

A. SIXSMITH. **Theoretical perspectives on surveillance technologies for older people.** *Gerontechnology* 2012;11(2):307; doi:10.4017/gt.2012.11.02.390.00 **Purpose** Information and communication technologies (ICTs) have emerged as a potential solution to help meet the health and social care needs of an increasing number of older people within world populations<sup>1</sup>. A major direction of research and development (R&D) in this area is the use of surveillance technologies to monitor the activities and health status of ‘at risk’ individuals in their homes<sup>2</sup>. While these technologies have been developed to improve safety and security, ethical questions have been raised about their use, for example to what extent they impinge on the rights and privacy of the individual<sup>3</sup>. These are important questions, especially in relation to vulnerable and socially marginalized groups, such as the frail elderly. However, efforts to address these questions have so far been restricted to technical issues of privacy (e.g. data protection, confidentiality and informed consent) and have failed to adequately explore the more fundamental issues of how emerging surveillance technologies may transform the everyday lives of older people. **Method** The paper draws on ideas within critical theory and gerontology, notably the writings of Michel Foucault, to develop a better understanding of the social context and processes in which surveillance technologies are developed and used in relation to older people. A number of related theoretical questions are addressed: How do surveillance technologies contribute to the social construction of knowledge in relation to vulnerable older people? How are the power relationships inherent in social/caring relationships mediated by surveillance technologies? In what ways can surveillance technologies transform the everyday lives of seniors? **Results & Discussion** Surveillance technologies include a wide range of devices and systems, including: video surveillance in public and semi-public spaces, such as long-term care facilities; body worn ‘tagging’ devices to detect location and motion through space; activity monitoring which uses a combination of environmental sensors in the home and body-worn sensors to generate alerts if a person experiences a problem, such as a fall or ill-health. While these systems ostensibly aim to help older adults live more safely, their development and deployment has generally adopted an “agenda of dependence”, focusing on issues of clinical needs, impairment and incapacity. The construction of knowledge of the person/client is mediated by the system (its methods and data) and represented and interpreted in terms such as optimal/suboptimal, routine/emergency, healthy/unhealthy, risky/non-risky or acceptable/unacceptable. This is particularly important given that surveillance technologies have extended the power of observation into the intimate space of the home. Even though users are generally accepting of these technologies, the intrusion of the ‘clinical gaze’ into the home inevitably changes the power relationships between the carer and the client, observer and observed. The hiddenness of the intimate space is exposed, which has a regulatory effect both on the everyday behaviour of the person being observed and the actions by the observer/carer necessitated by the new categories of knowledge afforded by the surveillance system. Far from being an abstract academic exercise, this paper presents real-life scenarios to illustrate the key ideas and argues that a better theoretical appreciation of the problem domain will lead to the development of technological solutions that are more ethically appropriate, useful and acceptable to older people.

## References

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