

Submission to Health & Social Care Select Committee

Prevention inquiry - proposed topic

The Centre for Care proposes that the Health and Social Care Committee's inquiry should include the preventative role that digital technology can play in social care because: the social care sector undoubtedly faces significant ongoing challenges; technology is increasingly advocated in policy documents; and developers of devices and systems continue to emphasise the contribution technology can make to preventing social care needs. To assess contemporary claims about technology, prevention and care, further investigation is needed in three interrelated areas: 1) to clarify exactly what prevention entails; 2) to make better use of existing knowledge to understand prevention and 3) to identify related factors that underpin effective prevention and how these can be addressed. We are currently at a crossroads, with a number of key catalysts creating pressure for change in practice, including the analogue to digital switchover and policy priorities that connect technology not only to prevention, but also to wellbeing and to personalisation¹. An inquiry into this area is thus important and timely.

Unpacking 'prevention': More investigation is needed to unpack how prevention relates to factors such as escalation of care needs, entry into residential care, 'carer burnout', and the 'upstream, midstream or downstream'² nature of technology measures. Technology in adult social care has traditionally focused on 'mid-stream' prevention, aiming to mitigate harm that has already occurred³. 'Telecare' packages, such as a user-worn pendant alarm or environmental sensors, trigger an alert to 'emergency responders' (unpaid carers, neighbours or formal/emergency services). These devices are typically installed at a point of crisis (e.g. hospital discharge) to 'manage risks' and allow people to return to or remain in their own homes⁴. While local authorities' horizons regarding use of technology in care have broadened in recent years⁵ – due in part to the ongoing analogue to digital switchover, which will render some existing telecare devices unreliable⁶ – areas of focus are contested. At times, the aspirations of people who receive care and support⁷, carers and care workers^{8,9} regarding use of technology

¹ Hamblin, K. (2022) Sustainable Social Care: The Potential of Mainstream "Smart" Technologies. *Sustainability*, 14(5), 2754.

² Coote, A. (2012) *The Wisdom of Prevention: long-term planning, upstream investment and early action to prevent harm*, New Economics Foundation: London.

³ Coote, A. (2012) *The Wisdom of Prevention: long-term planning, upstream investment and early action to prevent harm*, New Economics Foundation: London.

⁴ Hamblin, K., Yeandle, S., & Fry, G. (2017). Researching telecare: the importance of context. *Journal of Enabling Technologies*, 11(3): 75-84.

⁵ Wright, J. (2021) The alexafication of adult social care: virtual assistants and the changing role of local government in England. *International Journal of Environmental Research and Public Health*, 18(2): 812.

⁶ Hamblin, K. (2020) Technology and social care in a digital world: challenges and opportunities in the UK. *Journal of Enabling Technologies*, 14(2): 115-25.

⁷ Hamblin, K. (2017) Telecare, obtrusiveness, acceptance and use: An empirical exploration. *British Journal of Occupational Therapy*, 80(2): 132-38.

⁸ Yeandle, S. (2014) Frail Older People and their Networks of Support: how does telecare fit in? AKTIVE

to support care are misaligned with the commissioning or designing of devices. This is despite their importance in mediating wellbeing and person-centred care outcomes¹⁰. An inquiry examining how core policy priorities incorporate consultation with people who draw on care and support and those who care for them would be timely.

‘Understanding prevention’: It will be important to examine the existing evidence base and identify areas of weakness and gaps. At present there is a tension between policy enthusiasm and evidence on how technologies contribute to prevention. For example, the 2022 White Paper ‘People at the Heart of Care’ set a target (March 2024) for 1 in 5 residential care homes to have falls prevention and acoustic monitoring technology (which typically involves a sound detecting device) in place, and the funding announced in DHSC’s 2022 ‘Plan for digital health and social care’ may increase deployment of such devices. However studies of preventative technologies tend to be small-scale local authority or developer-led pilot projects¹¹ ¹². Greater attention should be paid to contextual factors that mediate outcomes and to scalability of services.

‘Underpinning prevention’: To deliver on a prevention agenda, technology requires additional ‘wraparound’ services. These are needed even when devices function mechanically, generate a response and produce accurate data for analysis¹³. With acoustic monitoring, for example, sensors record data that can be analysed to reveal changes in behaviour that may suggest a fall is imminent; yet without appropriate preventative services (e.g. primary care responses, physiotherapy/occupational therapies, home adaptations), falls are still likely to occur. An inquiry could examine the resources local authorities, care providers and others will need to deliver the wraparound care services required to support effective prevention. Research at CIRCLE has shown that without adequate investment in assessment, installation, maintenance and ongoing support to use the technology in place, devices often do not ‘work’ for the person receiving care or for local authority and other care providers. An inquiry could investigate the kinds of services needed to deliver prevention in collaboration with investment in technology, and the sector’s capacity to provide these.

We would welcome an opportunity to discuss possible inclusion of this topic with the Committee. We have also submitted a proposal recommending that the inquiry more broadly encompasses a strong focus on the role of social care.

Research Report Vol. 2, Working Paper 2, Leeds: CIRCLE, University of Leeds, <http://circle.leeds.ac.uk/>.

⁹ Steils, N., Woolham, J., Fisk, M., Porteus, J., & Forsyth, K. (2021). Carers’ involvement in telecare provision by local councils for older people in England: perspectives of council telecare managers and stakeholders. *Ageing & Society*, 41(2): 456-75.

¹⁰ Hamblin, K., Yeandle, S., & Fry, G. (2017) Researching telecare: the importance of context. *Journal of Enabling Technologies*, 11(3): 75-84.

¹¹ Wright, J. (2020) Technology in Social Care: A Review of the UK Policy Landscape. [Sustainable Care: Circle](#).

¹² Whitfield, G., & Hamblin, K. (2022) Technology in social care: spotlight on the English policy landscape 2019-2022, *Centre for Care Working Paper 1*, Sheffield, Centre for Care.

¹³ Hamblin, K. (2022) Sustainable Social Care: The Potential of Mainstream “Smart” Technologies. *Sustainability*, 14(5), 2754.

About the Centre for Care:

The [Centre for Care](#) is a research-focused collaboration between the Universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, Carers UK, the National Children's Bureau, and the Social Care Institute for Excellence. Funded by the ESRC (Economic & Social Research Council) as one of its flagship research centres, it works with care sector partners and leading international teams to provide accessible and up-to-date evidence on care – the support needed by people of all ages who need assistance to manage everyday life.

Our work aims to make a positive difference in how care is experienced and provided in the UK and internationally by producing new evidence and thinking for policymakers, care sector organisations and people who need or provide care.

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