Centre for Care

Technology and care in the UK: Policy, discourse and practice

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Sustainable Care Programme and Centre for Care

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Overview

- Context
  - Policy and investment in technology and care in England
  - English policy discourse
  - Empirical exploration of socio-technical imaginaries presented in discourse
    - Stakeholder interviews
    - Case studies with care providers

Context: the ‘burning platform’

- Adult Social Care neglected in terms of concrete, implemented reform: *“care is not properly funded, lacks transparency and urgently needs reform”* (The Committee of Public Accounts, 2021: 3).
- Ex-Prime Minister Boris Johnson’s assurance in 2019 that his Government would *“fix the crisis in social care once and for all”* (Johnson 2019) - three years later, ASC White Paper was published (DHSC, 2021)
    - underwhelmed response (Yeandle, 2021; Oliver, 2022).
- 2020-24, there have been seven appointments to Secretary of State for Health and Social Care, including three changes in 2022 alone.
- Wellbeing part of legislated duty for local authorities…

Policy: investment

- Technology has been a key area of policy focus and investment to address the social care ‘crisis’ in the UK
- Successive Secretaries of State for Health & Social Care described technology as ‘transformative’ - of care quality (promoting independence); a means to create efficiencies and ‘free up’ staff and financial resources (Hunt, 2018; Hancock, 2018; Javid, 2021).
- Enthusiasm reflected in investment in funding for technology use in ASC:
  - 2000s on ‘telecare’ and the evidence base
  - 2015 onwards on digital technologies including AI, mainstream devices, robotics.

Publications: Hamblin, 2020; Wright and Hamblin, 2023; Whitfield and Hamblin, 2022

Policy: critical discourse analysis

- ‘Socio-technical imaginaries’ (Jasanoff and Kim, 2009) have policy implications- ASC’s ‘problems’ are also understood in confined ways
  - Ageing is not just a problem to be solved, it is also a profit domain to be pursued
- ‘Power of technology’ is emphasised; role of the state is configured along neoliberal lines – ‘just enough’ intervention to make the UK as a ‘natural home’ for innovative technology developers
- Quality care- conceptualised as independence, not *inter*dependence
- ‘Efficiencies’ technologies generate are often kept abstract; an end in itself, or a ‘means’ to improved care?
- Other solutions to ‘circumstantial premises’ are also ignored/ discredited

Method: Critical Discourse Analysis (Fairclough, 1993; 2003; Fairclough and Fairclough, 2013) of policy documents (n = 32 texts)

Challenges

1. *Technology as homogenous*- which technologies? Will all technologies will be positively 'transformative'? Who wins? Who loses?
2. *Social care sector as homogenous*- transformative for all provider types/ sizes?
3. *Evidence*- policymakers *"ignoring the inconvenience of evidence"* re. technology and care (Eccles, 2020: 13, c.f. Glasby et al., 2020); technology and homecare- not positive outcomes for electronic monitoring (EM) systems (Timonen & Lolich, 2019; Brown & Korczynski, 2010; Baines & Van Den Broek, 2016; Moore & Hayes, 2017; Brown & Korczynski, 2010); digital care organisation systems (Timonen & Lolich, 2019); unintended consequences (Oung et al., 2021).
4. *Technology as asocial and apolitical*-
    - Science and Technology Studies: technologies and care are co-produced and co-constituted (Aceros et al. 2015)
    - Technologies and their scripts are inscribed with the particular politics of their designers, developers and investors (Pols & Willems, 2011)

Aims and Questions

Aim: empirically interrogate the 'socio-technical imaginaries' (Jasanoff and Kim, 2009) presented in English policy discourse regarding efficiency and quality

1. What digital technologies are UK care providers using?
2. Why use digital technologies in homecare? What story lines (Hajer, 1993) do care sector stakeholders and providers use? Do these converge with policy story lines?
3. How do digital technologies affect care work? Is there alignment between policy and sector stakeholder story lines and the experience of people deploying technologies in care work?

Publication: Hamblin, Burns and Goodlad, 2023

Methods: Stakeholder interviews

Interviews with UK care sector stakeholders (n=34):

a) the homecare sector (providers, their representative bodies and membership groups);

b) the technology sector (designers, manufacturers, providers of care technologies); and

c) local authorities (commissioners/ technology-enabled care service managers from LAs using differing approaches to technology and homecare).

- Analysed using a combination of Argumentative Discourse Analysis (Hajer, 1993) and Thematic Network Analysis (Attride-Stirling, 2001).

Methods: Case studies with homecare providers

Pseudonym	Business and Care Model	Fieldwork
Pine Care	Franchise model, self-funded clients; planned person-centred care, minimum 1-hour care visits	Interviews: 5 managers; 10 care workers; observations: 6 hours
Oak Care	Largely LA-commissioned service; planned time-to-task care organised in 15-minute blocks	Interviews: 7 managers; 9 care workers; observations: 10 hours
Cherry Care	Self-funded clients; self-managed teams, minimum 1-hour care visits unless agreed in the care plan (but flexible)	Interviews: 3 managers; 6 care workers; observations: 4 hours
Maple Care	Introductory model operated through online platform, self-funded clients, matched' with self-employed care workers, minimum 3-hour care visits	Interviews: 3 managers; 7 care workers; observations: 4 hours

Stakeholders- What digital technologies?

Homecare providers using technologies to:

1. Plan and organise care work: e.g. Recruitment apps and platforms; care management platforms; online training
2. Facilitate the delivery of care: e.g. electronic monitoring (EM) systems; devices to remotely monitoring clients; online care 'visits'; 'cobots'

Acknowledged overlap and diversity: providers *"embracing digital",* others had *"huge distances to travel"* (Technology Sector [TS] stakeholder 11).

Mediating factors:

- Organisational capacity: *"85% of providers have fewer than 50 employees, so the larger providers tend to have their own IT specialists in house"* (Homecare [HC] stakeholder 1).
- Financial resources: [the] *"bottom line was dosh"* [money] (HC stakeholder 6).

Stakeholders- Why digital technologies?

‘Technology as transformative’ discourse included two story lines echoed by stakeholders:

- Quality: care worker jobs; enhancing choice, control, independence, wellbeing
- Efficiency: streamlining back office tasks; by replacing short care visits; by facilitating recruitment, prevention

Blended by stakeholders- technology = ‘win’ for commissioners, providers and care workers and users of homecare (‘discursive affinity’ or ‘discursive contamination’, [Hajer, 1993])/ “the triple-win rhetoric of the ageing-and-innovation discourse” (Neven, 20156: 34).

Pine Care - Managers' conceptualisations

Technologies: 'Off the shelf' digital care management system- emailed monthly rotas to care workers, linked to an electronic monitoring (EM) system integrated with payroll and invoicing.

Managers' conceptualisations:

- **Quality:** EM ensured care quality by notifying if care workers deviating from franchise model:

"what we can tell from the clocking out is that people are late clocking out, so we can investigate why, if there's a pattern. And there does tend to start being a pattern. And so if the caregiver's not said anything, we will find out pretty quickly. And one of the virtues of the IT system as well is that there's no getting away from it" (Pine Care owner).

- **Efficiency:** digital care management system saved the cost of printing and posting hard copies of rotas

Pine Care – Care workers' conceptualisations

Care workers' conceptualisations: care worker safety; quality by ensuring clients received full care visits: *"They know when people aren't staying their time"* (Pine Care CW8).

Care workers' experiences:

- EM system- care workers dial in and out from the client's landline phone to demonstrate they were at the property

"that login system is pretty lacking.... So sometimes I get a phone call to say, 'have you logged out', 'yep', 'well, it's not recorded'… Others have said it as well" (Pine Care CW7).

- Care management system**:** required additional workarounds:

"I've got an Excel spreadsheet which is helping me log all the hours that I've actually done, because we also have to submit a sheet in with our travelling expenses" (Pine Care CW7).

- *Undermined efficiency story line*

Oak Care – Managers' conceptualisations

Technologies: digital care organisation app; trialling an EM system, digital care records.

Managers' conceptualisations:

- **Efficiency** – use data to *"make better management decisions"* (Oak Care M2).
- **Safeguarding-** *"it is a way to protect our staff so that we know where they are, we know that they're safe, we know that they've been to visits and we have the records to say, you know people have dementia and will call up and they will say 'I've not seen my carer today'"* (Oak Care, M2).
- **Control** - *"WhatsApp groups…it's difficult to control the messages that go on there and difficult to extract the information out of those platforms… people may walk out the door with that knowledge in their heads and you know that is value to this organisation and value to our clients and our other care staff, we have to be able to protect that"* (Oak Care, M2).

Oak Care – Care workers' conceptualisations

Care workers' conceptualisations: technology was an additional task or 'separate' from their role- no real relationship with care quality; used WhatsApp to communicate.

Care workers' experiences: frustration - digital care organisation app provided limited information (client name and address) in 'read only' mode; additional work tasks – needed to complete digital and paper records; used WhatsApp as a workaround.

- WhatsApp instigated by care workers- resisted initially by managers then used as a formal channel during the pandemic

"we were brought into a staff meeting so we are allowed to have it but it's just we're not allowed to put addresses in under names or anything - we're allowed to do initials. So, it was all cleared by the, the legal team like they said it was fine. So, people would write in to tell us 'hey were looking for cover'… or … 'Mrs X has erm a bruise on her shoulder can, can you just keep an eye on it?'" (Oak Care CW3).

Cherry Care: Managers' conceptualisations

Technology - Care workers given smart phones to access care management app combined with communication app in a *"kind of hacked together tool"* (CS4M1, interview 2); 'paperless' and 'premise-less': administrative efficiency for 'back office' functions, record keeping; online training

Care managers' conceptualisations: efficiency; responsive, person-centred care.

"care workers will say things like, 'can you pick up a pint of milk because he's run out, and there's no food in the fridge, can somebody make sure they bring some'. It's really, really interactive. And we're all on it, and we can all see what's going on, you know, all the time" (Cherry Care M2).

Cherry Care: care workers' conceptualisations

Care workers' conceptualisations: efficiency; responsive, person-centred care.

"say someone erm has had a fall in the night or when we finish our call, we'll update [app] and just let everyone know so you can message that channel and let everyone know that this has happened so people are aware of it" (Cherry Care CW4).

Care workers' experiences: always had to be 'tuned in'.

- *"there's slightly funny comments about people aren't checking [communication app] … the expectation is that people should be looking at it most days"* (Cherry Care CW5).

Maple Care: Managers' conceptualisations

Technology:

- Platform-based business – clients and care workers apply online
- A degree on automated 'matching' of clients and care workers: *"when we started, we were very keen on it being very automated, a bit like ordering an Uber or whatever, but [care is]… a very personal purchase, you want to be able to speak to someone"* (Maple Care M2).
    - Automated back-office functions

Care manager conceptualisations: efficiency; quality through choice for clients and care workers.

BUT acknowledged some unintended consequences: had to amend pricing structure due to racism.

Maple Care: care workers' conceptualisations

Care worker conceptualisation: choice and control- *"essentially, you're your own boss … I like the flexibility. I like the control; I find that quite empowering"* (Maple Care CW1).

Care worker experience: choice but increased responsibility, including engaging with the platform (one of Maple Care's 'Golden Rules'); risk of bias/ deception due to online nature of the business:

"the representatives of the client, of the client not the caree is talking to the agents, they try to minimize and romanticize that it's going to be only companionship, or that it is this person does not need a lot of attention, there's a lot of spare time etc. … when you get to the placements, some situations, it's like not yet been documented that this person does not sleep at night, so if a carer even if they are living in, the actual total number of hours we are paid for might, as though are not charging for an hourly rate you are charged, you get paid for 10 hours" (Maple Care CW4).

Discussion and Conclusion

- Policy direction and discourse: Technology is transformative for adult social care in terms of efficiency and quality
  - Less clear about what technologies are in use; impact is assumed to be positive- neglects diversity of technologies in use; diversity in care sector and their negotiated outcomes
  - Two story lines: transformational in terms of efficiency and quality.
  - Less clear about what technologies are in use; impact on care work is assumed to be positive.

Stakeholder perspective:

- RQ1 (what): devices and systems for 1) the organisation and planning of care; 2) the delivery of care in people's homes
- RQ2 (why): Echo two policy story lines, with blurring/ discursive affinity/ contamination

Discussion and Conclusion

RQ1-3- Case studies (what, why and how):

More modest and mundane technologies in use that stakeholder interviews outlined

Care managers: often alignment with policy and stakeholder story lines: quality and efficiency

Care workers experiences: technologies and their scripts could create frustrations, additional work, blurring of personal and work time

- Unintended consequences undermine the efficiency story line

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