

# OPP: GOVERNANCE, SOCIAL POLICY, & COMMUNICATION

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## **Siloed and fragmented: Understanding communities of design and implementation involved in English technology-enabled care services**

M. Lariviere

**Purpose** In the last ten years, there has been an increasing emphasis from industry, government departments, and some local authorities embrace digital technology to ‘modernise’ care systems and arrangements (Wright and Hamblin, 2023). One challenge for new digital technology, like other complex interventions, is the capacity to which they can become quickly and sustainably embedded into care services and systems (Hamblin and Lariviere, 2023). This paper explores one dimension that affects the capacity for new digital innovations to penetrate care services: the divide between actors responsible for developing care technology and those responsible for their implementation in care systems. **Method** This paper draws on multi-sited ethnographic research (Marcus, 1995) with care technology developers (n=5), national housing organisations (n=2), adult social care providers (n=3), and national charities for carers and older people in England (n=2). The author (ML) carried out observations and interviews with members of each organisation to explore challenges and opportunities for accelerating implementation and uptake of digital innovations to support ‘ageing in place’. Observations were recorded as field-notes and analysed thematically and discursively with interview transcripts. **Results and Discussion** This paper focuses on one main finding from this study: the linguistic, operational, and strategic paradigms of actors responsible for developing care technology and those responsible for their implementation in care systems. Care providers, technology developers, and people with lived experience have championed the importance of co-production to ensure care experienced individuals can inform the design of new care service delivery models and complex interventions, like technology-enabled care products. While ‘user involvement’ or ‘patient and public involvement’ was noted to have increased over the last five years in care services and with human-centred designers, however, innovators (i.e., new start-ups) did not always have the knowledge, networks, or skills to understand the care system, procurement, and localised service delivery models to sustain their business. Such difficulties have led to interminable ‘pilotitis’ projects within care provider organisations where new technologies are frequently trialled locally without any potential to scale or sustain them in service delivery. Even when designers were aware of local care contexts and care marketplace, they often articulated goals to use disruptive innovation to improve support for older people whereas social care and housing providers were often entrenched in legacy technology programmes and focused on secured, sustainable, and properly evaluated products to include in their services. Based on these findings, the author recommends further brokering between communities involved in the design and implementation of digital care innovation to construct shared language and meaning to harmonise strategies for improved support of older people.

### **References**

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**Keywords:** digital innovation, social care, implementation, design, care.

**Affiliation:** Department of Nursing, Midwifery and Health, Northumbria University, Newcastle-upon-Tyne, United Kingdom.

**Email:** matthew.lariviere@northumbria.ac.uk; **ORCID iD:** 0000-0001-6901-3115

**Acknowledgement** This research was supported by the UK Economic and Social Research Council (ES/S002049/1).