make informed and accurate decisions on pricing the different components of telecare services;
- Identifying the real (as opposed to the assumed) needs of all the stakeholders involved in telecare service delivery.

Defining User Needs

- It is increasingly recognised that the routine use of telecare will require a better understanding of how it can be integrated into existing and evolving practices within care service delivery, and so fully embraced and accepted by the end users of the service:
 - To this end, some user needs studies have been carried out, but the majority of these appraisals have focused on the attitudes of professionals and policy makers, and there has been little or no research into the acceptability of emerging new technology-enabled services like telecare by older people;
 - Where older users have been consulted they were invariably the recipients of telecare, usually living in sheltered settings, who were being invited by a service provider to comment on the success of the intervention, and so they may have been constrained in voicing reservations about the technology;
 - Literature search early in the project revealed that very little research has been done on the real needs of the target user group for future telecare services, that is, older people currently living independently in the community;
 - But unless investment is targeted at meeting the needs this group, who form the vast majority of older people, sustainable services are unlikely to develop and become fully integrated into the care system.

Benchmarking Attitudes to Telecare

- The most likely reason for telecare to fail to make it into the mainstream is not technological failure, as most devices are straightforward, tried and tested, inexpensive and easy to install, but its unacceptability to users:
 - In order to ensure that the appropriate technologies and services are installed in people's homes, there is a prior need to obtain the views of older people who may become users of the service in the future, about its usability and social acceptability;
 - It was therefore important that before any of the planned interventions took place, the consortium benchmarked the background opinions and attitudes of a cross section of ordinary older people living in the community in the vicinity of each of the three regions (Barnsley, S. Bucks and Plymouth) to telecare provision;
 - We also wanted to compare older people's propensity towards or against the concept, with the attitudes of local health and care professionals involved in service delivery to older people in their own homes, and informal carers who were looking after older people;
 - Later, we will compare these 'ambient attitudes' with those of older people who become personally involved in the field sites, immediately before installation and after 9 months living with the technology.

The Objectives of the Attitudinal Study

- The objectives of the attitudinal study were therefore:
 - To explore the extent to which older people, carers and professionals consider telecare to be a potentially valuable service;
 - To understand the attitudes of older people living independently in the community to hypothetical situations where telecare might be an appropriate solution to a presenting situation, and to record any benefits or drawbacks that they could foresee in relation to the deployment of such technology in the homes of older people;
 - To understand why certain technologies may be accepted or rejected by older people;
 - To compare the views of older people with those of relevant health and social care professionals, particularly in respect of the balance between risk-management and self-determination.
 - This last objective was seen as particularly important in respect of lifestyle monitoring (reassurance) as it collects potentially sensitive personal information such as visits to the bathroom, patterns of eating, the amount of time people spend asleep, use of the telephone and so on;
 - To encourage constructive comments on telecare's future development.

Scenarios

- As there were no existing telecare installations in any of the three fieldwork areas and, at the time of the study, it was a new service not yet widely publicised, we could not assume any prior knowledge of telecare so it was necessary to explain the concept to all three groups of informants in a standard way, using simple terms that connected with their previous experiences:
 - To this end, we developed 3 ‘scenarios’ that described in some detail situations where telecare could provide a solution to a perceived need;
 - These were based on real life situations known to one of the researchers, but modified slightly to tease out views that might be expected to generate debate, considered reflection and relevant personal experiences;
 - Each scenario was introduced, verbatim, to each group by a member of the research team, in a standard way, with staged pauses to allow open discussion;
 - Typically, a scenario lasted about 20 minutes, before discussion spontaneously died down so that it was possible to move on to the next, so that the whole event was timed to last just over an hour, which was thought to be an acceptable length for an event involving older people.

Focus Groups

- Focus groups were preferred over one-to-one interviews, as the group situation is known to encourage the exploration of issues and stimulate debate, particularly important in a hypothetical situation:
 - We developed the scenarios in such a way that they could be discussed by small focus groups of about 6-8 people. Separate groups were formed of older people, professionals and carers, so that each could speak freely;
 - Before embarking on fieldwork, the scenarios were piloted with three older people's reference groups that did not participate in the subsequent study, and the scenarios were modified and clarified in the light of these experiences;
 - Members of the consortium were also consulted at various stages during the design of the scenarios, and provided constructive comments before the final versions were agreed on;
 - After the discussion of scenarios, focus group members were asked to respond by a show of hands to 10 standard questions, asked of each group, to gauge people's opinions about different aspects of telecare services that had been identified as controversial by the literature;
 - The answers could then be compared by group and by region, to determine

Ethical Approval and Recruitment

- Once we had developed this research methodology and before embarking on fieldwork, the project was logged on UCL's Data Protection Register and ethical approval for the study was gained from UCL's Committee on the Ethics on Non-NHS Human Research:
 - To inform potential participants, we produced an eye catching information leaflet giving basic information about the study, for distribution to older people and their carers by intermediaries, who then relayed back to us people's willingness to participate in the research;
 - At this stage, informants were approached directly and given one of three separate, more formal information sheets for older people, informal carers and care professionals who expressed an interest in participating in the research;
 - Telephone contact was established, and participants were invited to a focus group event that was convened at a convenient time such as an occasion when the members of the group might normally expect to meet;
 - Separate consent forms for each person who attended one of the above-mentioned groups were obtained at the start of each group discussion.

Recruitment

- Our target was to recruit 30 older people, 15 carers and 10 professionals from each area, in order to gather the ‘ambient attitudes’ to telecare in each region;
- The senior professionals from each area who provided a range of health and support services to older people were identified and approached by phone or in writing;
- Members of older people’s and carers’ focus groups were identified with the assistance of health and social care professionals, through local older people’s clubs and societies, carers’ self help and support groups and by word of mouth and indirectly approached through the relevant intermediary;
- In the end, 22 focus groups were convened, 5 with carers, 7 with professionals and 10 with older people, involving 186 individuals altogether, including 92 older people, 55 professional stakeholders and 39 informal carers;

	Older	Profs	Carers	Total
Barnsley	36	11	11	58
S. Bucks	25	13	27	65
Plymouth	31	15	17	63
Total	92	39	55	186

Informants' Characteristics

- This was a contextual, opinion-gathering study to benchmark the attitudes of older people before they had become personally exposed to a change in their care requirements that might mean that they had to take a personal decision about telecare:
 - We therefore did not set out to gather large amounts of personal data about our informants, as this was not strictly necessary, was inappropriate to a focus group setting and could have discouraged recruitment;
 - However, we can report that the majority of the older participants lived in mainstream housing and were aged over 75, the youngest were in their late 50s and the oldest were over 100;
 - The gender balance in all three groups was towards women; 68% of older people, 72% of carers and 75% of professionals;
 - Older informants were typical of people from a variety of socio-economic backgrounds and were living in a range of circumstances;
 - Carers were largely younger people responsible for older dependants;
 - Professionals represented middle / senior management from health, social services, housing and the voluntary sector, all responsible for and experienced in commissioning and delivering services for older people.

Data Analysis

- Focus group discussion was recorded and subsequently analysed for content:
 - Informally by reading and identifying themes and formally by using Atlas software (this is still in progress and so will not be reported on here);
- The answers to the 10 questions could be yes / no / abstain:
 - These simple descriptive statistics were looked at, to see if clear numerical differences of opinion emerged within the groups or across regions.
- They did! This is all the more surprising, because the initial impression we received when carrying out fieldwork was that the focus group discussions were rather predictable and picked up on relatively few, well rehearsed themes that seemed to point to rather uniform findings across all 22 groups involved.

Points of Consensus

- If we deal with these first:
 - The technology element of the telecare service
 - Many participants spoke favourably of the potential preventative benefits of telecare, especially the reassurance and peace of mind it could give to older people and their carers.
 - Critical comments were made in the context of design, particularly of devices that are meant to be worn. Gender issues, forgetfulness, over sensitivity and false alarms, problems with voice prompts, reliability, possible failure and the need for speedy repairs.
 - Choice and self determination
 - Telecare was seen to increase people's options, a way of staying put for longer, as well as to remain less obligated to friends and family for daily monitoring.
 - On the other hand, concerns were also voiced about the possibility that it could undermine individual choice and independence. The phrase 'big brother' occurred in almost all discussions.

Privacy, Needs Assessment

– Privacy and confidentiality

- Lifestyle monitoring was viewed positively by carers and professionals, who spoke about consequent better understanding of people's daily patterns of behaviour and how this would help to construct a profile of the individual.
- All groups were concerned about the confidentiality of sensitive data, in the context of what was viewed as 'a creeping culture of surveillance'.

– Assessment

- There was general agreement that a thorough and holistic needs assessment should underpin an individual, tailor made approach to the provision of telecare services.
- The concern was often voiced that assessment should not be resource led, where the provision of a standard package of telecare could be used to compensate for the lack of attention given to complex needs.

Dementia

– Dementia

- The majority of participants shared the view that the provision of telecare services to people with dementia is fraught with difficulties. Concern centred on the level of co-operation and understanding required, and on the need for informed consent. Participants shared the view that if a person had received a diagnosis of dementia it may already be too late for them to benefit from the technology, and that closer monitoring by professional carers should be the priority.
- Though there was an acknowledgement that benefits could ensue, for example by relieving neighbours of the worry of watching out for an older person living nearby, a cautionary note was sounded that lack of understanding and co-operation in respect of monitoring devices could lead people into potentially dangerous situations, such as trying to ‘mend’ a cooker that had switched off automatically. ‘Disembodied’ voice prompts were also cause for concern.

Technology and Human Contact

– Personal contact and hands-on care

- Whilst it was acknowledged that telecare had the potential to broaden people's 'virtual community' by introducing them to new social contacts and there was general agreement that while telecare could usefully be part of a community care package, rather than a stand alone service, the point was made many times that it should not take the place of human contact.
- The role of informal carers and community support workers in 'keeping an eye' on someone older and spotting small, telltale signs of a deteriorating condition were mentioned many times in discussions, thus suggesting that people as well as health monitoring devices have an important role to play in pre-empting a chronic condition turning into an emergency.

– Replacing staff

- The fear was that telecare technologies will be used to replace traditional; 'human effort' and that staff will inevitably be withdrawn as a consequence of the introduction of telecare services.
- Most participants thought that if the service were introduced and resourced as it deserved, it would actually increase demand for face to face contact, by teasing out unmet needs among older people.

– Back-up services

- Many older participants referred critically to the already overstretched arrangements for ‘care in the community’ and speculated that the service will only be as good as its response to an emergency, and that the back-up support systems need to be in place to ensure that this happens. In the minds of many participants, either informal carers (a cheap alternative to statutory services) or emergency services will be relied upon to provide the initial response. They were under no illusion that telecare will require a ‘terrific input’ and a ‘colossal back up staff’ if it is to ‘work properly’.

– Cost

- Participants across all types of focus group were concerned about this. There was little support for the idea that older people themselves should pay, and professionals doubted whether people would invest in the service late on in life, when they might not see any long term benefits. Most thought that government (notably the NHS) should fund telecare, especially if the service is intended to keep people out of hospital, but as basic community equipment is currently under-resourced, doubt was cast on this as a way of funding the service. Clearly, it needs to be properly costed and resourced if it is to gain the confidence and trust of potential service users and professionals.

Differences

- These were the main areas of broad consensus, and the feelings expressed are rather predictable and not particularly controversial.
- What is of interest, though, are the responses that the participants in the various groups gave to the 10 standard questions that we asked at the end of each session, and so it is to these that we now turn.

Questions

- Do you feel you understand the purpose of telecare and how it works?
 - 100% of professionals, 99% of carers and 95% older people said ‘yes’, which is good for us as if they had not it would have reflected badly on our presentation.
- Would you be happy to have such a service in your own home?
 - A clear difference emerged here between professionals and the rest. 92% of professionals said ‘yes’ whereas only 63% of older people and 60% of carers agreed, showing that the professionals are keener to see this service put into place than their ‘customers’ are. Interestingly, though, older people in the north were more ready to accept the service than southerners (81% as against 53%).
- Would you be confident to have your blood pressure etc. monitored electronically, as opposed to going to the doctor or having a community nurse visit you at home?
 - 71% of older people would, with no pronounced regional difference, but only 40% of carers agreed, which is interesting because the literature and the intention of the service itself is that they are one of the groups who ought to be reassured by this happening automatically as a passive form of background monitoring. Overall, 76% of professionals said ‘yes’, perhaps a lower percentage than their enthusiasm for the service in principle would have predicted, and moreover whereas 100% of the Barnsley professionals would be happy to receive this service, only 65% of southern professionals agreed that

Staying Put

- Do you think people with telecare will be able to stay in their own home for longer than those who do not?
 - 97% of older people thought so, as did 74% of carers but just 43% of professionals agreed, which again is interesting as this is one of the main justifications for the technology. Here, however, the professionals who are responsible for commissioning the service are probably more conscious of the actual ‘trigger factors’ that prompt a move up the care ladder, and markedly more sceptical about its benefits than the end-users. There were no marked regional differences on the responses to this question;
- Will it reduce the need for face to face visits?
 - Here a profound north south divide emerged among the older service users. Just 4% of older southerners agreed with this proposition, whereas 94% of the older northerners agreed that the need for face to face contact would diminish with telecare. 46% of professionals from the south and 55% of those from the north agreed. As we have seen, a good proportion of professionals predicted that the need for face to face visits will actually increase with telecare.
- Are people likely to be safer at home with telecare?
 - Again, southerners were more doubtful. 75% agreed, whereas 100% of northerners agreed with this proposition, as did 97% of professionals across

Risk Management

- Should someone older and known to be ‘at risk’ ever be prescribed a package of telecare, ‘for their own good’?
 - Just 10% of older people agreed, with some degree of regional difference (7% of southerners and 14% of northerners agreed. Carers in the south were even more emphatic, with just 2% agreeing. No professionals were prepared to recommend this, but remarkably whereas all the southern representatives declared a definite ‘no’ on this issue, all the northern ones abstained.
- Do you have any concerns about the kind of information (on lifestyle patterns) that telecare is able to gather about how people are living at home?
 - 50% of older people in both regions said ‘yes’, as did 62% of carers. But 84% of professionals also agreed, again showing that professionals in both regions are, at this point in time, slightly uneasy about the potential of the service to redefine the boundaries of what personal information should be available to professionals when making decisions about individual cases. A far greater proportion of professionals in the south had reservations (92%) than in the north (64%).

To Summarise so Far

Older People	Professionals
Not very keen on the idea of telecare	Would be quite happy to have telecare in their own homes. Don't see it as a threat.
But they strongly agree that it will help them stay put in their home	More doubtful as to whether this will be the case.
Regional differences emerged about the continued need for face to face visits.	Half of professionals in both regions concur that these will be reduced.
Generally fewer expressed concerns about the use to which the information gathered could be put.	More professionals have reservations about issues of confidentiality etc. but with regional differences.

Regional Dimension

North	South
Older people were generally more accepting of the service.	Older people were less happy with the idea in principle.
Older people strongly believe it will reduce the need for face to face visits	Older people strongly repudiate this proposition
Older people strongly agree that telecare will make them safer at home.	Older people are more doubtful about this.
Though figures were low, twice as many were prepared to have the service thrust on someone 'for their own good'. All the professionals abstained on this issue	Professionals were unanimous in the belief that this would be 'unethical'.
All the professionals were confident that the health care technology will be beneficial.	More professionals in the south more sceptical about the benefits.

The Offer of Telecare

- The final question concerned the point at which people should be offered such a service.

When offered?	Older S <i>n=55</i>	Older N <i>n=36</i>	Profs S <i>n=26</i>	Profs N <i>n=11</i>
At 65	5%	0%	23%	27%
When ill	64%	94%	58%	0%
In sheltered housing	15%	19%	81%	9%
When alone	60%	25%	27%	0%
Dementia	71%	11%	92%	36%
As alternative to RC	93%	97%	96%	36%
Community alarm	87%	39%	81%	9%

The North South Divide

- Very few older people in both regions thought telecare should be routinely offered at 65. They felt it was too soon, and they were not old enough at 65. Professionals in both regions took a different view, and about a quarter felt it should be offered at 65 as a service appropriate to the age group.
- Nearly all the northern older people thought that they should be offered the service if they were ill, but none of the professionals who were engaged in service delivery in their area thought this would be appropriate. 6/10 southerners thought they should be offered it if they were ill, and about the same number of professionals agreed.
- Low numbers of older people in both regions thought telecare should be routinely offered to people in sheltered settings, which is interesting as this is perceived by service providers to be a key target group. Our older informants felt that sheltered housing gave an equivalent service so that telecare was not necessary. The northern professionals agreed, and in respect their views were more similar to older people, but 4/5 of the southern professionals thought that it should be a service for people in sheltered settings, precisely because people in sheltered housing had already put a foot on the 'ladder of care'.
- A different kind of logic applied in respect of community alarm users in the south, where there was agreement between users and providers that telecare was a legitimate extension of the existing service, but not in the north where both older service users and those responsible for delivering support services in the community felt that this was not a reason for offering telecare.

More on the Offer of Telecare

- Despite reservations in focus groups, a far higher percentage older people from the south thought telecare should be offered to people who might be perceived as vulnerable (alone, dementia) than did their northern counterparts. The professionals in both regions were in agreement with their respective client groups so the professionals were also strongly polarised in favour (south) or against (north).
- As an alternative to residential care, telecare was definitely an option favoured by older people, who would like to have this option. On the whole, the southern professionals felt it was appropriate to offer it to them, but most of the northern ones did not.
- In effect, most older people in the south thought it should be offered in any situation that might be construed as vulnerable, as people could always refuse it, but not if they could be construed as managing independently, and on the whole the service providers took a similar view. The exceptions were that providers saw telecare as an asset in sheltered housing, probably because they could envisage benefits to the support staff rather than to the individual, whilst for people living alone they were less likely to see this as a presenting problem and so did not perceive this to be a reason to offer the service.

Crisis Management

- Older northerners seemed to have adopted a slightly different attitude to telecare. Their attitude could be interpreted more as ‘crisis management’ (it could be useful when ill or at risk of going into a care home), but otherwise most people’s realistic assessment was that the situations described would not be assessed as a sufficiently high priority.
- This seemed to be a correct assessment of local health and social services priorities, as most professionals did indeed judge that telecare was not an appropriate service for most of the situations we suggested, and none of the situations we described attracted more than 1/3 of the professional vote in the Barnsley / Rotherham area.
- Older southerners, on the other hand, seemed to be thinking of the service as more of a ‘preventative’ strategy, and so argued that it would be beneficial to be offered the choice of telecare in any situation where it might have the potential to avert a crisis some time into the future, and on the whole the local support services professionals also took the same view.

How Could This Be?

- Unlikely to be the result of different states of prior knowledge about the new technology / service delivery mode, as neither the older users nor the professionals we spoke to were particularly au fait with telecare. On the contrary, most had come to the focus group ‘out of curiosity’ to find out more and to become more informed. In this respect, everyone took the group discussions very seriously, everyone actively engaged with the topics and thought deeply about the implications of telecare not just for their own situation but for the generality of older people, those directly involved in care giving and the implications for the care system as a whole;
- Nor could these differences in voting patterns be explained by different group dynamics, as the sessions were run to a standard format and our initial reading of the transcripts seemed merely to confirm that the discussions of the ‘scenarios’ we presented took a fairly predictable trajectory, raising similar points, observations and dilemmas for professionals and service users across all three field sites

Service Frameworks

- The differences in voting patterns can surely only be ‘explained’ by people’s prior knowledge of the patterns of service delivery in the three areas, and the assumptions, attitudes and values that shaped and underpinned expectations generally in each area of the country about the quality and availability of support and care in the community;
- If so, this is an important finding in terms of the government’s ambitions for telecare, for these attitudes are as likely to be an intervening variable that should be added to the ‘barriers to mainstreaming’, discussed earlier.
- Both the demand for and the supply of telecare services is likely to be influenced just as much by how different actors and agents perceive the entire ‘raison d’etre’ of the emerging health/care marketplace, particularly the extent to which it should function as a rapid response to an individual crisis or a preventative service for everyone.

Differences Between the Groups

