Why we all need to carry the torch for technology enabled support

Telecare, telehealth, assistive technology, technology enabled care… we use numerous words to describe current approaches to supporting people to live better lives. Still, whatever words we use, one thing is clear – *services that harness technology in an integrated, person-centred way work*. Most of us can cite examples of individuals using such technologies, individuals whose lives have been changed for the better, transformed even. Yes, the anecdotal evidence is all around, and there is research, such as the Renfrewshire telecare project evaluation for people living with dementia, yet the uptake of technology enabled care and support remains slow. In fact, I sometimes think the rate of change in health and care appears glacial when compared to other sectors, such as entertainment. There are currently around 1.7m people in the UK using telecare but there are over 10m over-65s, and this number is predicted to rise to around 19m by 2050. Obviously, there are challenges associated with our ageing population and the rising numbers of people living with long-term conditions. The question then remains, are we realising the potential of technology to enable us to face these challenges?

Essentially, we need to consider how care and support technologies are converging – not only in the design, but also in the feel and usability. This helps us avoid stigmatising products and services that for users can represent badges of infirmity. We also need to consider how we fuse these technologies into mainstream services. Plus, we need to recognise that every individual is on a journey, a lifetime of care involving housing, health *and* social care. Therefore, we must unite to assess where people are on this continuum, and to tailor packages of support. The big change at the moment, and the exciting thing that we are seeing in the 'assistive technology' market, is that we are moving from a market which is about buying this piece of technology and screwing this piece of technology onto a wall, to a market where we are looking at needs-based reviews of individuals. For example, Birmingham City Council, Hertfordshire and some of the other big councils, and organisations like Hanover and The Community Housing Group, are focusing on continuous, person-centred support that is technology enabled.

We know people who are moving into supported living types of accommodation are becoming more familiar with technology. So, why are we making a different type of technology today when many of us are using iPhones and other mobile devices? At Tunstall, we are starting to move to a different situation. We are starting to take the technology that we are using today and bring it into devices for the future. Looking to the future, words like telecare, telehealth and telemedicine won't exist, and we will be more familiar with all kinds of technology. Thus, 'assisted living' or 'assistive technology' could be anything you want it to be! We need to think about these things and if we don't get these things right now, we won't be able to access the technology of the future, and that just puts costs on the system – which is something we can all do without.

I don't subscribe to the view that housing should just do housing and that health should just do health. Certainly, organisations need to decide functionally what they provide, and what they are best placed to provide. However, this must be done with an awareness of how to support, advise and ultimately signpost individuals to their place of best independence – and for many of us this 'place of safety' is quite often our own home.

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