

***“Independent Living in our future  
care approach:  
a social sciences perspective on the development of  
Assistive Technologies and Integrated Care”***

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# Independent living (IL)

(I)

- A living arrangement
- that maximizes independence and self-determination,
- especially of disabled persons
- living in a community
- instead of in a medical or care facility

(II)

- Ability
- to perform the activities of daily life
- with no or little help from others.

The notion of independent living is strongly connected to the idea of “community integration”, implying that people should not be institutionalised if it is not necessary.

# Background of IL

## "social model of disability"

- **Not** the "biomedical" individual with impairments
- The model focuses on how **society fails** to include disabled people by "disabling" attitudes and practical barriers
- Society should aim at reducing and removing barriers to participate.
- The main objective is to prevent or mitigate obstacles that functionally impaired people face ultimately allowing their integration into society.

# Independent living services

- **Services**

- to help

- people with disabilities and chronic diseases to be more independent.

They also help communities to eliminate barriers to independence.

# ILS technology

Assistive devices can improve the autonomy of patients and the care they receive.

- Simple technologies (alarms, phones..) remain important
- Innovations in areas such as remote sensors, embedded systems, robotics or wireless mobile networks provide building blocks for intelligent ambient systems

ILS cannot be a substitute for human care, but it can strengthen the latter.

# The care sector: integrate!

More home care, less long term-intramural care

care tends to be organized and separated into silos

- intramural vs. extramural care
  - social visàvis medical care
  - Informal vs formal care
  - Primary secondary
  - Acute postacute chronic,
  - etc
- Technologies offer opportunities to support integrated care
    - coordinate all stakeholders in care,
    - avoid costly duplication of efforts
    - minimize disruptions in the care recipient's daily life.

Integrated health information systems = the backbone architecture for this new model of care

# Care sector and technology

health and social care sectors = relatively slow in the utilization of ICT tools.

- the readiness and acceptance of people to use ILS services.
- the particularities of the “care market”

# acceptance

## Are benefits to users clear?

- If they are more complicated, difficult, inconvenient, and awkward than alternative arrangements acceptance and use lowers
- Technology push does not work if not well embedded in sector needs

ILS can also be perceived as a threat to human contact, privacy or personal control.

# USERS and User needs

## Too much technology push

- Too often R&D does not take into account the different needs of a very diverse and multifaceted group of users.

User needs are ill-understood,

Involving users early on in the design process is increasingly recognized as crucial for successful innovation processes.

- mechanisms for their articulation and integration into the technology development process are insufficiently mapped,
- new strategies for more user involvement have barely been elaborated.

## An example: Smart houses & Users

the “smart house” is a widely used concept,

But,

its meaning and relationship with the needs of people in the context of care is not so well understood.

# User needs and life course approach

models of care provision need to take better account of user contexts

A life course approach as an underlying conceptual framework will help to understand and to account for the diversity of experiences and conditions for independent living.

- it embeds individual health and well-being in particular socio-economic contexts, political conditions and builds on individual life events and histories.

# Innovating = organising

We need innovative organisational and service models, not technological products

But innovating in social and health care is complex

– (see eg Greenhalgh et al, 2005)

# Business models & health care

## Business models in health and social care are different from consumer markets

- Cfr role of insurance/insurers (cost and reimbursement)
- Uptake (time frame),
- responsibility,
- payment and compensation issues and quality issues (does it work?)

# Adopt evaluation research

Does it work

– (for the needs of people)?

Is it accepted, user friendly and used for its purposes?

Is it cost-efficient (public means)?

What barriers and facilitating factors affect implementation?



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