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Care in the Community

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5.1 Introduction

The UK population is ageing. At the time of the 2001 census there were 8.1 million people aged over 65 living in the UK, 3.1 million of them living alone. By 2011 the number of over 65s is projected to reach just under 12 million, and by 2026 over 13 million [1]. The extra workload this will place on health and care services will be compounded by political ambitions aimed at meeting the challenges of rising patient expectations [2]. In addition to this, the Department of Health aims to promote the independence of older people by providing enhanced services from the National Health Service (NHS) and councils to prevent unnecessary hospital admission [3]. As a result we can expect to see a continuing rise in the number of elderly people living at home and requiring good-quality health and social care services.

The Department of Health hopes for a substantial change in the uptake of telecare¹ and other electronic assistive technologies to increase independence for older people [4]. Existing telecare solutions currently provide elderly and vulnerable individuals (clients) with the means of raising an alert should assistance be required. Trials have also been conducted with 'smart sensors' that incorporate a degree of intelligence. These second-generation systems² automatically call a designated carer in the event that the client is incapacitated and unable to raise an alert.

The Care in the Community Centre [5] is researching the possibility of developing and deploying third-generation telecare systems capable of monitoring long-term activity trends that may indicate a general decline in the 'well-being' of the client. The information provided by a third-generation system could be useful to both formal and informal carers and possibly the clients themselves in helping to prevent injuries and improving the client’s quality of life.

BT is leading the DTI³ funded Care in the Community Centre in collaboration with several UK universities. The programme consists of four projects, each working towards the common aim of developing and deploying a demonstrator. This chapter discusses the concept of well-being and how we might detect changes to it.

¹Telecare — the application of electronic information and communication technologies to support elderly people who live alone.

²Telecare solutions can be grouped into three generations — first- and second-generation systems allow clients to alert carers if they require immediate assistance. Second-generation systems incorporate a degree of intelligence that allows the system to alert the carer if the client is incapacitated. Third-generation systems monitor long-term changes in activity trends to assess the well-being of the client and put in place care solutions to prevent incidents from occurring.

³DTI — Department of Trade and Industry, the government body that promotes the development of trade and industry within the UK.
through monitoring common activities within the home. Design, deployment, and service issues are also discussed, resulting in the identification of a number of key challenges that face the project.

5.2 The Concept of ‘Well-Being’

5.2.1 The Difficulty with Defining Well-Being

While terms such as quality of life (QoL) and well-being are commonly used within academic literature and the health and social care professions, they are concepts that are not easily defined. The following represent just a few attempts: ‘... the individual’s achievement of a satisfactory social situation within the limits of perceived physical capacity’ [6], ‘... possession of resources necessary to the satisfaction of individual needs, wants and desires, participation in activities enabling personal development and self-actualisation and satisfactory comparison between oneself and others’ [7], ‘... in general terms, quality can be defined as a grade of goodness. Quality of life in relation to health is a broader concept than personal health status and also takes social well-being ... into account’ [8].

There is an underlying idea that well-being is in some way about the ‘goodness’ in someone’s life, but beyond this it is apparent that there is no straightforward or agreed definition. The lack of a specific or agreed definition means that the term presents us with an immediate problem. If we are going to develop a system that monitors well-being among frail older people, then some kind of working definition, framework, or model is required.

5.2.2 A Conceptual Model of Well-being

The aim has been to map out the various domains of well-being, and this is provided in Fig. 5.1, which represents a model of well-being drawing on the various literature sources [9–11], as well as results from three focus groups, a workshop with two healthcare professionals and two face-to-face interviews with older people in receipt of social care services. The focus groups were divided into three sessions — the first two sessions were with professional care providers and managers, each consisting of around 10 participants, the third session being attended by four informal carers. The sessions were semi-structured discussions based on an agenda of issues, including:

- definitions of well-being;
- problems people encounter;
- positive aspects of life;
- the potential role of monitoring technologies.

This semi-structured approach allowed these issues to be explored in depth, emphasising the perspective of the participants. The interviews and focus groups were tape-recorded. The moderator took notes and a post-session summary was