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## CONFERENCE ABSTRACT

### **Who is safe? Welfare technology and the feeling of safety for older adults receiving reablement services at their homes and older adults with dementia living at their homes. Experiences from Norway.**

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#### ***Introduction***

The Scandinavian concept welfare technology is understood as “the knowledge and use of technology that can maintain and/or increase the feeling of safety, activity, participation, and independence for a person at (any age) who has or is at risk of having/developing a disability (Hagen et al., 2011). Concepts like ‘telecare’ and ‘assistive technology’ are used for similar phenomena in other countries and are increasingly seen as one of the answers to meeting the care needs of an ageing population. Welfare technology is expected to facilitate active and independent living by increasing service user’s safety at their homes, enabling communication with family members and healthcare staff, and fostering a sense of subjective mastery. Theory/methods Drawing on in-person, semi-structured interviews with older adults with dementia living at their homes, older adults receiving everyday rehabilitation services at their homes and the relatives of these two groups, this article seeks to explore how service users and their relatives relate to welfare technology. How do people with dementia and people receiving reablement services experience welfare technology? Does welfare technology increase their safety? Do relatives feel safe knowing that their family members have access to technological devices such as personal alarms and telecare? The interviews are conducted in seven Norwegian municipalities as a part of a national evaluation of the Norwegian government’s plan for the care-service sector “Careplan2020”, are fully transcribed and coded in NVivo. The analysis draws on a critical perspective on technology inspired by Science and Technology studies, where technology, rather than a neutral tool, is seen as an actant influencing the relations between service users, their relatives and the healthcare staff. The analysis draws also on Beck’s (1992) theory of risk society to discuss how risks related to old age (such as risk of falls or the risk of getting lost) are increasingly connected to technology. Preliminary findings show that service users are ambivalent to the use of welfare technology, that they often forget to use the technological devices and that availability of technology may create ‘false safety’ for them and their relatives. Discussion. Service users, their relatives and technology interplay in creating a feeling of safety, but also lack of safety. For some, technology is an alien element, while for others, especially

the relatives, it simultaneously creates true- and false safety. Conclusion. Welfare technology alone does not create a sense of safety. Rather, it is the daily interactions between service users, their relatives and the healthcare staff what makes people feel safe. Lessons learned. Welfare technology for service users with dementia and service users receiving rehabilitation services at home must take into consideration the challenges this group experiences with relating to technological innovations. Municipal services for older adults must therefore be even more person-centered. Limitation of the current study that may be met in future research is the scope of the inquiry with users, relatives and healthcare staff. In-depth interviews with these groups may yield even more detailed accounts on their experiences with welfare technology.